990 Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)											
Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013											
AF	or the 2	20 12 calend	ar year, or tax year beginning OCT 1, 2012 and ending	SEP 30, 2013							
	heck if pplicable:	-1	forganization	D Employer identified	cation number						
	Address change Name change		TAL AREA FOOD BANK FOUNDATION usiness As	74-2	964260						
]Initial return Termin-	Number	and street (or P.0. box if mail is not delivered to street address) Room/s SOUTH CONGRESS AVENUE		282-2111						
	_ated Amendeo _return		vn, or post office, state, and ZIP code	G Gross receipts \$	496,950.						
	Applica-		IN, TX 78745	H(a) is this a group re							
	pending	FNamea 8201	nd address of principal officer: HENRY L. PERRET S CONGRESS AVE., AUSTIN, TX 78745	for affiliates? H(b) Are all affiliates inc	Yes X No luded? Yes No						
17	ax∙exen	npt status: L	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or AUSTINFOODBANK.ORG		list. (see instructions)						
				H(c) Group exemption							
		Summary			State of legal dominier, 1 A						
			e the organization's mission or most significant activities: CAPTTAL	AREA FOOD BAN	ĸ						
Activities & Governance		OUNDAT	ION SUPPORTS THE FOOD DISTRIBUTION PR	OGRAM OF THE	CAPITAL						
rnai			x K is the organization discontinued its operations or disposed of r								
Iavo				3	5						
ğ			lependent voting members of the governing body (Part VI, line 1b)		4						
es 6	ł		of individuals employed in calendar year 2012 (Part V, line 2a)		0						
Ϋ́Ε̈́Ι,			of volunteers (estimate if necessary)		0						
fot i	7а То	otal unrelate	d business revenue from Part VIII, column (C), line 12		0.						
_	b N	et unrelated	business taxable income from Form 990-T, line 34	7b	0.						
				Prior Year	Current Year						
ð	8 C	ontributions	and grants (Part VIII, line 1h)	2,591.	2,371.						
ent	9 P	rogram servi	ce revenue (Part VIII, line 2g)	0.	0.						
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	81,626.	81,760.						
-	11 0	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.						
	· · · · · · · · · · · · · · · · · · ·		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,217.	84,131.						
			milar amounts paid (Part IX, column (A), lines 1·3)	0.	94,784.						
		•	to or for members (Part IX, column (A), line 4)	0.	0.						
sasu		,	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.						
ēĽ			undraising fees (Part IX, column (A), line 11e)		. V•						
Expe				11,571.	9,359.						
_		•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	11,571.	104,143.						
	[•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,646.	-20,012.						
res		evenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year						
anci anci	20 T	otal accote (l	Part X, line 16)	2,041,823.	2,288,202.						
Assets d Baland	20 T		Part X, line 16) ; (Part X, line 26)	0.	0.						
Fund			fund balances. Subtract line 21 from line 20	2,041,823.	2,288,202.						
		Signature		/ /]	<u> </u>						
Und	er penalti	ies of perjury,	I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is						
true	, correct,	and complete	. Declaration of proparer (other than officer) is based on all information of which prep	barer has any knowledge.							
		Signatur	e of officer	Date 41	24/14						
Sig		, ,		Duto							
Her	e		Y L. PERRET, DIRECTOR								
			a contract of the second se	Date Check	II PTIN						
Paid		Print/Type pre SEAN HC		4/20/14							
		Firm's name	MAXWELL LOCKE & RITTER LLP	Firm's EIN ►	74-2900215						
			401 CONGRESS AVENUE, SUITE 1100								
	····, '		AUSTIN, TX 78701-9682	Phone no. 5	12-370-3200						
May	, the IRS	S discuss thi	s return with the preparer shown above? (see instructions)		X Yes No						
	01 12-10-		For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)						

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2012) CAPITAL AREA FOOD BANK FOUNDATION 74-2964260 Page 2
-a	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	CAPITAL AREA FOOD BANK FOUNDATION, INC. SUPPORTS THE FOOD DISTRIBUTION
	PROGRAM OF THE CAPITAL AREA FOOD BANK OF TEXAS, INC.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
la	(Code:) (Expenses \$94,784. including grants of \$94,784.) (Revenue \$)
	PROVIDE A STABLE SOURCE OF REVENUE FOR THE PROGRAMS OF THE CAPITAL AREA
	FOOD BANK OF TEXAS, INC.
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
C	(Code:) (Expenses \$) (Revenue \$)
	P. C
	Other program services (Describe in Schedule O.)
d	
d	
d	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 94,784.

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12-10-12	

	990 (2012) CAPITAL AREA FOOD BANK FOUNDATION 74-2964	260
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	
	public office? If "Yes," complete Schedule C, Part I	3
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	
	as applicable.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
Ь	Part VI	11a
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
	Schedule D, Parts XI and XII	12 a
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 4a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	146
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>
	complete Schedule G, Part III	19
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a

20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2012)

Yes No

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Form 990 (
Part IV	Chec

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Form Pai	990 (2012) CAPITAL AREA FOOD BANK FOUNDATION 74-2964 TIV Checklist of Required Schedules (continued)
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Part V, line 1

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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Yes No

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964260 Page 4

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	1990 (2012) CAPITAL AREA FOOD BANK FOUNDATION 74-2964	260	F	vage 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b 0	I kas		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1.000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		511. dev. 6 12 de 12 dev. 6 12 de v. 6 12	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:		NO P	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d		2393	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-365	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	NER S		
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	a gebaar	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1873.54		109651
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a	Second	- Marginani
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C 14-	Enter the amount of reserves on hand	3885	40,403	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Form 990 (2012)

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 Form 990 (2012)
 CAPITAL
 AREA
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 FOUNDATION
 74-2964260
 Page 6

 Part VI
 Governance, Management, and Disclosure
 For each
 "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

X

	tion A. Governing Body and Management		Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5										
Ia	If there are material differences in voting rights among members of the governing body at the tria of the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
-	officer, director, trustee, or key employee?	2	100 W	X								
з	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>										
U	of officers, directors, or trustees, or key employees to a management company or other person?	3		x								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
	Did the organization become aware during the year of a significant diversion of the organization's assets?			X X								
	 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 											
7a												
, u	more members of the governing body?	7a		x								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
		7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	122232		199900								
a		8a	X	4-5-69-4-6								
b	The governing body? Each committee with authority to act on behalf of the governing body?		X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
2	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100										
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent		949929 									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	1 6a		Х								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	9355										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
800	tion C. Disclosure											
000	List the states with which a copy of this Form 990 is required to be filed NONE											
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availat	le									
17) availat	le									
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availat	le									
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.											
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)											

		JON, CLU	514 00			
8201	SOUTH	CONGRESS	AVENUE,	AUSTIN,	ТΧ	78745

CAPITAL AREA FOOD BANK FOUNDATION

74-2964260 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII							
Se	ction A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a	Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					
Ent	• List al	II of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation columns (D). (E) and (E) if no compensation was naid	•				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization h							nsa			
(A)	(B)		(C) Position (do not check more than one					(D)	(E)	(F)
Name and Title	Average	(do					one	Reportable	Reportable	Estimated
	hours per	box offic	box, unless perso officer and a dire			is bol or/trus	h an itee)	compensation	compensation	amount of
	week (list any	<u> </u>			1		Ē	. from the	from related organizations	other
	hours for	ndividual trustee or director		ľ				organization	(W-2/1099-MISC)	compensation from the
	related	i o a	stee			tsate		(W-2/1099-MISC)		organization
	organizations	trusti	altru		yee	mpel		(and related
	below	dual	nstitutional trustee	5	ojdu:	oyee	er			organizations
	line)	Nibel Vibel	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) HENRY L, PERRET	1.00									
SECRETARY		X		X				0.	143,679.	17,653.
(2) MIKE TOMSU	1.00		1			1				
DIRECTOR		X						0.	0.	0.
(3) VANESSA DOWNEY-LITTLE	1.00					<u> </u>				
DIRECTOR		X						0.	0.	0.
(4) DAVID MONTOYA	1.00									
PRESIDENT		X		x				0.	0.	0.
(5) MELISSA MITCHELL	1.00									
TREASURER		X		X				0.	0.	0.
							ļ			
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Form 990 (2012) CAPITAL									74-2	9642	60	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C			<u> </u>	(F)	
(A) Name and title	(B) Average hours per week (list any	(C) Position heck more than one ss person is both an d a director/trustee)			h an	(D) Reportable compensation from	(E) Reportable compensatio from related	ole Esti ation amo ted o		ated nt of er		
	hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	iey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	SC)	compens from t organiz and rel organiza	the ation ated
			_	Ģ	×	10	u.					
												······································
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.00.00.00.00.00.00.00.00.00.00.00.00.0	143,6 143,6	0.		653. 0. 653.
 2 Total number of individuals (including but r compensation from the organization 						e) wh	no re				<i><i>±τγ</i></i>	0
3 Did the organization list any former officer				•		•					Ye	s No X
 4 For any individual listed on line 1a, is the seand or ganizations greater than \$15 	um of reportabl	le co	mpe	ensa	tion	anc	l oti				3 4 X	S 1233
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compei	nsati	on fi	rom	any	unn	elat	ed organization or indiv			5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	iene	nde	nt c	ontr	acto	vra t	hat received more than	\$100.000 of con	nnensat	ion from	1
the organization. Report compensation for	•	•										
(A) Name and business	address	NC)NE	<u> </u>				(B) Description of s	ervices	Сог	(C) mpensat	ion
						•						
								1 - k	Al-			en de la compañía de Compañía de la compañía de la compañí
2 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ▶ 0						sted	above) who received r	nore than				

Form	990	(2012) CAPIT	TAL AREA	FOOD BAN	K FOUNDATI	ON	74-2964	260 Page 9
Pa	rt VI	II Statement of Rever	nue	· · · · · · · ·				
		Check if Schedule O cont	tains a response	to any question	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines 	1b 1c 1d itions) 1e its, and If	2,371. 2,371.				
	h 2.a	1 Total. Add lines 1a-1f		Business Code	2,371.			
Program Service Revenue	b c d f f	All other program service reve	enue					
	3	Investment income (including other similar amounts) Income from investment of ta	dividends, intere x-exempt bond p	est, and roceeds	49,486.			49,486.
	b c	Royalties Gross rents Less: rental expenses Royalties Royalties </td <td>(i) Real</td> <td>(ii) Personal</td> <td></td> <td></td> <td></td> <td></td>	(i) Real	(ii) Personal				
	7 a b	 d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 	() Securities 445,093. 412,819.	(ii) Other				
au	d	 Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ 	g events (not	🕨	32,274.			32,274.
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	ab	▶				
	b	a Gross income from gaming a Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a					
	10 a b	a Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	rəturns a b					
	11 a b	Miscellaneous Revenu a	le	Business Code				
00000		All other revenue		····· •	84,131.	0.	0.	81,760.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any guestion in this Part IX (B) Program service (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 94,784. 94.784 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 з Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 9,359. 9,359. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d e All other expenses 94,784. 9,359. 104,143. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here tf following SOP 98-2 (ASC 958-720)

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2

CAPITAL AREA FOOD BANK FOUNDATION Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year 292,234. Cash · non-interest-bearing 1 Savings and temporary cash investments 2

	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo		2582		
		trustees, key employees, and highest compensation	ited employees. Complete	Account of the second		
					5	
	6	Loans and other receivables from other disquali				A CARACTER STOCK
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
•	9	B			9	
	10a	Land, buildings, and equipment: cost or other			感感	
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,749,589.	11	2,044,443.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line -		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		2,041,823.	16	2,288,202.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20				20	
SS	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	officers, directors, trustees,			
iabi		key employees, highest compensated employee	s, and disqualified persons.			
Г		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
ses		complete lines 27 through 29, and lines 33 an				
anc		Unrestricted net assets	1,890,729.		2,137,108.	
Bal	28	Temporarily restricted net assets		1 54 0.04	28	
Net Assets or Fund Balances	29			151,094.	29	151,094.
Ъ		Organizations that do not follow SFAS 117 (As				
° or		and complete lines 30 through 34.		19933	Instantias and a second s	
set:	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or eq			31	ļ
Vet	32	Retained earnings, endowment, accumulated in	come, or other funds	2 0/1 823	32	2 288 202
_	00					

Total net assets or fund balances

Total liabilities and net assets/fund balances

74-2964260 Page 11

(B) End of year

243,759.

2,288,202. 2,288,202.

Form 990 (2012)

2,041,823.

2,041,823.

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Form	990 (2012) CAPITAL AREA FOOD BANK FOUNDATION	74-29	64260	Pag	ie 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,1:	
2	Total expenses (must equal Part IX, column (A), line 25)	2	104		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,041	.,82	23.
5	Net unrealized gains (losses) on investments	5	266	, 39	<u>,1.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	2,288	,20)2.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
			Test trace to be	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		変換する		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				1893 1995
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	ta contral a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				<u>1998</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	debue de con
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:			、行品	(NG 55)
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	udedale z
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	11日 -		1999A
	Act and OMB Circular A-133?		<u>3a</u>	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form 990 (2012)

Implementation Implementation Control of the organization Control of the organization Control of the organization Employee the organization Employee the organization number CAP TTAL AREA FOOD BANK FOUNDATION Employee the organization in the privide function number 74 – 296 4260 Function Employee the organization in the privide function for the organization in the privide function constraints Employee the organization constraints Function 74 – 296 4260 74 – 296 4260 74 – 296 4260 Function Function Function Function Function Function Function Constant Function Function A constant A constant A constant A constant Function Constant Function Function A constant A constant A constant A constantaset C	SCHEE (Form 99	DULE A 10 or 990-EZ)		blic Charity S te if the organization is	s a sectior	1 501(c)(3)	organizal				OMB No. 1545-0	2
Name of the organization Employer identification number 74-2964260 74-2964260 Part 11 Reason for Public Charity Status (All organizations must complete this part). See instructions. 74-2964260 The organization is not a private foundation bocause it is: (For lines 1 through 11, check only one box.) 1 A chuch convention of hurches, or association of ductrees described in section 170(b)(1)(A)(b). 2 A school described in section 740(b)(1)(A)(B). A medical research organization constrained in conjunction with a bospital described in section 170(b)(1)(A)(B). Enter the hospita's name, ofty, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(B). (Complete Part II.) 6 A federal teste, or food government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 7 A community tract describer in subject to cattain escapilizata, and (2) no more than 33 178: of the support from organization than unmaly receives (1) nom than 33 178: of the support from organization organizata and oparated exclusively to test for public acle privations of or to carry out the purposes of one or more publicly supported organization described in section 500(c)(2). See section 500(c)(2). Cleack the bux that described the section 500(c)(2). See section 500(c)(2). See section 500(c)(2). Cleack the bux that described in section 500(c)(2). See s			► A+									
Pert1: Reason for Public Charity Status (All organizations must complete this part) See hetroctions. The organization is not a private foundation because it is: (or lines 1 through 11, check only one box). A chuch, convention of churches, or association of churches. 1 A chuch, convention of churches, or association of churches. See hetroctions. 2 A school desorbed in section 170(b)(1)(A)(0). Attach convention of churches, or association of churches. 3 A hogehild or a cooperated to explore the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(0). Complete Part II) 4 A norganization than nomally receivers (1) more than 33 176% of its support from contributions, mambership fees, and gross receipts from activities related to its exampt functions. 8 A community tradescribed in section 170(b)(1)(A)(0). (Complete Part II) 9 A organization that nomally receivers (1) more than 33 176% of its support from contributions, membership fees, and gross receipts from activities related to its exampt functions. 10 A norganization tradescribed in section 500(b)(4). (Complete Part II) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 500(b)(2). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of or to carry out the purp	Name of	the organizati	on			-	-			• •	identification n	umber
The organization is not a private foundation because it is: (Fo Tiles 1 through 11, check only one box) A school described in seartion of humans, described in section 170(b)(1)(A)(I), A school described in seartion and the organization described in section 170(b)(1)(A)(II), A school described in seartion and the organization with a hospitul described in section 170(b)(1)(A)(II). A checked in securition and the organization operated by a governmental unit described in section 170(b)(1)(A)(II), Checked III and III), Checked III and III and III and III and III and III). A community trust describe Part III, A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV), Complete Part III), A community trust described in section 170(b)(1)(A)(IV), Complete Part III), A community trust described in section 170(b)(1)(A)(IV), Complete Part III), A community trust described in section 170(b)(1)(A)(V), Complete Part III), A community trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 170(b)(1)(A)(V), Complete Part III), A commutity trust described in section 150(V), Complete Part III, A commutity trust described in section 150(V), Complete Part III, A commutity trust described in section 500(V), Section 150(V), Complete Part III, A commutity trust described in section 500(V), Section 150(V), Complete Part III, A comparization organization deparated exclusively to test for public safety. See s	Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.	1	1 20120	0
2 A school described in section 170(b)(1)(A)(0). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(0). Enter the hospital's name, city, and state: city, and state:	The organ											
3 A hospital or a cooperative hospital savice organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 A noncircle research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 6 A noncircle research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 7 A organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 A noganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile desclusively to test for public safety. See section 509(a)(4). 11 Xh organization organization ad operated exclusively to test for public safety. See section 509(a)(4). 11 Xh organization described in section 500(c)(1) section 500(c)(2). See section 509(a)(3). 10 An organization ad compatization ad complete exclusively to the upported organization ad complete exclusively to the upported organization ad complete exclusively to test operating upported organization function (2). See section 509(a)(2). Check the box that described	1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	•			
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A detext, state, or concerndual governmental unit described in section 170(b)(1)(A)(V). 7 An organization that normally receives: (1) more than 33 1/3% of lis support from a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization organization organization and complete Part II.) 9 An organization organization organization organization and complete Part II.) 9 An organization and complete Part II.) 10 An organization and complete Part II.) 11 Man organization organization and complete Part II.) An organization organization organization and complete Part II.) 12 An organization organization soluton organization and complete Part II.)	2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
 clty, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described to certain exceptions, and (2) no more than 33 1/3% of Its support from gores investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). An organization dramatical and operated exclusively to the parform the functions of, or to carry out the purposes of one or more publicly supported organization and acculated exclusively tor the banefit of the parform the functions of, or to carry out the purposes of one or more publicly supported organization onganization organization and complete lines 11 to through 11h. A colecting that the organization is not contribute directify or indirectly by one or more eliqualified persons other than foundation managers and other than one or more publicly supported organizations in accomplete lines 11 through 11h. G Since August 17, 2006, has the organization: G Since August 17, 2006, has the organization: G Since August 17, 2006, has the organization? G A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? G Since August 17, 2006, has the organization?<	з 🛄	•	• •	•								
S An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A default state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II). 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exampt functions = subject to carried nexceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(5). See section 509(a)(6). Complete Part II). 11 IXI. An organization arganization is and complete lines 11 through 11h. a Type II - Non-functionally integrated described in section 509(a)(7). See section 509(a)(3). Check the box that described in section 509(a)(7). See section 509(a)(3). Check the box that described in soluto run organization accepted any gift or contribution from any of the following persons? 11 IXI. A pregnalization genalization from the IRS that	4 📖			perated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's na	me,
section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to cartain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated busineses taxable income (ess section 501(a)(2). On more than 33 1/3% of its support form gross investment income and unrelated busineses taxable income (ess section 501(a)(2). Complete Part III.) 10 An organization organization and operated exclusively to test for public safety. See section 509(a)(4). 11 IX An organization organization and complete lines 11 for through 11h. a Type 1 b Type 11 c Type 11. Functionally integrated a Type 1 b Type 11. Functionally integrated d Type 11.		•								4 al a a avilla	a al In	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part II Support Schedule for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or ficeal year beginning in) (g) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total include any 'unsutal grants.') 2 To x revenues levide for the organ- ization's benefit and dithor paid to or expended on its behalt turnished by a governmental unit to there are structures in the structures or expended on its behalt consequence on its behalt and the approximation of the paid to or expended on its behalt and the paid to organ- ization's benefit and dithor paid to or expended on its behalt turnished by a governmental unit to the anganzation without charge 4 Total. Additions there its through 10 5 The portion of total contributions by each person (dither than a governmental unit or publicly supported organization without charge 4 Total. Addition of total contributions by each person (dither than a governmental unit or publicly supported organization) included and in the 11 Accessed 25 40 the ansult is low and there are an addition of the publicly supported organization behalt and there are an additional to a structure is towned. Calendar year (or fiscal year beginning in) (g) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from fine 4 and thereme from interest, dividends, payments received on securities lows, rents, royalities and thereme from interest, dividends, payments received on securities lows, rents, royalities and thereme from thereast, dividends, payments received on securities low and downed on 12 total support. Additiones 1 through 10 10 Char income and the publices, etc. (see instructions) 12 difference of the structure of the anganzation's first, second, third, fourth, or fifth tax years as a sectors 501(c)(x) organization from Addites at through 10 13 First veysers, fifth Form 990 in first here organization and stop here- Section C. Computation of Public Support Percentage 4 Fublic support percentage for 2012 (check A box on line 13, red, or file, and line 15 as 3 1/3% or more, check this box and stop here. The organization	Sec	tion A. Public Support						
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and stop here. The organization qualifies as a publicly supported organization	b							
 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check this box and stop here. Explain in Part IV how the	17a							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		_						
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	b							
	~							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		-						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	-						s

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				1		
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			1	1		· · · · ·
5	furnished by a governmental unit to				1		
	the organization without charge						
c					<u> </u>		
	Total. Add lines 1 through 5				+		
78	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received			+		{ }	
ſ	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			1			
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				1		
	ction B. Total Support	1		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · ·	
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			ļ			
I	o Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			 			
13	Total support. (Add lines 9, 10c, 11, and 12.)	1					
	First five years. If the Form 990 is fo	r the organization's	s first, second. thi	rd, fourth. or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	•	• /		-		
Se	ction C. Computation of Pub	lic Support Pe	rcentage				······································
•	Public support percentage for 2012 (-	column (fi)		15	%
	Public support percentage from 201					16	%
	ction D. Computation of Inve						70
-	Investment income percentage for 20				•	17	%
	Investment income percentage from			ne 13, column (ij)		18	%
	a 33 1/3% support tests - 2012. If the						
193							
	more than 33 1/3%, check this box a	-					
ļ	b 33 1/3% support tests - 2011. If the	=					
02	line 18 is not more than 33 1/3%, ch					-	
20	Private foundation. If the organization	on did not check a	Dox on line 14, 19	va, or 190, check t	ms box and see in	SITUCTIONS	🗩 📖

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Na	ame	of the organization CAPITAL AREA FOOD	BANK FOU	NDATION	Emj	ployer identification number $74-2964260$
P	art				s or Accou	
<u>.</u>		organization answered "Yes" to Form 990, Part IV, lin				
				r advised funds	(b) Fun	ds and other accounts
1	1 1	otal number at end of year				
		Aggregate contributions to (during year)		···-		
- 3		Aggregate grants from (during year)				
2		Aggregate value at end of year				
		Did the organization inform all donors and donor advisors in		ssets held in donor adv	ised funds	
		re the organization's property, subject to the organization's				🗌 Yes 🔲 No
e		Did the organization inform all grantees, donors, and donor a				
		or charitable purposes and not for the benefit of the donor (
		npermissible private benefit?			-	
P	'art					
1	1 F	Purpose(s) of conservation easements held by the organizat	tion (check all tha	t apply).		
		Preservation of land for public use (e.g., recreation or o		Preservation of an h	istorically impo	ortant land area
	-	Protection of natural habitat		Preservation of a ce	rtified historic	structure
	:	Preservation of open space				
2	2 (Complete lines 2a through 2d if the organization held a quali	ified conservatior	contribution in the form	n of a conserv	ation easement on the last
	C	ay of the tax year.	•			
						Held at the End of the Tax Year
	a T	otal number of conservation easements			2a	
	bΓ	otal acreage restricted by conservation easements			2b	
	c N	lumber of conservation easements on a certified historic st	ructure included	in (a)	2c	
	d N	lumber of conservation easements included in (c) acquired	after 8/17/06, an	d not on a historic struc	cture	
	li	sted in the National Register			2d	
3	3 N	lumber of conservation easements modified, transferred, re	eleased, extinguis	hed, or terminated by t	he organizatio	n during the tax
	У	rear 🕨				
4		lumber of states where property subject to conservation ea			.	
Ę	5 [Does the organization have a written policy regarding the pe				
	V	iolations, and enforcement of the conservation easements	it holds?			Yes No
€		Staff and volunteer hours devoted to monitoring, inspecting				
7		Amount of expenses incurred in monitoring, inspecting, and				\$
8		Does each conservation easement reported on line 2(d) abo	•			
		nd section 170(h)(4)(B)(ii)?				
ę		n Part XIII, describe how the organization reports conservat				
	i	nclude, if applicable, the text of the footnote to the organiza	ation's financial st	atements that describe	s the organiza	tion's accounting for
r e	_	conservation easements.	A Ilioloui	Tracerrae on	Others Circuit	ar Aaaata
	' art				other Simil	ar Assets.
		Complete if the organization answered "Yes" to Form				
		f the organization elected, as permitted under SFAS 116 (A				
		nistorical treasures, or other similar assets held for public ex			rance or public	service, provide, in Part XIII,
		he text of the footnote to its financial statements that descr				
		f the organization elected, as permitted under SFAS 116 (A				
		reasures, or other similar assets held for public exhibition, e	education, or rese	arch in furtherance of p	oublic service,	provide the following amounts
		elating to these items:			⊾	ሱ
		i) Revenues included in Form 990, Part VIII, line 1				\$
	•			cimilar canata far financ		\$
		f the organization received or held works of art, historical tre	-		aa gam, provid	16
		he following amounts required to be reported under SFAS			⊾	<u>ቀ</u>
		Revenues included in Form 990, Part VIII, line 1				ዋ ቀ
	υ /	Assets included in Form 990, Part X			屋	Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

²³²⁰⁵¹ 12-10-12

Schedule D (Form 990) 2012 CAPITAL AREA FOOD BANK FOUNDATION 74-2964260 Page Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or N
 (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations d Loan or exchange programs o Other
 (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations d Loan or exchange programs o Other
 b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
to be sold to raise funds rather than to be maintained as part of the organization's collection?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or
reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included
on Form 990, Part X? Yes 🛄 N
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Amount
c Beginning balance
d Additions during the year1d
e Distributions during the year
f Ending balance If
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance 151,094. 151,094. 151,094. 151,094. 151,094.
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of your balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment $\blacktriangleright 100.00\%$
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: (i) unrelated organizations
(i) dimondo organizationo
(ii) related organizations 3a(ii) 2 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
Schedule D (Form 990) 20

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Schedule D (Form 990) 2012 CAPITAL AREA Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-yea	r market value
(1) Financial derivatives	,	· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		- ···	
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (I)			
() Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related. See	Form 990 Part X line 1	3	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-yea	r market value
(1)			
(1)			
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·	···· ··· ·	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, line 1			
	escription	(t) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			••••••••••••••••••••••••••••••••••••••
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) (10)	151		
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line (5)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes (2)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line [Part X] Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes (2) (3)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		(b) Book value	·
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line [Part X] Other Liabilities. See Form 990, Part X, lin 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		(b) Book value	· · · · · · · · · · · · · · · · · · ·
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line	1e 25.		
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	25.)	ganization's financial statements that reports th	e organization's

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 CAPITAL AREA FOOD BANK FOUN			2964260	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements		1	350	,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_			
а	Net unrealized gains on investments	2a 266,391.			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		,391.
3	Subtract line 2e from line 1		3	84,	,131.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		,131.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	104	,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	104,	,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	t			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			
b	Other (Describe in Part XIII.)	4b			_
c	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	104	,143.
Pa	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	ines 1a and 4; Part IV, lines 1	b and 2	2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr				
PAI	RT V, LINE 4: PART V, LINE 4: FUNDS IN THE H	ENDOWMENT ARE H	ELD	BY THE	
CAI	PITAL AREA FOOD BANK FOUNDATION TO PROVIDE A	A SOURCE OF INC	OME	FOR TH	3
CAI	PITAL AREA FOOD BANK'S CHARITABLE ACTIVITIES	5.			

PART X, LINE 2: THE FOOD BANK HAS ADOPTED FASB ASC 740-10, ACCOUNTING

FOR UNCERTAINTY IN INCOME TAX. THAT STANDARD PRESCRIBES A MINIMUM

RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012	CAPITAL AREA	FOOD BANK	FOUNDATION	74-2964260 Page 5
Part XIII Supplemental Info	rmation (continued)			
BEING RECOGNIZED II	N FINANCIAL ST	ATEMENTS.	IT ALSO PROVIDES	GUIANCE FOR
DE-RECOGNITION, CL	ASSIFICATION,	INTEREST AN	ND PENALTIES, ACC	OUNTING IN
INTERIM PERIODS. D	ISCLOSURE AND	TRANSITION	J.	

THE ORGANIZATION WAS INCLUDED IN CAPITAL AREA FOOD BANK'S COMBINED

INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR THE TAX YEAR.

SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	es "		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	1 answered "Yes" to Fo ► Attach to Form 990.	to Form 990, Pari n 990.	t IV, line 21 or 22.		Open to Public Inspection
ž	on CAPITAL AR		BANK FOUNDATION	TION				Employer identification number 74-2964260
2	General Information on Grants and Assistance	d Assistance						
1 Does the organize	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	ار میں آب
criteria used to av 2 Describe in Part IV	criteria used to award the grants or assistance? Describe in Part IV the ordanization's procedures for monitoring the I	ance? edures for monit	oring the use of grant 1	use of grant funds in the United States.	l States.			
artil	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	i Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA FOOD BAN 8201 S. CONGRESS AVE. AUSTIN TX 78745	AREA FOOD BANK OF TEXAS CONGRESS AVE. TX 78745	74-2217350	501(C)(3)	94 784.	o			GENERAL SUPPORT
1								
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government or listed in the line -	ganizations listed in the 1 table	e line 1 table				1.
7	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

232101 12~18-12

Schedule [Form 990) (2012) CAPITAL AREA FO	OD BANK	FOUNDATION	_		74-2964260 Page 2
Part-III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ited States. Com	piete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part I,	line 2, Part III, column	. (b), and any other additional ir	formation.
SCHEDULE I, PART I, LINE 2: THE FO	FOUNDATION	TION MAKES GRA	GRANTS TO THE	CHARITABLE	
ORGANIZATION IT IS ORGANIZED TO SU	SUPPORT.	THE USE OF	OF GRANT FUNDS IS	S IS	
MONITORED VIA COMMON BOARD MEMBERS					
232102 12-18-12					Schedule I (Form 990) (2012)

(Fo	HEDULE J rm 990) tment of the Treasury al Revenue Service te of the organizatio	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.		OMB No. 1 20 Open to Inspe	12 Publiction	
	·····	CAPITAL AREA FOOD BANK FOUNDATION	74-29			
Pa	rt I Question	s Regarding Compensation			-	
1 740.70	and a second				Yes	No
1a	Part VII, Section A, First-class or d Travel for corr		idence			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	10.046.0000	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire				
	-	EO/Executive Director, regarding the items checked in line 1a?		2		
3	CEO/Executive Dim establish compensation Compensation Independent	ny, of the following the filing organization used to establish the compensation of the organization ector. Check all that apply. Do not check any boxes for methods used by a related organization ation of the CEO/Executive Director, but explain in Part III. In committee Written employment contract compensation consultant Compensation survey or study ther organizations Approval by the board or compensation	on to			
4	During the year, di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
		lated organization:				
а	•	ce payment or change of control payment?		4a		Х
		ceive payment from, a supplemental nonqualified retirement plan?				X
	-	ceive payment from, an equity-based compensation arrangement?				Х
	-	nes 4a c, list the persons and provide the applicable amounts for each item in Part III.				
5 a		c)(3) and 501(c)(4) organizations must complete lines 5-9. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation revenues of:	ì	5a		X
	=	zation?		5b		X
	, .	or 5b, describe in Part III.				
6		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı			
	contingent on the					
а	•					Х
b	Any related organi	zation?		6b		X
		or 6b, describe in Part III.				
7	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
	not described in lir	es 5 and 6? If "Yes," describe in Part III		7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exc	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" to line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio	n 53.4958-6(c)?		9		
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990)) 2012

Schedule J (Form 990) 2012 CAP I 7	ΓAL	CAPITAL AREA FOOD	BANK FOUNDATION	DATION	74-2964260	260		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mple	oyees, and Highest C	Compensated Empl	loyees. Use duplica	te copies if additional	space is needed.		
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i). Do not list any individuals that are not listed on Form 990. Part VII.	be re Forn	sported in Schedule J 1 990, Part VII.	, report compensati	on from the organiz	ation on row (i) and fro	ım related organization:	s, described in the inst	ructions, on row (ii).
Note. The sum of columns (B)(i)-(ii) for each listed individual must equal the	ed in	dividual must equal th	he total amount of F	orm 990, Part VII, S	ection A, line 1a, appl	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	E) amounts for that inc	lividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ī) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in prior Form 990
(1) HENRY L. PERRET	0	.0	•0	.0	.0		•0	.0
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232112 12-12-12							Schedu	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 CAPITAL AREA FOOD BANK FOUNDATION	74-2964260 F	Page 3
Farture suppremental information explanation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	II. Also complete this part for any	
PART I, LINE 3: CAPITAL AREA FOOD BANK FOUNDATION DOES		
NOT HAVE EMPLOYEES AND IS ADMINISTERED BY THE UNCOMPENSATED BOARD OF		
DIRECTORS OF THE CAPITAL AREA FOOD BANK FOUNDATION.		
SCHEDULE J, PART II, ROW (II):		
RELATED ORGANIZATION: CAPITAL AREA FOOD BANK OF TEXAS, INC. 74-2217350		
	Schedule J (Form 990) 2012	90) 2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Name of the organization

CAPITAL AREA FOOD BANK FOUNDATION

Employer identification number 74 - 2964260

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AREA FOOD BANK OF TEXAS, INC.

FORM 990, PART VI, SECTION B, LINE 11: EACH MEMBER OF THE BOARD OF

DIRECTORS RECEIVES A DRAFT COPY OF FORM 990 FOR REVIEW, THEN VOTES ON ITS

APPROVAL BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS ARE REQUIRED TO SIGN

THE CONFLICT OF INTEREST FORM ANNUALLY

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C: THE ORGANIZATION'S OVERSIGHT PROCESS AND ITS PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Source	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.	Irganizations and Unrelated Partnerships ization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 ch to Form 990. ► See separate instructions.	rtnerships ne 33, 34, 35, 36, actions.	or 37.		OMB No. 1545-0047 2012 Open to Public Inspection
ation CAPITAL AREA	FOOD BANK FOUNDATION	N			Employer identification number 74-2964260	ation number 6 0
Part i Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ste if the organization answered "Yes"	to Form 990, Part IV, line 33	(
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	cations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one or	more related tax-exer	pt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
CAPITAL AREA FOOD BANK OF TEXAS, INC 74-2217350, 8201 S. CONGRESS AVE., AUSTIN, TX 78745	DONATE FOOD AND PERSONAL CARE PRODUCTS TO HUMAN SERVICE AGENCIES	Sexet	501(C)(3)	LINE 7		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Schedule R (Form 990) 2012

12-10-12 LHA

Schedule R (Form 990) 2012 CAPITAL AREA FOOD BANK FOUNDATION Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	TAL AREA FO	FOOD BANK ble as a Partnersh	NK FOUNDATION ership (Complete if the or	'TON the organizat	ion answered [™]	Yes" to Form 96	10, Part IV, lin	e 34 becaus	$\frac{74-2}{5}$	74-2964260 one or more related	Page 2
izations treated as a par	thersnip during the ta	ax year.)				-			-		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) SI General or managing tule partner? Ves No	(j) (k) General or Percentage managing ownership Partner? Yes No
tification of Related Or	uanizations Taxable	as a Corpo	or Trust (Co	omolete if the	organization ar	Tswered "Yes" t	o Form 990, I	art IV, line 3	"Yes" to Form 990. Part IV, line 34 because it had one or more related	ad one or m	Dre related
organizations treated as a corporation or trust during the tax year.)	rporation or trust duri	ng the tax	year.)	-)						
(a) Name, address, and EIN of related organization	Ζc	(F Primary) activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
									Sche	edule R (For	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 CAPITAL AREA FOOD BANK FOUNDATION	ATION		74-2	74-2964260	Page 3
Party Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	rered "Yes" to Form 9	90, Part IV, line 34, 35b,	or 36.)		
15	utth one or more refe	ttad occanizations listad	n Darts ILIV/0	<mark>۲</mark>	Yes No
1 During the tax year, did the organization engage in any of the bilowing naisactions with one of interference organizations incentive in a control of the interest (ii) and the fill investige or five rest from a controlled entity.				9	X
					X
Gift. grant. or capital contribution from related organization(s)				16	X
Loans or loan quarantees to or for related organization(s)				1d	Χ
Loans or loan guarantees by related organization(s)				ę	×
				Anti-Alia (1999)	
f Dividends from related organization(s)				1 f	X
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				÷	×
				4	₩
related organization(s)				1	M
					Þ
				¥ 7	
Performance of services or membership or fundralsing solicitations for related organization(s)	rization(s)			=	\$
	hization(s)				4 Þ
	nn(s)				
 Sharing of paid employees with related organization(s) 				2	4
					×
P Heimpursement paid to related organization(s) for expenses					
d Heimbursement paid by related organization(s) for expenses				-	1
				t	×
Other transfer of cash or oroberty from related oroanization(s)				.I	X
	ho must complete thi	s line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount involved	
(1)					
[2]					
ē					
(4)					
(5)					
(9)					
232163 12-10-12			Sche	Schedule R (Form 990) 2012	90) 2012

Page 4	(enue)	(k) Percentage ownership				Schedule R (Form 990) 2012
260	oss re	(j) General or managing partner? Yes No	 		 	(Form
642	or gr		 		 	le R
74-2964260	y total assets	(i) (j) (k) (k) Code V-UBI General of Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) ves No				Schedu
	asured b	(h) Dispropor- tionate allocations? Yes No				
	37.) t of its activities (mea	(g) Share of end-of-year assets				
	990, Part IV, line 3 e than five percent	(1) Share of total income				
	to Form	(e) Are all partners sec. 501(c)(3) 011(c)(3) 011(c)(3) Ves No	 	 		
FOUNDATION	ation answered "Yes" e organization condu stment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under section 512-514)				
BANK FOUND	mplete if the organiz ip through which th sion for certain inves	(c) Legal domicile (state or foreign country)				
CAPITAL AREA FOOD	le as a Partnership (Coi ntity taxed as a partnersh muchions renarding exclu	(b) Primary activity				
Schedule R (Form 990) 2012 CAPITA	Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions renarring excitation for certain investment partnerships.	(a) Name, address, and EIN of entity				

12-10-12

Schedule R	(Form 990)	2012	

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Application for Extension of Time To File an **Exempt Organization Return**

► X

0 1

File a separate application for each return	▶ F	⁼ile a	separate	application	for each return.
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If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print File by the due date for filing your return. See instructions.	CAPITAL AREA FOOD BANK FOUNDATION	74-2964260			
	Number, street, and room or suite no. If a P.O. box, see instructions. 8201 SOUTH CONGRESS AVENUE	Social security number (SSN)			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78745				

Enter the Return code for the return that this application is for (file a separate application for each return)

Application			Application			Return				
Is For			Is For			Code				
Form 990 or Form 990-EZ			Form 990-T (corporation)			07				
Form	990-BL	02	Form 1041-A			08				
Form	4720 (individual)	03	Form 4720			09				
Form	990-PF	04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11				
Form	990-T (trust other than above)	06	Form 8870			12				
	ALAN ROBINSON, the books are in the care of $\blacktriangleright 8201$ SOUTH CONC			78	745					
	lephone No.► <u>512-684-2106</u>		FAX No. ►							
	the organization does not have an office or place of business									
	this is for a Group Return, enter the organization's four digit									
box					ers the extension	is for.				
1	I request an automatic 3 month (6 months for a corporation				The extension					
MAY 15, 2014 , to file the exempt organization return for the organization named above. The extension										
	is for the organization's return for:									
	► calendar year or ★ X tax year beginning OCT 1, 2012, and ending SEP 30, 2013									
		, car								
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🗌 Initial return 🛄 Fina	al retur	n					
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less any							
	nonrefundable credits. See instructions.	. -	,,	3a	\$. 0.				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,									
	estimated tax payments made. Include any prior year over		yment allowed as a credit.		\$	Ο.				
с	Balance due. Subtract line 3b from line 3a. Include your pa									
	by using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.				
Caut	ion. If you are going to make an electronic fund withdrawal v			8879-	EO for payment i	nstructions.				
LHA	For Privacy Act and Paperwork Reduction Act Notice.			-		(Rev. 1-2013)				