

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-0047

Α	For the	e 2008 calendar year, or tax year beginning JUL 1, 2008 and ending	<u>JUN 30, 2009</u>						
В	Check if applicable	Please use IRS	D Employer identification number						
	Addre	ss label or programme FOOD DANK OF OW ALLOWA							
Ē	Name chang	type	73-1100380						
	Initial return	C-a-ria	1 '						
	Termi	Instruction in the structure in the stru	(405) 972-1111						
Ļ	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$ 38,369,187.						
L	Application pendic	OKLAHOHA CIII, OK 75157-0908	H(a) Is this a group return						
	•	F Name and address of principal officer: RODNEY W. BIVENS	for affiliates? Yes X No						
_	Toyou	SAME         AS         C         ABOVE           empt status         X         501(c) (3         ) ◀ (insert no.)         4947(a)(1) or         527	H(b) Are all affiliates included? Yes No  If "No," attach a list (see instructions)						
		te: > HTTP: //WWW.REGIONALFOODBANK.ORG	H(c) Group exemption number						
			ear of formation: 1980 M State of legal domicile: OK						
		Summary							
	1	Briefly describe the organization's mission or most significant activities: SOLICITA'	TION AND RECEIPT OF FOOD						
<b>∭</b> Governance		ITEMS FROM LOCAL, REGIONAL AND NATIONAL							
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its assets						
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 17						
<b>∌</b> ≈	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17						
/ ス 」 <u>人</u> 他側 Activities &	5	Total number of employees (Part V, line 2a)	5 56						
 ∰.	6	Total number of volunteers (estimate if necessary)	6 15562						
~ &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0 • 7b 0 •						
₹ Σ	Ь_	Net unrelated business taxable income from Form 990-T, line 34	Prior Year Current Year						
	8	Contributions and grants (Part VIII, line 1h)	29,107,644. 33,381,776.						
Sevenue Revenue	9	Program service revenue (Part VIII, line 2g)	4,418,712. 4,930,869.						
Sevenue Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,024. 1,878.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,165,169. 54,664.						
Ĭ.		Total revenuer add lines 8 jurgupit, 11 jujust equal Part VIII, column (A), line 12)	35,704,549. 38,369,187.						
] ] ]		Grants and similar amounts pard (Part X, column (A), lines 1-3)							
ש	14	Benefits paid to or for members (Part IX, collugal (A), line 4)							
es		Salaries, othe compensation 2 polyte benefits (Part IX, column (A), lines 5-10)	1,567,884. 1,967,729.						
Expenses	16a	Professional fund aising fees (Part IX, column 2), line 11e)							
ă	•   ь	Total fundraising expenses (Part IX, column (D), line 25)   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20 202 502 503						
ш	17		33,203,780. 39,165,718.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,771,664. 41,133,447.						
	19 2	Revenue less expenses Subtract line 18 from line 12	932,885. <2,764,260.>						
Assets or	20	Total assets (Part X, line 16)	Beginning of Year End of Year 7,576,416. 14,258,833.						
Asse	20	Total liabilities (Part X, line 26)	151,133. 276,258.						
Net /	22	Net assets or fund balances Subtract line 21 from line 20	7,425,283. 13,982,575.						
	art II	Signature Block							
		Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statement and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct,						
			- Alch						
Sig	gn n	Los followers	4/13/10						
He	re	Signature of othics.	Date -						
		RODNÉY W. BIVENS, EXECUTIVE DIRECTOR							
_		Type or print name and title	Check if Preparer's identifying number						
Pai	d	Preparer's Oak Made ORN Date	Self- (see instructions)						
Pre	parer's	Firm's name (or HOGANTAYLOR LLP	employed						
Use	Only	yours if HOGANTAYLOR LLP self-employed). 11600 BROADWAY EXTENSION, SUITE 300	EIN ►						
		address, and ZIP + 4 OKLAHOMA CITY, OK 73114	Phone no. ► (405) 848-2020						
Ma	May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No								
	001 12-		200						
-									

		age Z
Pai	rt III Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission.	
	SOLICITATION AND RECEIPT OF FOOD ITEMS FROM LOCAL, REGIONAL AND	
	NATIONAL FOOD COMPANIES, AND DISTRIBUTION OF THESE ITEMS TO OTHER	
	CHARITBLE FOOD PROGRAMS IN CENTRAL AND WESTERN OKLAHOMA.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	No
	If "Yes", describe these new services on Schedule O.	
_	· ·	٦
3		J NO
	If "Yes", describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 40317464. including grants of \$ ) (Revenue \$	<u>)</u>
	REGIONAL FOOD BANK OF OKLAHOMA IS A NON-PROFIT CORPORATION WHICH	•
	ACCEPTS FOOD CONTRIBUTIONS AND DISBURSES THEM TO OTHER CHARITABLE	
	ORGANIZATIONS. THIS YEAR, THE FOOD BANK DISTRIBUTED 28,572,285 POUNDS	
	OF FOOD TO MORE THAN 350 CHARITABLE FEEDING PROGRAMS AND 263 SCHOOLS	
	IN 53 COUNTIES IN CENTRAL AND WESTERN OKLAHOMA.	
		<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►\$ 40,317,464. (Must equal Part IX, Line 25, column (B))	
TG	TO THE DIOGRAM SELECT CAPCINGS F TO TO TELL TO TE MUSIC COURT OF TA, Ellio EO, COMMIN (D)	

Form 990 (2008) REGIONAL FOOD BANK OF OKLAHOMA
Part IV Checklist of Required Schedules

			Yes_	No_
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_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		_X_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del></del>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	_23_	X	
24a	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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
∠ɔa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	oc:		v
00	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	_27_	000	X

Form 990 (2008) REGIONAL FOOD BANK OF OKLAHOMA
Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			Ì
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			]
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990/	วกกลา

Form 990 (2008) REGIONAL FOOD BANK OF OKLAHOMA
Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. information Returns Enter -0- if not applicable 1a 4			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X	
<b>2</b> a	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 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del></del>
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		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts	_	1	77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
٥-	Tax Shelter Transaction?	5c		X
	Did the organization solicit any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-41
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
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		<del> </del>
10	Section 501(c)(7) organizations. Enter N/A			
а				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		·
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	<u>Γο</u>		2000

Form, 990 (2008) REGIONAL FOOD BANK OF OKLAHOMA 73-1100380 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body	]		
b	Enter the number of voting members that are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members of stockholders, or other persons who may elect one or more members of the	-		- 11
/ a		7.		_X_
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_	3.5	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u> X</u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	l		
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b		Х
	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?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶OK	•		
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	-	
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
	Can we pare Cal valorities a membric Cal obout tednest	- J E	noial	
40	December a Cabadula O whether land if an how), the argonization makes to assume a decomposite and set of interest and in a		nciai	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina		
19	statements available to the public.			
19 20	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			
	statements available to the public.			<u>-</u>

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did r		ny of	ficer			or, tru	uste		<b>(E)</b>	(E)		
<b>(A)</b> Name and Title	(B)		(C)					(D) Reportable	<b>(E)</b> Reportable	(F) Estimated		
Name and Title	Average hours	(c	Position (check all that a		heck all that apply)				Iv)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from from related organizations (W-2/1099-MISC)			
ROBERT H. CLEMENTS		1										
PRESIDENT		X			-		-	0.	0.	0.		
DEREK B. GILL												
VICE PRESIDENT		X	-	├			<u> </u>	0.	0.	0.		
JOHN WILLIAMS		7.							0	0		
TREASURER		X	┢	├				0.	0.•	0.		
TIM BELLANTI DIRECTOR		$ _{\mathbf{x}}$						0.	0.	0.		
JIM BROOKS		1	<del> </del>	$t^-$		<del>                                     </del>		0.	0_•	<u></u>		
DIRECTOR		$ _{\mathbf{X}}$						0.	0.	0.		
ROBERT OZBURN		<u> </u>		İ								
DIRECTOR		X						0.	0.	0.		
SAM ERWIN									•			
DIRECTOR		<u> </u>		<u> </u>				0.	0.	0.		
STEVE RIGGS									_	_		
DIRECTOR		X	<u> </u>	<del> </del> —	ļ	ļ		0.	0.	0.		
KIRK R. HAGAN						i			_			
DIRECTOR		X	╁	⊢	_			0.	0.	0.		
MARK HARSHA		٠,							0.	_		
DIRECTOR		X	$\vdash$	├		$\vdash$		0.	U •	0.		
TIM HOPKINS DIRECTOR		$ _{\mathbf{x}}$						0.	0.	0.		
JAMES R. HOPPER		╁	┼	$\vdash$		$\vdash$		0.	0.	<u> </u>		
DIRECTOR		$ _{\mathbf{x}}$						0.	0.	0.		
DAVID LOPEZ			<del> </del>	一	_	$\vdash$				•		
DIRECTOR		$ _{\mathbf{X}}$						0.	0.	0.		
TRESSA MADDEN		1										
DIRECTOR		x						0.	0.	0.		
ROB MCLAUGHLIN												
DIRECTOR		X				<u> </u>		0.	0.	0.		
SHARON NEUWALD												
DIRECTOR		X	<u> </u>	<u> </u>	_			0.	0.	0.		
AVIS SCARAMUCCI									_	_		
DIRECTOR	!	<u> </u> X	<u> </u>	<u></u>	<u> </u>	<u> </u>	L	0.	0.	0.		

Hours per week week week week week week week we	Part VII Section A. Officers, Directors, Tru (A)	(B)	Tipi		(6	C)		<u> </u>	(D)	(E)			(F)	
EXECUTIVE DIRECTOR 32.00 X 75,000. 75,000. 55,000.  ANITA CRAUN CHIEF FINANCIAL OFFICER 32.00 X 47,250. 20,250. 0.  1b Total	Name and title	per	from the		compensation from the organization	compensatio from related organizations (W-2/1099-MIS		com f org an	mount other npensa rom the ganizat id relat	of ation e ion ed				
The Total Total pumber of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization and related organization stated on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual is the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such midwidual is the organization and related organization from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual is the organization and related organization from the organization of the organization organization from any unrelated organization for services rendered to the organization for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  Name and business address  Compensation		32.00			x				75,000.	75,00	00.	5	5,0	00.
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes   No		32.00			x	ļ 			47,250.	20,2	50,			0.
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes   No														
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes   No							1							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes   No														
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes   No														
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  NONE  (A)  Name and business address  Description of services  Compensation  Compensation	2 Total number of individuals (including those	e in 1a) who re	ceiv	ed r	nore	tha	<b>_</b> ın \$1	00,		95,2	50.	5	55,0	00.
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Name and business address  Description of services  Compensation	3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	Yes	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C)  Name and business address Description of services Compensation	<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>	0,000? If "Yes, accrue compe	," cc	ompl tion	ete .	Sch	edul	e J	for such individual				Х	x
the organization NONE  (A) (B) (C) Compensation  Compensation		are o for sacri	Den	3011										
(A) Name and business address Description of services Compensation		mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of com	pens	ation	from	
2. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	(A)	address							<b>(B)</b> Description of s	ervices	С			'n
2. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation				<del></del>										<del></del>
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation			••											
Z LOTAL DUMDER OF INDEPENDENT CONTRACTORS (INCILIDING TROSE IN L) WITH RECEIVED MORE TRAN \$1111 CICLUM COMPENSATION				41	L.		د م		to the #100 000				-	

REGIONAL FOOD BANK OF OKLAHOMA 73-1100380 Page 9 Form 990 (2008) Statement of Revenue Part VIII (A) (B) (C) (D) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e 5,997,754. f All other contributions, gifts, grants, and similar amounts not included above 27 384 022 g Noncash contributions included in lines 1a-1f \$\_ 31 727 228 h Total. Add lines 1a-1f 33,381,776 **Business Code** 4170615 4170615 2 a SHARE CONTRIBUTIONS 624200 556,940. 624200 556,940. **b** HANDLING FEES 624200 203,314 203,314 PROGRAM FEES f All other program service revenue 4930869 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,878. 1,878. other similar amounts) Income from investment of tax-exempt bond proceeds Royatties (i) Real (ii) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 19,210 19,210. 11 a ADMINISTRATIVE REIMBUR 624200 17,595. 17,595. ь RECYLCING INCOME 624200 10,694. c OTHER INCOME 624200 10,694. 624200 7,165. 7,165. d All other revenue 54,664 e Total. Add lines 11a-11d 56,542. 4930869. 0. Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 38 369 187

Form 990 (2008)

832009 02-02-09 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) but are not required to complete columns (B) (C) and (D)

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<del> </del>
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	<del> </del>			
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				<u> </u>
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	177,250.	126,863.	24,784.	25,603.
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	1,511,225.	1,112,717.	197,590.	200,918.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	37,842.	25,354.	6,055.	6,433.
9	Other employee benefits	109,023.	80,274.	14,255.	14,494.
10	Payroll taxes	132,389.	97,478.	17,310.	17,601.
11	Fees for services (non-employees)				-
а	Management				
b	Legal				
C	Accounting	19,945.	7,524.	4,133.	8,288.
d	Lobbying				-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	62,099.	23,427.	12,867.	25,805.
12	Advertising and promotion	3,360.	462.	144.	2,754.
13	Office expenses	621,343.	602,342.	4,158.	14,843.
14	Information technology	50,901.	43,925.	665.	6,311.
15	Royalties				
16	Occupancy	225,973.	204,298.	18,451.	3,224.
17	Travel .	432,982.	416,986.	5,966.	10,030.
18	Payments of travel or entertainment expenses	- · · · · · · · · · · · · · · · · · · ·			·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,805.	448.	8.	4,349.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	482,929.	389,060.	93,869.	
23	Insurance	325,573.	303,100.	21,823.	650.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DONATED FOOD DISTRIBUTE	31,935,046.	31,935,046.		,
b	FOOD SUPPLEMENTS (PURCH	3,279,257.	3,279,257.		
c	FOOD 4 KIDS & SUMMER FE	1,176,735.	1,176,735.		
d	KIDS CAFE	202,710.	_202,710.	"	
e	SHOP SUPPLIES	90,682.	91,376.		<694.
f	All other expenses	251,378.	198,082.	26,159.	27,137.
25	Total functional expenses. Add lines 1 through 24f	41,133,447.		448,237.	367,746.
<u> </u>	Joint Costs Check here ► X if following	-1			
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

,							
			(A) Beginning of year		(I End c	B) of year	
	1	Cash · non-interest-bearing	500,191.	1		13,2	90.
	2	Savings and temporary cash investments	300,131.	2		<u> </u>	100
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	399,233.	4	1 2	51,1	55
	'	Receivables from current and former officers, directors, trustees, key		-4	<u> </u>	<u> </u>	<u></u>
	5			5			
		employees, or other related parties. Complete Part II of Schedule L		5_	<u> </u>		
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
	_	Part II of Schedule L	<del></del>	6			
Assets	7	Notes and loans receivable, net	F 300 0F1	7	F 7	21 2	150
Ass	8	Inventones for sale or use	5,398,951.	8		$\frac{21}{51}, \frac{2}{5}$	
-	9	Prepaid expenses and deferred charges		9		<u>51,7</u>	90.
		Land, buildings, and equipment cost basis 10a 10,596,837.					
	b	Less accumulated depreciation Complete	1 053 030			4	
		Part VI of Schedule D . 10b 3,348,926.	1,253,932.		1,4	<u>47,9</u>	111.
	11	Investments - publicly traded securities		11			
	12	Investments · other securities. See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets .		14			
	15	Other assets See Part IV, line 11	24,109.	15_			0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,576,416.	16	14,2		
	17	Accounts payable and accrued expenses	151,133.	17	2	<u>76,2</u>	<u> 158.</u>
	18	Grants payable _		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities .		20			
es	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
iab		highest compensated employees, and disqualified persons. Complete Part II					
_		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable .		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	151,133.	26	2	<u>76,2</u>	<u> 158.</u>
		Organizations that follow SFAS 117, check here   X and complete					
es		lines 27 through 29, and lines 33 and 34.			ĺ		
JIC.	27	Unrestricted net assets	7,425,283.	27	13,9	<u>82,5</u>	<u>.75</u>
3al;	28	Temporanly restricted net assets		28			
Net Assets or Fund Balances	29	Permanently restricted net assets		29			
Ξ		Organizations that do not follow SFAS 117, check here   and					
9		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
et/	32	Retained earnings, endowment, accumulated income, or other funds		32			
Z	33	Total net assets or fund balances	7,425,283.	33	13,9	<u>82,5</u>	<u> 75.</u>
	34	Total liabilities and net assets/fund balances	7,576,416.	34	14,2	<u>58,8</u>	33.
Pa	rt XI	Financial Statements and Reporting					
						Yes	No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	Other				
2a		the organization's financial statements compiled or reviewed by an independent	accountant?		2a		Х
b		the organization's financial statements audited by an independent accountant?			2b		Х
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
		w, or compilation of its financial statements and selection of an independent according	-		2c		
За		result of a federal award, was the organization required to undergo an audit or aud		jle Auc			
		ind OMB Circular A-133?	•		3a	Х	
<u>b</u>		es," did the organization undergo the required audit or audits?			3b	Х	
_							

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization Employer identification number 73-1100380 REGIONAL FOOD BANK OF OKLAHOMA Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 certain exceptions, and (2) no more than 33 1/3% of its support from gross 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). (Complete the Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 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 organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h \_\_\_ Type II \_\_ Type I c \_\_\_\_ Type III · Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of (ii) EIN organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

						<b>50</b> 440	
=	nedule A (Form 990 or 990-EZ) 2008 R3 art II Support Schedule for 0	EGIONAL FO	Doogribed in	OF OKLAHOI	MA h)/1)/A)/iv) on/	73-110	0380 Page 2
Pe	Support Schedule for (Complete only if you checked	-		Sections 170(		)(A)(1)(a)011 L	/i)
	ection A. Public Support	Title box off fille 5,			<del></del>		<del></del>
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	28,836,453.	26,146,567.	26,833,271.	29,107,644.	33,381,776.	144,305,711.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 · 3	28,836,453.	26,146,567.	26,833,271.	29,107,644.	33,381,776.	144,305,711.
5	The portion of total contributions						•
	by each person (other than a						
	governmental unit or publicly supported organization) included			}			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)	1					45 607 086
_	· }						15,627,276.
	Public Support. Subtract line 5 from line 4 ction B. Total Support					<del> — — .</del>	128 678 435
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	28 836 453	26 146 567	26 833 271	29 107 644	33 381 776.	144 305 711
	Gross income from interest,	20,030,433.	20,140,307	20,033,271.	29,107,044.	33,361,770.	144,303,711.
Ü	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	31,217.	32,510.	41,972.	14,909.	1.878.	122,486.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	1,825.	7,168.	16,625.	383.	10,694.	36,695.
11	Total support. Add lines 7 through 10		_	-		-	144 464 892.
	Gross receipts from related activities,	etc (see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶□
se e	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2008 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	89.07 %
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	84.54 %
16a	a 33 1/3% support test - 2008. If the o	rganization did not	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	_
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	<b>b 33 1/3% support test - 2007.</b> If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation .			
17a	a 10% -facts-and-circumstances test	: - <b>2008.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-			· · · · · · · · · · · · · · · · · · ·		rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a j	publicly supported	organization		▶∟

b 10% -facts-and-circumstances test - 2007. 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

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

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for	Organizations	Described in	Section 509(a	)(2) (Complete only	if you checked the h	Page 3
Section A. Public Support	<u> </u>			74-7 (Complete only	II Aon cuerved file D	OX OII IIIIE 9 OI F art i.)
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 are not an unrelated trade or bus- iness under section 513						
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 furnished by a governmental unit to						
the organization without charge  6 Total. Add lines 1 · 5	-					
7a Amounts included on lines 1, 2, and				<u> </u>		
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>	<u> </u>	<u> </u>
Section B. Total Support			l	1	T	
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 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)					L	
14 First five years. If the Form 990 is for	or the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation, ▶ ☐
check this box and stop here Section C. Computation of Pub	lic Support Pe	rcentage	<del> </del>	<u>.</u>	•	
15 Public support percentage for 2008			column (ft)	· · · · · · · · · · · · · · · · · · ·	15	%
16 Public support percentage from 200		•			16	<del>//</del>
Section D. Computation of Inve				-	1.0	
17 Investment income percentage for 2			ne 13, column (f))		17	%
18 Investment income percentage from	2007 Schedule A,	Part IV-A, line 27h			18	%
19a 33 1/3% support tests - 2008. If the	e organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and <b>stop here</b> . The	organization qual	fies as a publicly	supported organiz	ation	ightharpoons
<b>b 33 1/3% support tests - 2007.</b> If the line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u>▶□</u>

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	REGIONAL FOOD BANK OF OKLAHOMA	73-1100380
Par		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fi	unds
Ū	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be use	•
Ū	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historic	cally important land area
	Protection of natural habitat  Preservation of certified h	•
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserva-	ation easement on the last day
_	of the tax year	,
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	
•	year	, and a second
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
_	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	L)(B)(i)
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, pro	ovide the following amounts relating to
	these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	ın, provide
-	the following amounts required to be reported under SFAS 116 relating to these items:	-
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X	► \$ ► \$

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	$\overline{}$		FOOD BAN				Oth	- Cii		100380	
that apply)    Public exhibition	Par										
a Public exhibition d	3	Using the organization's accession and other	records, check any	of the f	ollowing tha	it are a signif	icant use	of its co	llection ite	ems (check	all
b Scholarly research e Other 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 XIV  5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?   Yes No   Part VI Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table:    Ves No   If Yes', explain the arrangement in Part XIV and complete the following table:		that apply)									
c	а	Public exhibition	C	╵╙	Loan or exc	hange progr	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  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   No	b	Scholarly research	e	, 🗀	Other			_			
So 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? collection?	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   Part IV   Trust, Escrow and Custodial Arrangements. Complete if 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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table:    Amount   To   To   To   To	4	Provide a description of the organization's col	lections and explai	n how th	ney further tl	he organızat	ion's exe	mpt purp	ose in Pa	rt XIV	
Part IV   Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tryes, "explain the arrangement in Part XIV and complete the following table:   Amount	5	During the year, did the organization solicit or	receive donations	of art, h	stoncal trea	sures, or oth	er sımıla	r assets			
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? with the arrangement in Part XIV and complete the following table:    Comparison   Com		to be sold to raise funds rather than to be mai	intained as part of	the orga	nization's co	ollection?	<u>.</u>			Yes	No_
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIV and complete the following table:   Amount   1c   d   d   dditions during the year   1d   d   d   d   dditions during the year   1d   d   d   d   d   d   d   d   d	Par	t IV Trust, Escrow and Custodial	<b>Arrangements</b>	- Comp	lete if organi	zation answ	ered "Ye	s" to Forr	n 990, Pa	rt IV, line 9,	or
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21?  b If Yes," explain the arrangement in Part XIV    Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10    Table Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back   (d) Three years back (e) Four years back   (d) Three years back   (e) Four years back		reported an amount on Form 990, Part	X, line 21.							<u>.                                    </u>	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21?  b If Yes," explain the arrangement in Part XIV    Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10    Table Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back   (d) Three years back (e) Four years back   (d) Three years back   (e) Four years back	1a	Is the organization an agent, trustee, custodia	in or other intermed	diary for	contribution	s or other as	ssets not	included			
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Interest the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10  Table Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quass-endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Permanent endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ive the part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended										Yes	☐ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Interest the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10  Table Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quass-endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Permanent endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment \( \bigcite{\frac{9}{2}} \) \( \frac{9}{2} \) Ferrament endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ive the part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended uses of the organization's endowment funds (ive the part XIV the intended	b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table.						
d Additions during the year    Destributions during the year   1		, .		Ū						Amount	
d Additions during the year    Destributions during the year   1	c	Beginning balance						1c			
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 10  1 Beginning of year balance  b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment    % b Permanent endowment    % c Term endowment   Marticle		•				•					
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?    If   Yes   No   No   H Yes   No   No   No   No   No   No   No   N						•					
Describe in Part XIV Investment   Main   Ma	•	• •	•								
But   "Yes," explain the arrangement in Part XIV   Part V   Endowment Funds. Complete of organization answered "Yes" to Form 990, Part IV, line 10	22		m 990 Part X line	212	•			<u> </u>	·	Ves	No
Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back		•	1111 330, 1 art A, iirie			•			_	163	140
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  b Contributions			organization answe	ared "Ve	s" to Form 9	990 Part IV	line 10				
ta Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		E T Elias Williams I aliasi Somplete II						(al) Three	voare hack	(a) Four V	parc hack
b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment		Bassassa of wasa balance	(a) Current year	767.	nor year	(C) TWO year	IS DACK	(a) Tillee	years back	(e) Four y	Cais Dack
c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		_ * . * . *								+	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	b	·									<del></del>
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	С	· -									
and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment \( \)	d	· · · · · · · · · · · · · · · · · · ·	<del></del>							<del> </del>	
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	е	Other expenditures for facilities					ŀ				
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment		and programs		<u> </u>							<del></del>
Provide the estimated percentage of the year end balance held as  a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance		<u> </u>			ļ			<u> </u>	
b Permanent endowment	2	Provide the estimated percentage of the year	end balance held a	as							
Term endowment ▶	а	Board designated or quasi-endowment		%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  b Buildings  c Leasehold improvements d Equipment e Other  331,816. 173,556. 158,260.	b	Permanent endowment >	%								
by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  b Buildings  10,265,021. 3,175,370. 7,089,651. c Leasehold improvements d Equipment e Other  331,816. 173,556. 158,260.	С	Term endowment >%	6								
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  1a Land  b Buildings  10, 265, 021. 3, 175, 370. 7, 089, 651.  c Leasehold improvements d Equipment e Other  331, 816. 173, 556. 158, 260.	3a	Are there endowment funds not in the posses	ssion of the organiz	ation the	at are held a	ind administ	ered for t	he organ	ızatıon	,—	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Depreciation  (d) Book value  1a Land  b Buildings  10,265,021. 3,175,370. 7,089,651.  c Leasehold improvements  d Equipment  e Other  331,816. 173,556. 158,260.		by:								Y	es No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  1a Land  b Buildings  10,265,021. 3,175,370. 7,089,651.  c Leasehold improvements d Equipment e Other  331,816. 173,556. 158,260.		(i) unrelated organizations								3a(i)	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  331,816.  173,556.		(ii) related organizations								3a(ii)	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value  1a Land b Buildings c Leasehold improvements d Equipment e Other  131,816. 173,556. 158,260.	b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sche	dule R?					3b	
Description of investment   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Depreciation   (d) Book value	4	Describe in Part XIV the intended uses of the	organization's end	owment	funds						
basis (investment) basis (other)  1a Land b Buildings 10,265,021. 3,175,370. 7,089,651. c Leasehold improvements d Equipment e Other 331,816. 173,556. 158,260.	Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	ee Form 990	, Part X, line	10				
basis (investment) basis (other)  1a Land b Buildings 10,265,021. 3,175,370. 7,089,651. c Leasehold improvements d Equipment e Other 331,816. 173,556. 158,260.		Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) [	epreciati	on	(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.		•	` '		, , ,						
b Buildings c Leasehold improvements d Equipment e Other  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.  10,265,021. 3,175,370. 7,089,651.		Land									
c Leasehold improvements d Equipment e Other 331,816. 173,556. 158,260.		<u>.</u>			10.26	5,021.	3.	175.3	70.	7,089	,651.
d Equipment e Other 331,816. 173,556. 158,260.	c	<del>-</del>				<u>,</u>					<u></u>
e Other 331,816. 173,556. 158,260.	d	·									
				-	33	1.816		173.5	56.	158	.260.
			m 990. Part X. coli	ımn (B)		_,		, .	<b>D</b>		

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 REGIONAL F	OOD BANK OF OKLA	HOMA	73-1100380 Page <b>3</b>
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12.	<u> </u>	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
Financial derivatives and other financial products			
Closely-held equity interests			
Other	<u> </u>	<del> </del>	
			<del> </del>
<del></del>		<del></del>	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of va	
	<del></del>	Cost or end-of-year i	market value
			···
			- <del> </del>
Total (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			(1) Death at a
(a	) Description		(b) Book value
	· · · · · ·		
-			
1			
Total. (Column (b) should equal Form 990, Part X, col (B)			<u> </u>
Part X Other Liabilities. See Form 990, Part X (a) Description of liability		) Amount	
	12	,, and an	
Federal income taxes	-	<del></del>	
		,	
Total. (Column (b) should equal Form 990, Part X, col (B)			
In Part XIV, provide the text of the footnote to the organiz	ation's financial statements the	at reports the organization's liabilit	y for uncertain tax positions

Sche	dule D (Form 990) 2008 REGIONAL FOOD BANK OF OKLA				7	3-1	<u> 110038</u>	0 Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Stat	emer	ıts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year Subtract line 2 from line 1	•		3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4-8			9				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-	10				
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Reve	nue p	er Re	turn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					]		
а	Net unrealized gains on investments	2a				1		
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d				L	2e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					Ì		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b					4c		
_ 5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents W	Vith Expe	enses	per F	<u> Retu</u>	<u>rn</u>	
1	Total expenses and losses per audited financial statements				Ĺ	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				Ì			
а	Donated services and use of facilities .	2a						
b	Prior year adjustments	2b				ŀ		
С	Losses reported on Form 990, Part IX, line 25	2c				l		
d	Other (Describe in Part XIV)	2d				ļ		
е	Add lines 2a through 2d .				-	2e		
3	Subtract line 2e from line 1				L	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						
c	Add lines 4a and 4b				L	4c		
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)					5		
	t XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1	a and 4, Pa	art IV, I	ines 1b	and 2	≱b, Part V, I	ine 4, Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b							
								· · · ·

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection

OMB No 1545-0047

REGIONAL FOOD BANK OF OKLAHOMA Part I Questions Regarding Compensation

Employer identification number 73-1100380

	Art.   Quodition / regularing compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation pnor to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
			·	
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	_6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a 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 lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of v	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(3)		0	0.	55,000.	0	130,000.	137,542.
RODNEY W. BIVENS	: <u>(ii</u>	75,000.	0	0	0	0.	75,000.	30,689.
	(i)							
	(ii)							
	Θ							
	) <u>(</u>							
	Θ							
	) (E)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	ε							
	(ii)							
	Ξ							
	(i)							
	Ξ							
	⊞							
	Ξ		i					
	(II)							
	Ξ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2008

### SCHEDULE M (Form 990)

### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service "Yes" on Form 990, Part IV, lines 29

Attach to Form 990.

Name of the organization

REGIONAL FOOD BANK OF OKLAHOMA

Part I Types of Property

| Employer identification number 73-1100380

applicable contributions Form 990, Part VIII, line 1g			
	revenues		
1 Art - Works of art			
2 Art · Historical treasures			
3 Art - Fractional interests			
4 Books and publications	<del></del>		
5 Clothing and household goods	··		
6 Cars and other vehicles			
7 Boats and planes			
8 Intellectual property			
9 Securities · Publicly traded			
10 Securities · Closely held stock	· · · · · · · · · · · · · · · · · · ·		
11 Securities - Partnership, LLC, or			
trust interests			
12 Securities · Miscellaneous			
13 Qualified conservation contribution			
(historic structures)			
14 Qualified conservation contribution (other)			
15 Real estate - Residential .			
16 Real estate - Commercial			
17 Real estate - Other			
18 Collectibles			
19 Food inventory X 15 31,727,228.VALUEI	O AT \$1.58/P	OUI	ND_
20 Drugs and medical supplies			
21 Taxidermy			
22 Historical artifacts			
23 Scientific specimens			
24 Archeological artifacts			
25 Other ()			
26 Other ()			
27 Other			
28 Other ( )			
29 Number of Forms 8283 received by the organization during the tax year for contributions			
for which the organization completed Form 8283, Part IV, Donee Acknowledgment	<del></del>		
	\	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it mu	st hold for		
at least three years from the date of the initial contribution, and which is not required to be used for exempt pur	poses for		
the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		<u> </u>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,			
describe in Part II			

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization

Employer identification number

REGIONAL FOOD BANK OF OKLAHOMA	73-1100380
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
FOOD COMPANIES, AND DISTRIBUTION OF THESE ITEMS TO OTHER	CHARITABLE
PROGRAMS IN CENTRAL AND WESTERN OKLAHOMA.	
FORM 990, PART VI, SECTION A, LINE 10: THE PRESIDENT OF T	HE BOARD OF
DIRECTORS WAS EMAILED A COPY OF FORM 990 AND ASKED TO REV	IEW SAME BEFORE
SIGNING FORM 990. FORM 990 WAS THEN PRESENTED TO THE BOAR!	D OF DIRECTORS AT
ITS NEXT REGULARLY SCHEDULED MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C: NEW BOARD MEMBERS	MUST SIGN THE
CONFLICT OF INTEREST POLICY STATEMENT WHEN THEY JOIN THE	BOARD OF
DIRECTORS. ALL BOARD MEMBERS ARE REQUIRED TO SIGN A NEW CO	ONFLICT OF
INTEREST POLICY EACH YEAR.	-
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVER COM	MITTEE USES A
COMPENSATION SURVEY FROM FEEDING AMERICA WHO CONDUCTED A	SURVEY OF
COMPARABLE FOOD BANKS IN THE COUNTRY & LOCAL NON-PROFIT CO	OMPENSATION
SURVEYS TO DETERMINE THE COMPENSATION RANGE FOR THE EXECU	TIVE DIRECTOR. THE
EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIRS OF ALL 3 BO	OARDS OF
DIRECTORS, THE OFFICERS, PAST CHAIRS & LEGAL COUNSEL. THE	REVIEW COMMITEE
MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS HIS & THE ORG	GANIZATION'S
PERFORMANCE. THE COMMITTEE MEETS IN EXECUTIVE SESSION FOR	A COMPLETE
DISCUSSION & REVIEW. THE FOUNDATION BOARD CHAIR MEETS WIT	H THE EXECUTIVE
DIRECTOR PRIVATELY TO REVIEW THE COMMITTEE'S DISCUSSION	RECOMMENDATIONS.

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number Name of the organization REGIONAL FOOD BANK OF OKLAHOMA 73-1100380 1023 AND FORM 990 AVAILBLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2B & LINE 2C THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Schedule R (Form 990) 2008 Direct controlling Direct controlling 73-1100380 entity entity status (if section 501(c)(3)) End-of-year assets Public charity SEC. 501(C)(3) PUBLIC PUBLIC SEC. 501(C)(3) Total income Exempt Code section 9 9 Legal domicile (state or Legal domicile (state or foreign country) foreign country) KLAHOMA OKLAHOMA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SUPPORT FOR THE ACTIVITIES, AFFAIRS & PROGRAMS OF THE ASSETS FOR THE USE OF THE REGIONAL FOOD BANK OF OKLAHOMA HOLDS LAND AND BUILDING Primary activity Primary activity REGIONAL FOOD BANK REGIONAL FOOD BANK <u>B</u> <u>@</u> Identification of Related Tax-Exempt Organizations 42-1589809, P.O. BOX 270968, OKLAHOMA CITY Identification of Disregarded Entities REGIONAL FOOD BANK FOUNDATION, INC. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 73127-0968 FOODLINK, INC. - 41-2093509 OKLAHOMA CITY, OK P.O. BOX 270968 73137-0968 Part II Parti

OF OKLAHOMA
BANK O
L FOOD
REGIONA
Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

General or managing partner?					(H) Percentage ownership					90) 2008
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			:		(G) Share of Pe end-of-year ov assets					Schedule R (Form 990) 2008
(H) Disproportionate allocations?	1								_	Sche
(G) Share of cend-of-year assets					(F) Share of total income					
					(E) Type of entity (C corp, S corp, or trust)					
(F) Share of total income										
					(D) Direct controlling entity					
(E) Predominant income (related, investment, unrelated)					(C) Legal domicile (state or foreign country)					
(D) Direct controlling entity				Trust	(B) Primary activity					
Legal domicile (state or foreign country)				poration or	Pri	 	<del></del>	<del></del>		
(B) Primary activity				anizations Taxable as a Corp	7					
(A) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust	(A) Name, address, and EIN of related organization					832162 12-23-08

8

# Schedule R (Form 990) 2008 REGIONAL FOOD BANK OF OKLAHOMA

# Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	•		Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		4		×
c Gift, grant, or capital contribution from other organization(s)		5		×
d Loans or loan guarantees to or for other organization(s)		14		×
		9		×
f Sale of assets to other organization(s)		#		×
g Purchase of assets from other organization(s)		19		×
		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>-</b>		×
j Lease of facilities, equipment, or other assets from other organization(s)		÷	$\dashv$	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		£	×	
o Reimbursement paid to other organization for expenses		ę	1	×
p Reimbursement paid by other organization for expenses		<del>2</del>	×	
q Other transfer of cash or property to other organization(s)	٠	5	;	×
- 1	10000000000000000000000000000000000000	<b>-</b>	×	
Z II UTB ANSWELLO ATY OF THE ADOVE IS THEY, SEE UTB INSTRUCTIONS OF PROCEEDINGS CONTINUES CONTINUES IN THE ANSWELLO THE AN	SDIOLISE ILLI		ŧ	
	(B)	(C) Amount involved	paylox	
Name of other organization(s)	type (a-r)			-
(1)				
(3)				1
(4)				
832163 12-23-08	Schedu	Schedule R (Form 990) 2008	990) 2	8008

73-1100380 Page 4

Ì

Schedule R (Form 990) 2008 REGIONAL FOOD BANK OF OKLAHOMA

Part VI Unrelated Organizations Taxable as a Partnership

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 regarding exclusion for certain investment partnerships.

Yes No General or managing partner? Î Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) <u>©</u> (F)
Disproportionate allocations? Yes No Share of end-ofyear assets Œ) Are all partners section 501(c)(3) organizations? Yes No 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2008

### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return

OMB No 1545-1709

F The discount approach to the first	
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶ X</b>
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the not complete Part II unless you have already been granted an automatic 3-month extension on a previous</li> </ul>	
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 o	complete
Part I only	. ▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques to file income tax returns	t an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extended below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elect (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronion www.irs gov/efile and click on e-file for Chanties & Nonprofits.	ronically if (1) you want the additional consolidated Form 990-T. Instead,
Type or Name of Exempt Organization	Employer identification number
Print REGIONAL FOOD BANK OF OKLAHOMA	73-1100380
File by the due date for Filing your P.O. BOX 270968	, , , , , , , , , , , , , , , , , , , ,
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions OKLAHOMA CITY, OK 73137-0968	
Check type of return to be filed (file a separate application for each return)	
X Form 990 Form 990-T (corporation)	n 4720
	n 5227
Form 990-EZ Form 990-T (trust other than above)	n 6069
Form 990-PF Form 1041-A Form	n 8870
RODNEY BIVENS  • The books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OK 7  Telephone No ▶ (405) 972-1111  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	f this is for the whole group, check this
box  If it is for part of the group, check this box and attach a list with the names and EINs of	all members the extension will cover
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time <a href="#">FEBRUARY 15, 2010</a> , to file the exempt organization return for the organization name is for the organization's return for <a href="#">Description:</a> calendar year or <a href="#">X tax year beginning JUL 1, 2008</a> , and ending JUN 30, 2009	
2 If this tax year is for less than 12 months, check reason. Initial return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made Include any prior year overpayment allowed as a credit	3b   \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)  See instructions	3c \$ N/A

Form-8	868 (Rev. 4-2009)					Page 2	
● If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	ck this box			▶ [	<u>x</u>	
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previo	usly filed F	orm 88	<b>38</b>			
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the ongo	nal (no cor	oles nee	ded)			
Туре	Name of Exempt Organization	.	Employ	er identi	fication n	umber	
print	REGIONAL FOOD BANK OF OKLAHOMA		73	<del></del>			
File by t extende due date	Number, street, and room or suite no If a PO box, see instructions.		For IRS use only				
filing the return S instructi	City, town or post office, state, and ZIP code For a foreign address, see instructions						
X	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 472		=	5227 6069	For	m 8870	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a	previous	y filed I	orm 886	<b>S8</b> .		
Tel • If ti	ANITA CRAUN  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of ▶ P.O. BOX 270968 - OKLAHOMA CITY, OI  be books are in the care of book	If this	ıs for th	e whole	•		
	For calendar year, or other tax year beginning	endina j	IIINI .	30. 2	009		
	If this tax year is for less than 12 months, check reason Initial return Final retu		JUN 30, 2009  Change in accounting period				
	State in detail why you need the extension	,				, ,	
	THE ORGANIZATION NEEDS ADDITIONAL TIME TO FILE A CRETURN SINCE IT ACQUIRED A NEW CHIEF FINANCIAL OF						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	T I	TIAI.	2 TIA	2009.		
	nonrefundable credits. See instructions	-	8a S				
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estima	ted	oa ,	?			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		ŀ				
	previously with Form 8868	-	8b   \$				
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, dep	osit					
_	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See inst		8c   5	5	N/	Ά	
	Signature and Verification						
Under It is tru	penalties of perjury. I declare that have examined this form, including accompanying schedules and statements, e. correct, and complete and trian amounthorized to prepare this form.	and to the l	best of m	y knowled	lge and beli	ef,	
Signati	ure NOW // . Marl Title > CPA		Date >	- 2/1	zpoi	<i>&gt;</i>	
				Form	8868 (Rev	v. 4-2009)	