

## 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



**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)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public Inspection

Inte	ernal Rever	ue Service		The organiza	ition may have to	ase a copy of	tilis return to sa	listy sta	ite reporti	ilg requi	Terricina				
	For the	2008 calen	dar year,	or tax year beg	ginning Jul	1	, 200	18, and	d ending	j Ju	n 30		, 2009		
В	Check if	apolicable		C Name of orga	inization				•		D Emp	loyer Iden	tification N	umber	
		ess change	Please use IRS label	Community	Action	Service	s and Fo	od E	Bank		87	-0491	952		
	<u></u>	e change	or print		street (or P O box				Room/su	le	E Tete	phone num	iber		
	F7		or type See_	l	,						i			0.0	
	Initia	al return	specific Instruc-	<del></del>	n Freedom	BIAG		710	100		_ \	01) 3	73-82	<del>50</del>	
	Terr	nination	tions.	City, town or	country		Stat	e ZIP	code + 4						
	Ame	nded return		Provo			ַדע	84	601		G Gros	s receipts	\$ 7,98	<u>3,138</u> .	·
	Арр	cation pending	F Name a	and address of princ	cipal officer				1		nis a group re		hhates?	Yes	X No
			Myla D	utton 1070	N. 730 E	E. Pleasa	nt Grove (	JT 84	062		all affiliates lo,' attach a l		structions)	Yes	No
ī	Tax-e	exempt statu	ıs <b>X</b> 501	(c) (3	) ◀ (insert no )	49	947(a)(1) or	5:	27		io, allacira i	.st (see	30 4000000		
J				unityacti	onprovo	org				H(c) Gro	up exemption	number I	<b>&gt;</b>		
K		f organization	X Corpora		Association	Other ►	-	Year o	of Formation				legal domic	de <b>UT</b>	
	art I	Summa		attor   Trust	7133001011017	Other	! -	100.0							
<u>.                                    </u>				ganızatıon's mı	ission or most	significant	activities 2	\cci	et lov	and	modera	to in	come h	Ouset	20148
				tical bas										<u>Daner</u>	10 + 42
0 3 2000 Governance	1 -			ant. The											
	1 -			ams in or											
က နွဲ	1 2														
0 8	2 (			if the organizanbers of the go				- F			VED		10		
				nt voting memb				ne Thir	0 A 5 A	نا كا الله	Y 5.0	- 154	10		
	5 7			yees (Part V,		citing bou	y (1 a.t v.,	ത്				105	89		
	6 7			teers (estimate				9	MAY	10	2010	PE	8,810	<del></del>	
$\mathcal{O}_{2}$	7a T			business reven		/III. line 12	. column (C)	0	1417-41	ΛΟ	2010	(D) 172			0.
Щ	h 0	-		s taxable incon					0.0	2 22 2		145			
SCANNED JUN Revenue Activities &	<del> </del>	iot armonator		r taxable in gori		333 1,	<u> </u>	<u> </u>	DGI		Rrior Ye			rrent Ye	
	, ,	·			1h\								<del></del>		
C 3ª	8 0		-	nts (Part VIII, II						$\vdash$	5,726	,002.		<u>,943,</u>	2/1.
ကြွန်	9 F	-		ue (Part VIII, I	_	4 7al\				-		722			706
ě	10 1			art VIII, column			1 11 - \			-		,722.			706.
_	''			III, column (A),				L 11	2)	<u> </u>	- 707	704	7		307.
				nes 8 through				line i.	<u> </u>	1	5,727	/24.		<u>,976,</u>	
				ounts paid (Pa			-3)						5	,339,	319.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)													
on.	15 9												<u>,316,</u>	034.	
Expenses	16a F	rofessional	fundraisir	ng fees (Part IX	K, column (A),	line 11e)									
Dec	⋰ьт	otal fundrais	sina exne	nses (Part IX,	column (D) lu	ne 25). ►		77.1	141.						
ŭ	17 (		-	IX, column (A)		_					4,788	013		597	509.
		•	•			-	(A) line 25)						7	,252,	
	1	•		nes 13-17 (mu	•		(A), line 25).				4,788		-		
_		evenue less	expense	s Subtract line	e 18 from line	12				<del> </del>	939	711.		724,	010.
Net Assets of										Be	ginning o	f Year		d of Yea	
90	20 ⊺	otal assets	(Part X, Iı	ne 16)							1,426	410.	2	,118,	385.
\$°	21 1	otal liabilitie	s (Part X	, line 26)							196	504.		164,	469.
ž	22 1	let assets or	fund bala	ances Subtract	l line 21 from l	ine 20					1,229	906.	1	,953,	916.
P	art II		ure Bloc							•					
<del></del>					e examined this ref	urn. includina	accompanying so	hedules	and state	ments, a	and to the bes	st of my kn	owledge an	d belief, it	ıs
		true, correct, a	and complete	I declare that I have Declaration of pre	parer (other than o	fficer) is based	on all information	on of whi	ich prepar	er has a	ny knowledge	ĺ			
Si	gn	<b>▶</b>	20 Oa	() Tak							レット	-/10			
	ere	Signature	of officer	0.000					_		Date	,,,,			
• • •		<b>▶</b>	<b>6</b> /	~~ W.		Eu-		- 1	IRE	٠	u				
		Type or pr	rint name and	d title	0 1-2-30	CAO	SULIVE	<u> </u>	1100	<u> </u>					
		1,72	<u> </u>					Date	-			ΤP	reparer's id	entifyina n	umber
D	aid	1	_	Z1 (	12	200	^	Date			Check if self-	F- 1 (s	see instructi	ons)	
	e-	Preparer's	<b>1</b>	y id	( <i>'U, 1</i> 77		X	5	15//	0	employed	- [			
	er's	signature	- (		<u> </u>			<u> </u>	-//		<u></u>				
Ü		Firm's name (o	or <u>Int</u>	egritas P	ublic Acc	ounting	, LC								
	nly	employed),	<b>►</b> 560	South 10	0 West, S	te 12					EIN ►				
		address, and ZIP + 4	Pro	vo			UT 846	01			Phone no	▶ (80	1) 375	5-296	9
Ma	y the IR	S discuss th	is return	with the prepai	rer shown abo	ve? (see ir	structions)						X Ye	es _	No

Form **990** (2008

TEEA0101 04/23/09

	990 (2008) Community Action Services and Food Bank	87-04919	52		Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
	Assist low and moderate income households				
	in meeting critical basic needs while working with them to become				
	See Form 990, Page 2, Part III, Line 1 (continued)			. – – .	
	<u> </u>			· <b>-</b> - ·	
	Did the exception undertake any constraint argainst accuracy during the year which were not listed on the	o prior			
2	Did the organization undertake any significant program services during the year which were not listed on the	e biloi	V	[ <del>-</del> -	
	Form 990 or 990-EZ?		Yes	$\mathbf{x}$	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	X	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 Sect	ion 50	(c)(3)	)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	llocations to othe	rs, the	total	
	expenses, and revenue, if any, for each program service reported				
4.	a (Code ) (Expenses \$ 5,497,618. including grants of \$ 4,932,555.) (f	Revenue \$			0.)
70	Community Action Food Bank alleviates hunger by providing food/basi				<del></del> /
	needs packages, counseling, budgeting and referrals to other commun			<b>-</b>	
	services. The program provided food and basic needs packages to 29,			. — — .	
	duplicated households in FY 2009. The unduplicated number of households				<b>_</b>
	assisted was 6,673 (20,191 persons including 8,577 children and 1,2	41			
	elderly persons). The food bank operates six food pantries and also				
	provides food packages to other community organizations for distrib				
	to those in need. The expenses and grants includes the value of the				
	food received from grocers, food distributors and through community				
				·	
41	(Code ) (Expenses \$ 368,413. including grants of \$ 136,342.) (F	Revenue <b>\$</b>			0.)
	The HEAT Program (Home Energy Assistance Target) provides winter ho				
	assistance and year-round energy crisis intervention for eligible 1				
		OM-THCOME			
	households. In FY 2009 the HEAT Program assisted 4,110 households.				
				<u> </u>	
	~				
		<b></b>			
40	c (Code) (Expenses \$309,759. including grants of \$36,328.) (Fig. 2)	Revenue \$			0.)
	The Family Development Program empowers families and individuals				
	situations. The program assisted 625 unduplicated households in				
	FY 2009.				
	1 Other program convices (Describe in Schedule O.)				<del></del>
40	d Other program services (Describe in Schedule O)		_		
	(Expenses \$ 837,292. including grants of \$ 214,459.) (Revenue \$		0.	)	
-					
<u>4 e</u>	e Total program service expenses ► \$ 7,013,082. (Must equal Part IX, Line 25, column (B)	)			

			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	х	
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 I			X
5	Section 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
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		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>
14 a	Did the organization maintain an office, employees, or agents outside of the US?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the US? If 'Yes,' complete Schedule F, Part I	14b		х
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		х_
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		х
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		<u> </u>
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 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 27 If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a 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 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 contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	х	
BAA		Form	990	(2008)

BAA

х

Form 990 (2008)

Checklist of Required Schedules (continued) No Yes 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a 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 28b Х Schedule L. Part IV c 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 Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х 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 Х

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

TEEA0104 12/18/08

		Y	s No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming	c   }	
2 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  2 a	89		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b ≥	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruc	tions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	:	Ba	x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authori financial account in a foreign country (such as a bank account, securities account, or other financial account)	ty over, a	la	x
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 an Financial Accounts	ıd		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ę	ia	x
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	b	х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Prohibited Tax Shelter Transaction?	ng	ic	
6a Did the organization solicit any contributions that were not tax deductible?	6	a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gideductible?	fts were not	5 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$7	75? 7	'a	x
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	'b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. Form 8282?	red to file	′c	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persona benefit contract?	ı - 7	'e	x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	'f	х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		'g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	required? 7	'h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the year?	(3) on, have		х
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	g	a	x
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9	b	Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders 11a			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			0 (0000)
BAA	Fo	rm 99	<b>0</b> (2008)

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						
	For each processe	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, es, or changes in Schedule O See instructions	describe the circumstances,		Yes	No		
1 a	Enter the	e number of voting members of the governing body	1a 10					
t	Enter the	e number of voting members that are independent	16 10					
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	lationship with any other	2	х			
3	Did the o	organization delegate control over management duties customarily performed by or L s, directors or trustees, or key employees to a management company or other perso	under the direct supervision on?	3		х		
4	Did the o	organization make any significant changes to its organizational documents		4	Х			
	since the	prior Form 990 was filed?						
5	Did the o	organization become aware during the year of a material diversion of the organization	n's assets?	5		X		
6		organization have members or stockholders?		6		<u>X</u>		
	governing	• •		7a 7b	x			
t	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
a	The gove	erning body?		8a	Х			
		nmittee with authority to act on behalf of the governing body?		8b	Х			
9 a	Does the	organization have local chapters, branches, or affiliates?		9a		X		
k	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?							
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	1? All organizations must	10	х			
	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							
<u>Sec</u>	tion B.	Policies		1				
				10	Yes	No		
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
	to conflic			12b	х			
	Schedule	organization regularly and consistently monitor and enforce compliance with the poet O how this is done	licy? If 'Yes,' describe in	12c	х			
		organization have a written whistleblower policy?		13	Х			
		organization have a written document retention and destruction policy?		14	X			
		rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision					
	•	nization's CEO, Executive Director, or top management official?		15a	X			
Ŀ		icers of key employees of the organization?		15 b	<u> </u>			
		the process in Schedule O (see instructions)						
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X		
b	ın joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b				
Sec		Disclosures		[				
		states with which a copy of this Form 990 is required to be filed <b>Utah</b>						
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	allabl	e for p	oublic		
	X Own	website Another's website X Upon request						
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	nents, conflict of interest poli	cy, ar	d fina	incial		
20	State the	name, physical address, and telephone number of the person who possesses the b	ooks and records of the orga	anızatı	on			
•	Myla I	Outton 815 South Freedom Blvd, Ste 1 Provo U	<u>r _84601(8</u>	1)_6	91-5	250		
BAA	_			Form	990 (	(2008)		

BAA

Form 990 (2008)

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

- 1 a 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) or 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 no	ot compen	sate a	any (	offic	er, c	directo	or, tr	ustee, or key employe	e	
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours		ition (	(chec	k all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frascee or director	mshhhoard trustee	Offi el	Key emphyee	High est connar-isated employee	ะัผงกลา	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	amount or other compensation from lhe organization and related organizations
Myla Dutton										
Executive Dir	40.00			x	x	X		88,493.	0.	0.
Art Leifer										
Board President	0.50	х		х				0.	0.	0.
Linda Rodriguez										
2nd Vice President	0.50	х		х				0.	0.	0.
Kendall Crittenden										
1st Vice President	0.50	х		х				0.	0.	0.
Phyllis Jensen										
Secretary	0.50	x		x				0.	0.	0.
Melissa Graham										
Treasurer	0.50	х		x				0.	0.	0.
Stella Welsh	1			$\overline{}$						
Board Member	0.50	х						0.	0.	
Midge Johnson										
Board Member	0.50	х						0.	0.	0.
Gary McDonald										
Board Member	0.50	х						0.	0.	0.
Karen Love										
Board Member	0.50	x						0.	0.	0.
Nicole Wilson										
Board Member	0.50	x						0.	0.	0.
LeeAnne Stanley										
Financial Director	40.00				х			74,650.	0.	0.
										<del></del>
						·				
	ļ				H					
	<del>                                     </del>		$\vdash \vdash$							

TEEA0107 04/24/09

Part VII   Section A. Officers, Directors, Trus	tees, K	(ey	En	ıplo	ye	es,	and	d Highest Con	pensated Emp	loyees (	cont)
(A)	(B)			(0	-			(D)	(E)	(F	)
Name and Title	Average hours		·		1			Reportable compensation from	Reportable compensation from	Estima amount o	ated f other
	per week	Individual trustee or director	institutional trustee	Officer	ey	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compens from	sation
		recto	utior	œ	emp	est c	ĕr	,	,	organiz and re	ation lated
		ı tag	nal tr		employee	duto				organiza	ations
		stee	uste		"	e⊓sa					
			ro			ted					
					-						
										ļ	
	-									-	
										Ì	
	-										
	<b>†</b>			_							
			<u> </u>		_						
		<b> </b>		_							
	_		1								
		<u> </u>	<u> </u>					<u> </u>			
	-										
		-		-						-	
	-										
				_							
	-										
1 b Total			!				<b></b>	163,143.	0.		0.
2 Total number of individuals (including those in 1a) v	who rece	eive	d me	ore t	thar	\$10	0,00		ompensation from	the	
organization •							·	·	•		
										Y	es No
3 Did the organization list any former officer, director	or trusti	مم ا	(ev	emn	love	- C	ar hi	abest compensate	ed employee		
on line 1a? If 'Yes,' complete Schedule J for such ii	ndividua	ı								3	X
4 For any individual listed on line 1a, is the sum of re	portable	100	npe	nsat	lion	and	oth	er compensation	from		į
the organization and related organizations greater t	nan \$15	0,00	)U /	IT T	es	com	piet	e Schedule J for s	Sucri	4	x
E. Did any parson listed on line 15 receive or accruse	omnone	atio	n fr	am a	אמב	unre	ماداد	ad organization for	r services		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	nedule J	for	suc	h pe	erso	n	siale	d organization for		5	x
Section B. Independent Contractors											
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntrac	ctors	tha	it received more t	han \$100,000 of		
(A)	·c							(B	) of Services	(C) Compensa	ation
Name and business address Description of Services								5. 55. 7.005	20,1,001136		
2 Total number of independent contractors (including	those in	n 1)	who	rec	eive	ed m	nore	than \$100,000 in			
compensation from the organization ►											

Par	t VIII   Statement of Revenue		,		
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.0	1 a Federated campaigns 1 a				
ANTS	b Membership dues 1b				
A D	c Fundraising events 1c				
TS,	d Related organizations 1d				
ξë					
SIM.	e Government grants (contributions)  1e 1,819,588.				
듯핆	f All other contributions, gifts, grants, and similar amounts not included above 1f 6,123,683.				
BE	<del></del>				
NO ON	g Noncash contribus included in lns 1a-1f \$ 5,577,893.				
8 ₹	h Total. Add lines 1a-1f	7,943,271.			
J.	Business Code				
VE	2a				
2	b				
/CE	С				
ER	d				
Σ	е				
GR.	f All other program service revenue				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f	<del></del>			
	3 Investment income (including dividends, interest and				
	other similar amounts)	561.	561.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
ł	6a Gross Rents 36,307.				
	<b>b</b> Less rental expenses				
	c Rental income or (loss) 36,307.				
	d Net rental income or (loss)	36,307.	36,307.	0.	0.
	(I) Securities (II) Other		•		
	7a Gross amount from sales of assets other than inventory 2,999.		*		
	b Less cost or other basis and sales expenses 6,266.				
	c Gain or (loss) -3,267.				
		-3,267.	-3,267.	0.	0.
	d Net gain or (loss)	-3,267.	-3,201.	<u> </u>	<u> </u>
щ	8a Gross income from fundraising events (not including \$				
ENL	of contributions reported on line 1c)				
REV	•				
OTHER REVENU	See Part IV, line 18 a				
OT O	b Less direct expenses b				
	C Net income or (loss) from fundraising events			-	
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	er course			
	c Net income or (loss) from gaming activities			<del></del>	
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	-			•	
}	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
ŀ					
	,				-
		· · · · · · · · · · · · · · · · · · ·			<del></del>
	C		-		
	d All other revenue	<del></del>			
	e Total. Add lines Tra-Tru	<del> </del>	<del></del>		
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	7 . 976 . 872 .	33.601.	0.	0.

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).

6b. 7b	ot include amounts reported on lines				Fundraising
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
â	Grants and other assistance to governments and organizations in the U.S. See Part IV, ine 21	19,653.	19,653.		
	Grants and other assistance to individuals in he U.S. See Part IV, line 22	5,319,666.	5,319,666.		
c	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 8	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees	163,143.	143,131.	13,323.	6,689.
Š	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 salaries and wages	917,693.	805,735.	74,333.	37,625.
9	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	155,175.	134,847.	13,966.	6,362.
9 (	Other employee benefits				
	Payroll taxes	80,023.	69,540.	7,202.	3,281.
	ees for services (non-employees)				
	Management				
bι	.egal				
c A	Accounting				
d i_	.obbying				
e F	Prof fundraising svcs See Part IV, In 17				
f Ir	nvestment management fees				
g C	Other	100,734.	81,801.	7,500.	11,433.
12 A	Advertising and promotion				
13 (	Office expenses	39,382.	36,382.	2,250.	750.
14 la	nformation technology		<u> </u>		
15 F	Royalties				
16 (	Occupancy	244,293.	232,124.	8,669.	3,500.
17 T	- ravel	42,907.	34,084.	8,200.	623.
, e	Payments of travel or entertainment expenses for any federal, state, or local bublic officials		_		
<b>19</b> C	Conferences, conventions, and meetings				
20 li	nterest				
21 F	Payments to affiliates				
<b>22</b> C	Depreciation, depletion, and amortization	37,551.	32,984.	3,039.	1,528.
	nsurance				
c a 5	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed of total expenses shown on line 25 pelow)				
a <u>N</u>	Miscellaneous	62,693.	43,293.	14,500.	4,900.
b_F	Repairs	38,000.	30,543.	7,457.	0.
c C	Communications	31,949.	29,299.	2,200.	450.
d_					
e _					
f A	All other expenses				
_25_T	otal functional expenses Add lines 1 through 24f	7,252,862.	7,013,082.	162,639.	77,141.
S 0 0	loint Costs. Check here  if following GOP 98-2 Complete this line only if the organization reported in column (B) joint losts from a combined educational lampaign and fundraising solicitation				
BAA	anyaigh and randraising solicitation	·			Form <b>990</b> (2008)

Form 990 (2008)

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 28,998 1 26,182. 2 2 Savings and temporary cash investments 3 206,113. 218,763. Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 1,013,658. 8 1,655,146. Inventories for sale or use Prepaid expenses and deferred charges 7,264 9 3,968. 10 a 431,100. 10a Land, buildings, and equipment cost basis b Less accumulated depreciation Complete Part VI of 10 c 10b 216,774 170,377 214,326. Schedule D 11 11 Investments - publicly-traded securities Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line 34) 1,426,410. 16 2,118,385. 16 Accounts payable and accrued expenses 144,948. 17 116,391 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 18,078. Unsecured notes and loans payable 30,943. Other liabilities Complete Part X of Schedule D 20,613. 25 30,000. 196,504 164,469. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets -27,485. 27 -34,752. 27 1,087,014. 28 1,774,342. Temporarily restricted net assets 170,377 29 214,326. Permanently restricted net assets P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. 33 1,953,916. 1,229,906. 34 1,426,410 34 Total liabilities and net assets/fund balances 2,118,385. Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 X Accrual 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b х c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3 a X b If 'Yes,' did the organization undergo the required audit or audits? 3b х Form 990 (2008) BAA

### 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.

2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name o	the organization							Employe	r identifica	tion number		
Com	munity Action	Services and E	ood Bank					87-04	491952	2		
Part	I Reason for Pu	blic Charity Statu	ıs (All organızatıons	must	comple	ete this	part.	) (see	instruc	tions)		
The o	rganization is not a pri	ivate foundation beca	use it is (Please check o	only <b>one</b>	organiz	ation)						
1	A church, conventi	on of churches or ass	sociation of churches des	cribed in	sectio	n 170(b)	<b>(1)(A)(i</b> )	).				
2	A school described	d in section 170(b)(1)(	A)(ii). (Attach Schedule	E)								
3	A hospital or coop	erative hospital servic	e organization described	ın secti	on 170(	b)(1)(A)	(iıi). (Ai	tach Sc	hedule H	l)		
4	A medical research	h organization operate	ed in conjunction with a h	nospital	describe	d in sec	ction 17	0(b)(1)(A	<b>A)(iii)</b> Er	nter the ho	spital'	s
	name, city, and sta	ate										
5	An organization or 170(b)(1)(A)(iv).	perated for the benefit	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	I unit de	scribed in	sectio	n
6												
	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II)											
8	<del></del>		<b>170(b)(1)(A)(vi).</b> (Comple									
9	from activities rela investment income June 30, 1975 Sec	ted to its exempt fund and unrelated busing e <b>section 509(a)(2).</b> (0		n except section	tions, ar 511 tax)	nd (2) no ) from b	more usiness	than 33- es acqu	1/3 % of ired by tl	its suppor he organiza	t from	gross
10	⊨ °	•	exclusively to test for pi		•		٠,			•		
11	more publicly supp	orted organizations of	l exclusively for the bene described in section 509( zation and complete line	(a)(1) or	section	509(a)(	nctions ( 2) See	of, or ca <b>section</b>	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check t	s of o he bo	ne or x that
	a 🔲 Type I	<b>b</b> Type II	c 🗌 Type II	I — Fun	ctionally	ıntegra	ted		d 🗌	Type III-	Other	r
е	By checking this be than foundation may 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	lled direc	ctly or ind d organi	idirectly zations	by one describ	or more ed in se	disqualiction 509	ified perso (a)(1) or s	ins oth ection	her 1
f	If the organization check this box	received a written de	termination from the IRS	that is	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift of	r contrit	oution fr	om any	of the f	ollowing	persons	7		
_	_	_				_		_			Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	togethe	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (ı)		
	(ii) a family mem	nber of a person desc	cribed in (i) above?							11 g (ii)	ļ	<u></u>
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (III)	<u> </u>	<u> </u>
h	Provide the following	ng information about	the organizations the org	janizatio	n suppo	rts						
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in cold in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	it of Sup	pport
				Yes	No	Yes	No	Yes	No			
	<del></del>			<del> </del>			-	<u> </u>				
				<del> </del>								
Total				1	1							

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

Schedule A (Form 990 or 990-EZ) 2008 Community Action Services and Food Bank Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year (f) Total (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 5,654,681. 5,677,783. 5,726,002. 7,943,271. 30,327,169. 5,325,432. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 5,325,432.|5,654,681.|5,677,783.|5,726,002.|7,943,271.|**30,327,169**. Total. Add lines 1-3 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) Public support. Subtract line 5 30,327,169. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) > 7 Amounts from line 4 5,325,432. 5,654,681. 5,677,783. 5,726,002. 7,943,271 30,327,169. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 1,044 2,174 2,970. 1,722 36,868 44,778. sımılar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 30,371,947. through 10 12 12 Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 99.85% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 99.98 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 Calendar year (or fiscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 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 organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;  Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
<u> </u>	
<del>_</del> -	

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No 1545 0047

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, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Com	nmunity Action Services and Fe	ood Bank		87-0491952	
Par		Advised Funds or Other Simil	ar Funds or Acc		
rai	the organization answered 'Yes' t	n Form 990 Part IV line 6	al Fullus of Acc	ounts complete	5 11
	the organization answered Tes t	(a) Donor advised funds	(b) F	unds and other ac	counts
	Tital a subsurational afternas	(a) Donor advised funds	(B) i	unus and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				<u> </u>
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets h to the organization's exclusive legal co	eld in donor advised ntrol?	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	rs, and donor advisors in writing that g the benefit of the donor or donor advis	rant funds may be or or other	□Yes	□No
Date	t II Conservation Easements Comple	ata if the organization answered	L'Voc' to Form 90	<del></del>	
			<u> </u>	o, raitiv, iiie	· · · · · · · · · · · · · · · · · · ·
ı	Purpose(s) of conservation easements held by	_		ally important land	2122
	Preservation of land for public use (e g , r	· '  ==	rvation of an historic	• '	area
	Protection of natural habitat	Frese	rvation of certified hi	Storic Structure	
_	Preservation of open space	alfada a saasa kan aastub kan m	the faces of a second		a tha last day
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in	the form of a conser	vation easement o	n the last day
	or the ten year			Held at the End of	of the Year
-	Total number of conservation easements		2a		
	Total acreage restricted by conservation ease	ments	2 b		
	: Number of conservation easements on a certi		2c		
	Number of conservation easements included it		2 d		
	Number of conservation easements modified,			ganization during t	he taxable
•	year ►	transferred, released, extinguished, or	tommatou by the of	gumeanon aamig t	
Δ	Number of states where property subject to co	enservation easement is located >			
_					
	Does the organization have a written policy re enforcement of the conservation easement it	nolds?		Yes	☐ No
_	Staff or volunteer hours devoted to monitoring			<del></del>	
7	Amount of expenses incurred in monitoring, in	ispecting, and enforcing easements du	ring the year - \$		<del></del>
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	nts of section	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements	oorts conservation easements in its rev to the organization's financial statemen	enue and expense state that describes the	tatement, and bala organization's acc	nce sheet, and counting for
Par	Organizations Maintaining Colle Complete if the organization ans			nilar Assets	
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in	e statement and bala furtherance of public	nce sheet works of c service, provide,	f art, historical in Part XIV,
t	<ul> <li>If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items</li> </ul>	r SFAS 116, not to report in its revenue lic exhibition, education, or research in	e statement and bala furtherance of public	nce sheet works of c service, provide t	f art, historical he following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar 116 relating to these items	assets for financial (	gain, provide the fo	ollowing
a	Revenues included in Form 990, Part VIII, line	- 1		<b>-</b> \$	
t	Assets included in Form 990, Part X			<b>&gt;</b> \$	
	•				

Schedule <b>D</b> (Form 990) 2008 Comm				87-049		Page 2
Part III   Organizations Mainta	ining Collect	ions of Art, Histo	<u>rical Treasures, o</u>	r Other Similar Ass	ets (contin	ued)
Using the organization's accession that apply)	on and other rec	cords, check any of the	e following that are a s	significant use of its coll	ection items (	check all
a Public exhibition		<b>d</b> 🗌 Loan o	r exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future gener	rations					
4 Provide a description of the organ Part XIV					se in	
5 During the year, did the organiza assets to be sold to raise funds in	rather than to be	e maintained as part o	f the organization's co	ollection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	an amount o	ngements Comple on Form 990, Part	X, line 21.	answered res to r	orm 990, F	-arı 
1 a Is the organization an agent, true included on Form 990, Part X?				her assets not	Yes	☐ No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	d complete the following	ng table.	F		
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		_
2a Did the organization include an a		990, Part X, line 21?			Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement						
Part V   Endowment Funds Co			d 'Yes' to Form 9	<u>90, Part IV, line 10.</u>		
	(a) Current yea	ar (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	ars back
<b>1 a</b> Beginning of year balance					<u> </u>	
<b>b</b> Contributions						
c Investment earnings or losses						
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
g End of year balance					<u> </u>	
2 Provide the estimated percentag	e of the year en	d balance held as				
a Board designated or quasi-endov	wment ►	%				
<b>b</b> Permanent endowment ►	%					
c Term endowment ►	<u> </u>					
3a Are there endowment funds not	in the possessio	n of the organization t	that are held and adm	inistered for the		
organization by					Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(iı)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations lis	ted as required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments-Land, B	uildings, and	<b>l Equipment.</b> See	Form 990, Part X	, line 10.		
Description of investmen	t (a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book \	/alue
<b>1 a</b> Land						
<b>b</b> Buildings					<del></del>	
c Leasehold improvements		113,782.		33,225.	80	,557.
<b>d</b> Equipment		317,318.		183,549.	133	,769.
e Other						
Total. Add lines 1a-1e (Column (d) she	ould equal Form	990, Part X, column (	(B), line 10(c))	<b>•</b>	214	,326.
344				C-L	lula D /Farm C	

BAA

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Community Action S	Services and Food B	ank 87-0491952	Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products.			
Closely-held equity interests			
Other			
Total (Column (b) should equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of charactycal market value	
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription	(b) Book va	alue
	-		
	-		
Total. Column (b) Total (should equal Form 990, Part X, co		<u> </u>	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Line of credit	30,000.		
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)	<u>► 30,000.</u>	V	
In Part XIV, provide the text of the footnote to the organiza	tion's financial statements tha	t reports the organization's liability for uncertain	n tax

2 Total espenses (Form 990, Part IX, column (A), Into 25)	Schedule D (Form 990) 2008 Community Action Services	and Food Bank 87-0	<b>491952</b> Page <b>4</b>
2 Total expenses (Form 990, Part IX, Column (A), Into S5) 2 Excess or (deficite) for the year Subtract line 2 form line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (res) Add lines 4.8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 724 , 010.  Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other aupport per busided financial Statements With Revenue per Return 1 Total revenue, gains, and other aupport per busided financial Statements With Revenue per Return 1 Total revenue, gains, and other aupport per busided financial Statements With Revenue per Return 2 Announts included on line 1 but not on Form 990, Part VIII, line 12 2 Announts included on form fine 1 defined by the state of the state	Part XI Reconciliation of Change in Net Assets from Fo	rm 990 to Financial Statements	
3 Excess or (defactly for the year Subtract line 2 from line 1  A Net unrealized gains (losses) on investments  5 Donated services and use of facilities  6 Investment regions's  7 Prior period adjustments  8 Other (Describe in Part XIV)  9 Total adjustments (net) Add lines 4.8  10 Excess for (defactly for the year) per functional statements. Combine lines 3 and 9  724,010.  Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements.  2 Amounts included on his 1b to not on Form 990, Part VIII, line 12  a Net unrealized gains on investments  5 Donated services and use of facilities  6 Recoveries of prior year grains  4 Other (Describe in Part XIV)  2 and 1 Investments expenses on included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  5 Dotal revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  7 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements  1 Described services and use of facilities  2 Amounts included on ine 1 but not on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  3 Subtract line 2 from line 1  4 Amounts mentaled on Form 990, Part IXI, line 25  4 Amounts included on Form 990, Part IXI, line 25  5 Total expenses and losses per audited financial statements  6 Total expenses and losses per audited financial statements  1 Described in Part XIVI  2 Amounts included on Form 990, Part IXI, line 25  4 Amounts included on Form 990, Part IXI, line 25  5 Total expenses and losses per audited financial statements  6 Total expenses and losses per audited financial statements  7 Amounts included on Form 990, Part IXI, line 25  8 Ot	1 Total revenue (Form 990, Part VIII,column (A), line 12)		7,976,872.
3 Excess or (defactly for the year Subtract line 2 from line 1  A Net unrealized gains (losses) on investments  5 Donated services and use of facilities  6 Investment regions's  7 Prior period adjustments  8 Other (Describe in Part XIV)  9 Total adjustments (net) Add lines 4.8  10 Excess for (defactly for the year) per functional statements. Combine lines 3 and 9  724,010.  Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements.  2 Amounts included on his 1b to not on Form 990, Part VIII, line 12  a Net unrealized gains on investments  5 Donated services and use of facilities  6 Recoveries of prior year grains  4 Other (Describe in Part XIV)  2 and 1 Investments expenses on included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  5 Dotal revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  7 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements  1 Described services and use of facilities  2 Amounts included on ine 1 but not on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  2 Amounts included on Form 990, Part IXI, line 25  3 Subtract line 2 from line 1  4 Amounts mentaled on Form 990, Part IXI, line 25  4 Amounts included on Form 990, Part IXI, line 25  5 Total expenses and losses per audited financial statements  6 Total expenses and losses per audited financial statements  1 Described in Part XIVI  2 Amounts included on Form 990, Part IXI, line 25  4 Amounts included on Form 990, Part IXI, line 25  5 Total expenses and losses per audited financial statements  6 Total expenses and losses per audited financial statements  7 Amounts included on Form 990, Part IXI, line 25  8 Ot			
4. Net unrealized gains (losses) on investments 5. Donated services and use of facilities 6. Investment expenses 7. Prori period adjustments 8. Other (Describe in Part XIV) 9. Total adjustments (rel). Add lines 4.8 10. Excess or (jeden) for the year per financial statements. Combine lines 3 and 9 724,010.  Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1. Total revenue, gains, and other support per audited financial statements. 2. Amounts included on line 1 but not on Form 990, Part VIII, line 12 2. An extra included on form support per audited financial statements. 5. Donated services and use of facilities 6. Donated services and use of facilities 7. Donated services and use of facilities 8. Donated services and use of facilities 8. Donated services and use of facilities 8. Donated services and use of facilities 9. Donated services and use of faciliti	•		
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (rel) Add tines 4.8 10 Excess rot (describ for the year per financial statements Combine lines 3 and 9 724,010.  Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per suidied financial statements With Revenue per Return 1 Total revenue, gains, and other support per suidied financial statements 2 Amounts included on line 1 but into no in Form 990. Part VIII, line 12 a Net unrealized gains on investments 5 Donated services and use of facilities c Recoveries of prior year grants 6 Other (Describe in Part XIV) 2 d 4 Other (Describe in Part XIV) 2 d 4 Amounts included on Form 90, Part VIII, line 12, but not on line 1 a Investments expenses and included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4 Ada lines 4 and 4b 5 Total revenue. Add fines 3 and 4c. (This should equal Form 990, Part I, line 12) Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities b Prior year adjustments 2 a Donated Services and use of facilities 5 a Donated Services and use of facilities 6 Prior year adjustments 2 a Donated Services and use of facilities 5 a Donated Services and use of facilities 6 a Donated Services and use of facilities 7 a Donated Services and use of facilities 8 a Donated Se			
6 Investment expenses 7 Prior period adjustments (etc) Add lines 4-8 Other (Describe in Part XIV) 1 Total adjustments (ret) Add lines 4-8 10 Excess or (deficil) for the year pet financial statements. Combine lines 3 and 9 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Port VIII, line 12 a Net unrealized gains on investments. b Donated services and use of facilities concerned in the statements of the statement of the statements of the statement of t			
7 Prior period adjustments (not) Add lines 4.8 1 Other (Descess or (defict) for the year per financial statements. Combine lines 3 and 9 724,010. Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on the 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Compared to the conversion of the support per audited financial statements 3 Converse of prior year grants 4 Other (Describe in Part XIV) 6 Add lines 2a through 2d 3 Subtract line 2a through 2d 3 Subtract line 2a through 2d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b 4 Detre (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 25 a Donated services and uses or audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Onated services and uses or audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Onated services and use of licibities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 8 and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b 5 Total expenses Add lines 3 And 4c. (This should equal Form 990, Part IIII, lines 1a and 4, Part IIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
8 Other (Describe in Part XIV) 9 Total adjustments (nel) Add lines 4-8 10 Excess or (defect) for the year per financial statements Combine lines 3 and 9 724, 010.  Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2 at brough 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 2 at brough 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) c Add lines 2 at brough 2d 5 Total expenses And 4b lines 3 and 4c. (This should equal Form 990, Part II, line 18) 5 Total expenses And the S Total expenses Part III, lines 25, but not on line 1: a Investments expenses not included on Form 990, Part IX, line 8.9 Part XIV, line 8.9 Part XIII, lines 2d and 4b, and Part XIVI, lines 2d	•		
9 Total adjustments (net). Add lines 4-8   Total adjustments (righter) bit the year per financial statements. Combine lines 3 and 9   Total revenue, gems, and other support per audited financial statements   1			
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract tine 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 5 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and use of facilities b Prior year adjustments 2 Amounts included on line 1 but ind to no Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) 2 d 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 2a finough 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, Part IX, line 25 c Losses reported on Form 990, P			
Fart XIII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of Ifacilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5   Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4, Part IVI, lines 1b and 2b, Part VV. line 4, Part XI, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b.  Fart XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IVI, lines 1b and 2b, Part V. line 4, Part XI, Part XII, Part XI, Part XII, Part X	·	2 4 0	724 010
1 Total revenue, gams, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gams on investments b Donated services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIV) 2 d 2 d 2 d 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donaled services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 a Investments expenses not included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 15 and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Cither (Describe in Part XIV) e Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5. Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 2 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on line 1 but not on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on through 2d 5. Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5. Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		ments	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Oscorbe in Part XIV) e Add lines 2a through 2d 3 Subtract the 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investments expenses not included on Form 990, Part VIII, line 7b b Other (Oscorbe in Part XIV) c Add lines 4a and 4b 5 Total reversa and losses per audited financial statements Value 1 Subtract the 2e from line 1 1 Total expenses and losses per audited financial statements Value 1 Subtract In Value 2 Subtract In Value 2 Subtract In 2e In Value 2 Subtract In 2e In Value 3 3 Subtract In 2e from line 1 4 Amounts included on In Form 990, Part IX, line 25 d Other (Oscorbe in Part XIV) 2 Add lines 2a through 2d 3 Subtract In 2e from line 1 3 Amounts included on Form 990, Part IX, line 25 but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Oscorbe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 Part XIVI Supplemental Information Complete this part to provide the descriptions required for Part II, lines 2d and 4b I Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 2d and 4b I Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 2d and 4b I Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 2d and 4b I Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 2d and 4b I Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 2d and 4b	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	, ,	
c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investments expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5   Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2a through 2d 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I II, line 18) 5	a Net unrealized gains on investments	2 a	
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5   Part XIV   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and loses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Lab b Prior year adjustments 2 Lab c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5   Part XIV   Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 6, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	<b>b</b> Donated services and use of facilities	2 b	
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Pror year adjustments 2 Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIIII, lines 2d and 4b	c Recoveries of prior year grants	2c	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5    Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b   4c   Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18)   Fart XIV   Supplemental Information   Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	d Other (Describe in Part XIV)	2 d	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5    Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b   4c   Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18)   Fart XIV   Supplemental Information   Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	•		2e
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c 5 Total expenses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not no Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments 2 2b c c sosses reported on Form 990, Part IX, line 25 2 C C C C C C C C C C C C C C C C C		:	3
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18)  Part XIV   Supplemental Information  Complete his part to provide the descriptions required for Part III, lines 2d and 4b Inne 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Teart XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18)  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		l l	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  5   Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5   Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	·		
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  5   Part XIV   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1   Total expenses and losses per audited financial statements 2   Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Olther (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4   Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Fart XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	·	· · · · · · · · · · · · · · · · · · ·	16
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included no Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5		<del> </del>	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		41(1), 1110 127	<u> </u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b. and Part XIII, lines 2d and 4b			
a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Fart XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		<del> </del>	
b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	a Donated services and use of facilities		
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  [Part XIV] Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b	<b>b</b> Prior year adjustments	2 b	
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Fart XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b  Source of the part	c Losses reported on Form 990, Part IX, line 25	2c	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  5  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	d Other (Describe in Part XIV)	2d	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	e Add lines 2a through 2d	_ 2	2e
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	3 Subtract line 2e from line 1	;	3
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		4a	
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Fart XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	·		
Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  Fart XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		<del>''</del>	ıc
Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		arti, iiie io)	<u>'                                    </u>
line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
BAA TEFA3304 12/23/08 Schedule <b>D</b> (Form 990) 200	line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	es 2d and 4b	
BAA TEFA3304 12/23/08 Schedule <b>D</b> (Form 990) 200			
BAA TEFA3304 12/23/08 Schedule <b>D</b> (Form 990) 200			
BAA TEFA3304 12/23/08 Schedule <b>D</b> (Form 990) 200			
	BAA TEEA3304	12/23/08 Sc	hedule <b>D</b> (Form 990) 2008

Schedule D	(Form 990) 2008	Community	Action Serv	vices and	rood Bank		8/-0491952	Page:
Part XIV	Supplementa	I Information	(continued)					
-	<del> <u>–</u></del>							
					<del></del>			
				<del></del>		<del>-</del>		
				<del></del>				
					<del></del> _			
		<del>-</del>						
					<b></b>	. <b></b>		
		<del></del> -						
					<del></del>			
		<del>-</del>			<del>-</del> -			
				<del>-</del>				

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

Community Action Services and Food Bank	87-0491952	
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	stance, and X Yes	

န Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if add	itional space is	ace is needed			00,00	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Utah County 148 North 100 West Provo UT 84601	94-2851681		19,653.	.0		Contract for s	I & R and plan
							i
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	rganızatıons				•	

Schedule I (Form 990) 2008

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

3 Enter total number of other organizations

87-0491952

Page 2 Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed Community Action Services and Food Bank Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
Food packages/basic needs itmes	29,654	.0	4,932,555.	\$1.74 per pound	canned & fresh food, hygiene items
Emergency services assistance	1,192	183,209.	0.	FMV	rent, utility, transportation help
HEAT Program	547	136,324.	0.	FMV	utility assistance
Family Development Program assistance	437	36,328.	0.	FMV	shelter assistance
Home Buyer and Mortgage Counseling Program	58	31,250.	0.	FMV	mortgage assistance
Part IV   Supplemental Information. Complete	lete this part to pr	ovide the information required	on required in Part	I, line 2, and any	other additional information.
Pt_I_Line_2ALL_assistance	is paid direc	-1Y_to_the_	appropriate vender	and never to	
Pt_I_Line_2the_client_being	assisted. E	very case must	have full backup	up documentation	
Pt_I Line_2before it is paid	to the ven	der In every c	case, the file	is reviewed and	
Pt_I_Line_2signed_off_on_b	by a superviso	r before being	sent_to_the_Fi	Finance Director	
Pt_I_Line_2for_paymentEv	Every grant or	assistance is r	recorded in the	software system.	
					-
1		1 1 1 1 1 1 1			
	; ; ; ; ; ;	! ! ! ! ! !	 		
; ; ; ; ; ; ; ; ; ; ; ; ; ;	           		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

BAA

Schedule I (Form 990) 2008

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

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the	organization						l Em	proyeric	enunca	nion nu	mber		
Commun	ity Action Services an	d Food	Bank				87	-049	195	2			
Part I	Excess Benefit Transactio To be completed by organizations	ns (sect	ion 501 ered 'Yes	(c)(3) a on Form	nd section 990, Part IV,	501(c)( line 25a o	4) organiza r 25b, or Forr	ations n 990-l	only Z, Pa	/). rt V, li	ne 40	b.	
		··-										(c) Cor	rected?
1	(a) Name of disqualified person					(b) Description	on of transaction					Yes	No
													<del>.</del>
2 Ente	er the amount of tax imposed on the	organiza	tion man	agers or	disqualified p	ersons du	ring the year	under	 ► Ś			ı	<u> </u>
	er the amount of tax, if any, on line	2, above,	reimburs	ed by the	organization	)			<b>▶</b> \$				
Part II	Loans to and/or From Intel To be completed by organic Part V, line 38a.	rested P zations	Persons that ans	s. swered	'Yes' on Fo	orm 990	, Part IV, Iı	ne 26	or F	orm	990-	EZ,	
(a)	Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) princi	Original pal amount	(d) B	alance due	(e) In d	efault?	(f) App by bo- comm	ard or	(g) W agree	ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
<u> </u>													
Total					<b>▶</b> \$						,		
Part III	Grants or Assistance Bene To be completed by organi	efitting l	nterest that an	ed Pers	ions.	orm 990	, Part IV, II	ne 27	,			<del>.</del>	
	(a) Name of interested person	(	(b) Relations	ship between the organ	interested persor	n and	(c) A	mount of	grant o	r type o	f assista	ence	
	Rodriguez				of Trus								tılıty
Karen	Love	Memb	er of	Board	of Trus	tees		3	52.	util	ity a	ssist	tance
		-									<del></del>		
Part IV	Business Transactions Inv. To be completed by organize	olving l	Interest	ted Pers	ons. 'Yes' on Fo	orm 990	. Part IV. Iı	ne 28	Ba. 28	3b. o	r 280	<del>-</del>	
	(a) Name of interested person	(b) R	elationship lested person	between and the	(c) Amou transact	ınt of		cription				(e) Sha	aring of zation's nues?
			Organizatio	,,,								Yes	No
													ļ
					······		-						<del> </del>

### SCHEDULE M (Form 990)

### Non-Cash Contributions

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

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Community Action Services and Food Bank 87-0491952 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported Method of determining applicable Contributions on Form 990, revenues Part VIII, line 1g Art-Works of art Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles 7 Boats and planes Я Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 11 12 Securities-Miscellaneous 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) 15 Real estate-Residential 16 Real estate—Commercial Real estate-Other 17 18 Collectibles 6,197 3,841,056. \$1.74 per pound 19 Х Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other ► ( 26 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 Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30 a purposes for the entire holding period? Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a Х noncash contributions? b If 'Yes,' describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

describe in Part II

Schedule M (Form 990) 2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b and 33. Also complete this part for any additional information.	,
	_
	_
	_
	-
	-
	_
	-
	-
	_
	_
	-
	-
	_
	_
	-
	_
	_
	-
	-
	_
	_
	-
	-
	_
	-
	-
	_

TEEA4602 07/14/08

BAA

Schedule M (Form 990) 2008

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

Community Action	Services and Food Bank	87-0491952
	Kendall Crittenden and Stella Welsh are second	cousins
	and are both members of the board.	
Pt_VI-A, Line_4	The agency changed its name to Community Action	Services
	and Food Bank. We have filed with the state and	the IRS.
Pt_VI-A, Line 7a	As a community action agency, four members of o	ur board
	of trustees must be elected by the low-income re	esidents
	served by the organization.	
Pt_VI-A, Line_10	The executive/finance committee of the board re-	viewed the
	990 before it was submitted. It was mailed to the	he full board.
Pt VI-B, Line 12c	Annually, the key administrative staff and all l	board
	members are required to complete and submit the	conflict
	of interest statement. Board members complete i	t_at_a
	board meeting. Staff keeps a file of the complete	ted_forms
	and follows up if necessary.	
Pt VI-B, Line 15	The Executive Director and Operations Director	obtains
	the salary/wage and benefits study that is regul	larly
	completed by the Utah Nonprofits Association. The	ne results
	of this study are shared with the Executive/Fina	ance Committee.
	The Committee also uses the study to set the gen	neral
	salary/wage chart for all other positions inthe	agency.
	This chart is used for entry level pay and for r	merit
	and/or cost of living increases.	
Pt_VI-C, Line_19	The organization places the 990, annual independent	dent audit,
	annual report, IRS letter of determination, the	annual
	state solicitation permit, the code of ethics ar	nd_the
DAA - A	conflict of interest statement on our website un	•
DAM For Privacy Act and paperwo	rk Reduction Act Notice, see the instructions for Form 990 TEEA4901 12/19/	os Schedule <b>O</b> (Form 990) 200

Schedule O (Fo	rm 990) 2008					Page <b>2</b>
Name of the organiza	ation				 Employer identification nu	mber
Community	Action Sea	vices and Fo	od Bank		87-0491952	
	<u>-</u>	. Accountabi	lity.		 	
			<del>-</del>		 	
	<b>-</b>				 	
<del></del> -	. – – – – –				 	- <del>-</del>
				. – – – – – .	 	
	. – – – – – .				 	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission more self-reliant. The agency's purpose is to establish, operate or delegate programs in order to prevent and alleviate poverty.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

**4d** Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

each pro	gram service repo	orted
Code	Description <sup>,</sup>	The Emergency Services Program provides a variety
Expenses _	268,620.	of services to help eligible households stabilize.
Grants Of	183,209.	These emergency services include: shelter, emergency
Revenue	0.	rent help, emergency utility help, transportation,
		car repair, prescription assistance, vehicle registration,
		storage, help in getting state identification, etc.
		In FY 2009, 810 households were assisted with 1,192 emergency services.
Code <sup>.</sup>	Description:	Home Buyer and Mortgage Counseling Program educates
Expenses _	226,019.	moderate and low-income families on how to purchase
Grants Of	31,250.	a home and helps to resolve mortgage problems. In
Revenue _	0.	FY 2009 the program served 3,457 persons. 352 homes
		were saved from foreclosure, 336 reverse mortgage
		certificates were given to elderly, 190 elderly
		received a reverse mortgage. Many homes were saved and 191 families bought their fi
Code.	Description.	The Outreach to Elderly and Disabled Persons Program
Expenses _	150,672.	works to improve the quality of life of the elderly
Grants Of _	0.	and disabled and to assist them in remaining in their
Revenue	0.	own home if possible. The program accomplishes this
		by providing a variety of services in the home of
		homebound low-income persons. In FY 2009 the program assisted
		1,176 people.
Code	Description.	The Employment and Education Program's purpose is to
Expenses	191,981.	connect people with resources in the community that
Grants Of _	0.	can assist them in finding employment and/or training
Revenue	0.	and educational opportunities. In FY 2009 the employment
		and education counseling program assisted 1,607
		households. The community relations program developed
		many ways for the community to become involved with the agency.