

## 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



➾ N 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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization NORTH VALLEY FOOD BANK D Employer identification number use IRS Address change Doing Business As 81-0456048 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. Initial return (406) 862-3700 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-WHITEFISH MT 59937 G Gross receipts \$ 132,702 Amended return tions Name and address of principal officer Yes X Application pending H(a) Is this a group return for affiliates? June Munski-Feenan 241 W 3rd Street, Whitefish, MT 59937 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) ( Tax-exempt status: 3) **◄** (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number X Corporation Association Other > L Year of formation M State of legal domicile K Form of organization 1978 MT Part I Summarv Briefly describe the organization's mission or most significant activities: Feeding the needy if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b) . 0 0 Total number of employees (Part V, line 2a) . . . . . . . . . Total number of volunteers (estimate if necessary) . . . . . . 6 45 Total gross unrelated business revenue from Part VIII, column (C), line 12. 0 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 115,663 124,067 9 10 7,465 8,635 Other revenue (Part VIII, column (A), line 55, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 Total revenue add lines & through 20 (thust equal Part VIII, column (A), line 12) 12 123,128 132,702 13 Grants and similar amounts paid (Part Ix proplumn (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part X, column (A), line 4) . . . 0 0 0 Salaries, other compensation embloyee behefits (Part IX, column (A), lines 5-10) 0 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . 17 52,213 36,053 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . 52,213 36,053 19 Revenue less expenses. Subtract line 18 from line 12 70,915 96,649 **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . . . 577,068 665,255 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 577,068 665,255 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Preparer's Check if Preparer's identifying number signature self-(see instructions) Paid ► X 5/5/2010 employed Preparer's Firm's name (or yours EIN **Use Only** if self-employed), PO BOX 236, WHITEFISH, MT 59937

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

May the IRS discuss this return with the preparer shown above? (see instructions).

Form 990 (2009)

X Yes

(406) 862-4944

Form	n 990 (2009) NORTH VALLEY FOOD BANK	_81-0456048	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	FEEDING NEEDY PEOPLE		
	2		
2	Did the organization undertake any significant program services during the year which were not		ш.,
	the prior Form 990 or 990-EZ?	Yes	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 pro		w
	services?	· · · · L Yes	X No
	If "Yes," describe these changes on Schedule O.	m continue by expenses	
4	Describe the exempt purpose achievements for each of the organization's three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report		and
	allocations to others, the total expenses, and revenue, if any, for each program service reported		anu
	and dations to others, the total expenses, and revenue, if any, for each program solvies reported	<b>4</b> .	
42	(Code: ) (Expenses \$ 36,053 including grants of \$ 0 ) (	Revenue \$	0)
+a			
	INCOME IS DONATION ONLY		
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (		
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (	Revenue \$	0)
	•••••••••••••••••••••••••••••••••••••••		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40	Total program conjuga expenses > 36.053		

Par	IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			İ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		×
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? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI,</i>	<u> </u>		
••	VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<del>  ''-</del>	^	
	Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	ا ا		.,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	l l		
	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	<u> </u>		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Par	Checklist of Required Schedules (continued)		,	
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	ŀ		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del>		<del>  ^</del>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		<u> </u>
D	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		<del>  ^</del>
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29		$\hat{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule w.	25		<del>  ^-</del> -
30	·	30		x
24	conservation contributions? If "Yes," complete Schedule M	30		<del>  ^-</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	31		x
20	Part I	31		<del>  ^-</del>
32	If "Yes," complete Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del>-^-</del>
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		x
0.4		33		<del>  ^-</del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34		X
	III, IV, and V, line 1	34		<del>  ^-</del>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ا م		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
<u></u>	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37_	ļ.,	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Vu	this return?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			$\overline{}$
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country.			<del>- ^ </del>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		<u> </u>
C	Prohibited Tax Shelter Transaction?	5c		x
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<u> </u>
va	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 0a		<u> </u>
U	gifts were not tax deductible?	6ь		x
7	Organizations that may receive deductible contributions under section 170(c).	GD	-	<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		<del>  ^</del>
С	required to file Form 8282?	7c		х
a	If "Yes," indicate the number of Forms 8282 filed during the year	76		<del>  ^-</del>
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е	benefit contract?	7e	-	X
f		7f		â
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		├^
"	required?	7h		х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>- '''  </del>		<del>  ^-</del>
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?			X
9	Sponsoring organizations maintaining donor advised funds.	8		_^_
				X
a b	Did the organization make any taxable distributions under section 4966?	9a_ 9b		x
		90		<del>  ^-</del>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	i		
a	Gross income from other sources (Do not net amounts due or paid to other sources			ſ
b	against amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- X
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	144	-	<u>~</u>
b_	n res, enter the amount of tax-exempt interest received of accided during the year   120	J		

Part VI

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

Sect	ion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body	1								
b	Enter the number of voting members that are independent	1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ļ								
	any other officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct	1								
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ_						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a material diversion of the organization's assets? .	5		X						
6	Does the organization have members or stockholders?	6		X						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members									
	of the governing body?	7a		Х						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?	8a		Х						
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, 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	9a		Χ_						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal									
Reve	enue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х						
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?	10b		Х						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the									
	form?	11		Х						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a		12a	Χ							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	Χ							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this is done	12c	Х							
13	Does the organization have a written whistleblower policy?	13		Х						
14	Does the organization have a written document retention and destruction policy?	14	Χ							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official.	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			f						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		Х						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ا اد ـــا						
	the organization's exempt status with respect to such arrangements?	16b		X						
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► MT									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	only)								
	available for public inspection. Indicate how you make these available. Check all that apply.									
	Own website Don request Don request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est								
	policy, and financial statements available to the public.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he								
	organization: ► Rita Hanson (406) 863-4									
	100 E 2nd Street, Whitefish, MT 59937			<b></b>						

81-0456048

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee. (B) (C) (D) (E) (F) (A) Position (check all that apply) Name and Title Reportable Reportable Estimated Average compensation hours per Individual ( or director compensation amount of Officer Key employee employee Institutional trustee Highest compensated from from related other compensation from the organizations (W-2/1099-MISC) the organization (W-2/1099-MISC) organization and related organizations June Munski-Feenan 16 0 0 Pres Jerry Quinn 9 X 0 0 Chairman of the Board Dennis Theissen X 0 0 0 V Pres 1 Rita Hanson 6 X 0 0 Sec/Treas

Form 990 (2009) NORTH VALLEY FO	OD BANK									81-0	04560	48	Page 8
Part VII Section A. Officers, D	irectors, Tru	istees, Key En	nploy	ees,	and	Hig	hes	t Co	mpensated Em	ployees (co	ntınu	ied)	
· (A)		(B)				C)			(D)	(E)		(F	÷)
Name and title		Average hours per week	Individual trustee or director		Officer	_	Highest compensated employee	,	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensati from relate organization (W-2/1099-M	on ed ns		unt of ner nsation n the ization elated
							ļ				$\dashv$		
											$\dashv$		
			-								_		
											$\perp$		
											$\dashv$		
			1								$\dashv$		
											$\dashv$		
											_		
		· ·-									$\dashv$		
		<u> </u>											
1b Total	1						<u> </u>	<b>•</b>	0		0		0
2 Total number of individuals (inc		t limited to tho	se list	ed a	bove	•) wł	no re			00.000 in			
reportable compensation from t					0	,							
3 Did the organization list any for												Yes	
employee on line 1a? <i>If "Yes," o</i> 4 For any individual listed on line											3	<del> </del>	X
the organization and related org	ganizations gi		50,000				-			uch	4		X
5 Did any person listed on line 1a services rendered to the organiz											5		X
Section B. Independent Contractor													
Complete this table for your five compensation from the organization.	-	pensated inde	pende	ent c	ontra	acto	rs tha	at re	ceived more tha	n \$100,000	of 		
Name	(A) and business ac	Idress							(B) Description of serv	rices	Com	(C) pensation	
		<del></del>							<del></del>				0
											-		0 0
									<del></del>				0
				•			_						0
Total number of independent comprete than \$100,000 in compensation.				ed to	thos	e lis	ted a	bov	e) who received				

81-0456048

Par	t VIII	Statement of Revenue							
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ ম	1a	Federated campaigns		1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b	0				
g, E	C	Fundraising events		1c	0				
E E	1.	=		1d	0				
, g	d	Related organizations	· · · · · · · -		0			ĺ	
Sir	e	Government grants (contributions)	<b>⊢</b>	1e	U				
e të	ı	All other contributions, gifts, grants							
훈동		similar amounts not included above	_	1f	124,067			Í	
E E	g	Noncash contributions included in		_	0	 			
<u>0 8</u>	h	Total. Add lines 1a-1f	<u> </u>	<u></u>		124,067			
a				-	Business Code				
Program Service Revenue	2a			l		0			
æ	b					0			
<u> </u>	С			ĺ		0			
2	d			Ì		0			
S E	۾ ا			ľ		0	•		_
Ē	f	All other program service revenue		ľ		0			-
Ę.		Total. Add lines 2a–2f				0			
	3	Investment income (including divident other similar amounts)	ends, interest,	and	d ▶	8,635 0			
	4		•			0			
	5	Royalties							
	_		(i) Real		(II) Personal				
	6a	Gross Rents							
	b	Less rental expenses							
	С	Rental income or (loss)	L	0	0				
	d	Net rental income or (loss)	<u> </u>		►	0			
	7a	Gross amount from sales of	(i) Secunties		(II) Other				
		assets other than inventory		0	0				
	ь	Less: cost or other basis		$\neg$				ļ	
		and sales expenses		o	0		•		
	С	Gain or (loss)	<del></del>	0	0				
	٦	Net gain or (loss)				0			
	92	Gross income from fundraising		ſ			· · · <u>-</u>	<del></del>	
ē	Ua		0						
Ē		events (not including \$							
Š		of contributions reported on line 1c							
œ		See Part IV, line 18		a	0				
Other Revenue	1	Less direct expenses		þί	0				
ᅗ		Net income or (loss) from fundraising		٠,	<u> </u>	0			
-	9a	Gross income from gaming activities				!			
		See Part IV, line 19		a [	0				
	b	Less: direct expenses		<b>b</b> [	0				
	С	Net income or (loss) from gaming a	ctivities			0			
		Gross sales of inventory, less		ſ					
		returns and allowances		a	o				
	h	Less: cost of goods sold		ь	0				
		Net income or (loss) from sales of i		··· (		0			
	<b>─</b> ─	Miscellaneous Revenue	intentiony.	<del>: i</del>	Business Code				
	110			$\dashv$	Duantesa Code	0			
	11a	•••••		}					
	b			- }	<u> </u>	0	<del></del>		<del></del>
	C				_	0			
	d	All other revenue		Į		0			
	е	Total. Add lines 11a-11d				0			
	12	Total revenue. See instructions				132,702	0	0	0

81-0456048

### 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 req	uired to complete	columns (B), (C), a	nd (D).
	not-include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPCITOCS	general expenses	CAPCHOCO
-	organizations in the U.S See Part IV, line 21	o			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,		·		<del></del> ,
_	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			<del></del>
5	Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			
_	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	o		1	
9	Other employee benefits	0		-	
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	ol			
b	Legal	160	160		
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	o			
f	Investment management fees	50	50		
g	Other	o	·		
12	Advertising and promotion	0			
13	Office expenses	1,169	1,169		· · · · · ·
14	Information technology	0			
15	Royalties	0			
16	Occupancy	14,472	14,472		
17	Travel	6,048	6,048		*****
18	Payments of travel or entertainment expenses	, i	,		
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,748	1,748		
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	FOOD PURCHASED	9,219	9,219		
b	ADVERTISING	908	908		
С	TAXES - OTHER	695	695		
d	BANK FEES	4	4		
e	DUES AND SUBS	80	80		
f	All other expenses DIRECTED DONATION	1,500	1,500		
25	Total functional expenses. Add lines 1 through 24f	36,053	36,053	0	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization	İ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 119,445 1 59,177 248,598 2 2 Savings and temporary cash investments . 381,534 3 3 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 0 7 8 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10b 209,025 212,503 Less: accumulated depreciation . . . . 10c 11 11 0 12 0 12 Investments—other securities. See Part IV, line 11. . . . 12,041 13 Investments—program-related. See Part IV, line 11. . . . . . . . . ol 13 ol 14 14 0 ol 15 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 577,068 16 16 665,255 17 17 Accounts payable and accrued expenses . . . . . . . . . Grants payable . . . . . . . . . . . . . . . . . 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 0 22 0 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 0 25 25 26 Total liabilities. Add lines 17 through 25. ol 26 0 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets . . . . 28 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 577,893 32 665,255 32 Retained earnings, endowment, accumulated income, or other funds. 33 577,893 33 665,255 665,255 34 577,893 34

Form 990 (2009)

	30 (2003) NORTH VALLET FOOD BANK	81-0400048	<u> </u>	age IZ
Part	XI Financial Statements and Reporting			
	·		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		
С	If "Yes" to line 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		l
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			,
	Separate basis Donsolidated basis Both consolidated and separate basis			
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?	. 3a		ļ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		For	m 990	(2009)

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

 Open to Public Inspection

OMB No 1545-0047

Name of the	organization							Employe	r identifica	tion numb	er	
	ALLEY FOO							<u>L</u>		456048		
Part I		•	harity Status (All or						nstructio	ns.		
		•	lation because it is: (F		_		-		: \			
1			rches, or association			ea in sec	tion 170	(D)(T)(A)(	1).			
2			on 170(b)(1)(A)(ii). (A									
3		*	hospital service organ									
4 📋	hospital's na	me, city, and st										
5	_	•	r the benefit of a colle (Complete Part II.)	ge or univ	versity ow	ned or op	erated by	a govern	mental u	nit desc	ribed	
6 🗌	A federal, sta	ate, or local gov	ernment or governme	ntal unit o	described	in sectio	n 170(b)(	1)(A)(v).				
7			ly receives a substant (1)(A)(vi). (Complete		its suppo	rt from a	governme	ental unit o	or from th	e gener	al publ	lic
8	A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9 🗌	An organizat	tion that normal	ly receives: (1) more t	han 33 1/	3 % of its	support f	rom contr	ibutions, i	members	hip fees	, and g	gross
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	An organizat	tion organized a	and operated exclusive	ely to test	for public	safety S	ee sectio	n 509(a)(	4).			
11 X	X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		_	•	_				te imes i			O4h	
	a X Type		Type II c		e III–Fund	-	_			Type III		
e			fy that the organizatior on managers and othe			•	-	•		-		on
	•	section 509(a)(	=	er triair on	ie or more	publicly	supported	i organiza	ilions des	scribeu i	II SECII	OH
f			a written determınatio	n from the	e IRS that	ıt is a Tvı	ne I. Type	II. or Typ	e III supr	ortina		
	_	, check this box						.,				
g	Since Augus following per		the organization acce	pted any	gift or cor	ntribution	from any	of the				
			or indirectly controls,		-		persons	described	ın (ii)		Yes	No
			verning body of the su		_					11g(i)		ļ
		•	person described in (i	•				•	•	11g(ii)		<u> </u>
h			ty of a person describe ation about the suppor						•	11g(iii)		L
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization		you notify		Is the		Amount	t of
• • •	anization	(, 2	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col		support	
			(see instructions))	90109	-		port?		S ?	_[		
	<del></del>			Yes	No_	Yes	No	Yes	No	_		
												C
												C
<del></del>												
T-4-1				-								0
Total		I	1	1	1	I	I	I	I	1		U

Sched	ule A (Form 990 or 990-EZ) 2009 NORTH VALLE					81-045604	
Par					1)(A)(iv) and	170(b)(1)(A)	(vi)
	<ul> <li>(Complete only if you checked)</li> </ul>	the box on line	<u> </u>	Part I.)	_		
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	o	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the		i				
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	l	0	0	0	o	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the					'	
	amount shown on line 11, column (f).						
6 Soct	Public support. Subtract line 5 from line 4. ion B. Total Support	<u> </u>				1	0
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		0					
7 8	Amounts from line 4	4	0	0	0	0	0
Ü	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	o	ol				0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carned on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						•
11	(Explain in Part IV)	0	0				0
12	Gross receipts from related activities, etc. (s	ee instructions		l		12	
13	First five years. If the Form 990 is for the or				h tav vear as a		1/3)
15	organization, check this box and stop here						
Sect	ion C. Computation of Public Support						· · · · ·
14	Public support percentage for 2009 (line 6, o		ed by line 11	column (ft)	<del></del> -	14	0 00%
15	Public support percentage from 2008 Sched		-	, , , ,		15	0 00%
16a	33 1/3% support test-2009. If the organiza						
	and stop here. The organization qualifies as						
b	33 1/3% support test-2008. If the organiza		_				check this
	box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2008.	If the organizat	ion did not che	ck a box on lin	e 13, 16a, 16b	, or 17a, and lii	ne 15 is 10 <del>%</del>
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum	nstances" test.	The organizati	on qualifies as	a publicly supp	ported organiza	ation . ▶ 🔲
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, check	this box and se	e instructions	. ▶□

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

	Complete only if you checked to	IE DOX OIL IIIIE	3 OIT altij				
	tion A. Public Support	т				<del></del>	
Cal	endar year (or fiscal year beginning in) 🕒 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	57,834	74,594	53,851	115,663	124,067	426,009
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished	37,00	,,,,,	33,30		7= 1123	
3	organization's tax-exempt purpose	0	0				
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				
5	The value of services or facilities furnished by a governmental unit to the	U U				-	
	organization without charge	اه ا	ol	]			C
6	Total. Add lines 1 through 5	57,834	74,594	53,851	115,663	124,067	426,009
	Amounts included on lines 1, 2, and 3	37,004	17,007	00,001	110,000	124,007	420,000
ra	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
С	amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from	<u> </u>		U			<del></del>
Caa	line 6.)				ŀ	<u></u> L	426,009
	tion B. Total Support	(-) 0005 T	(h.) 0000	(-) 0007	(4) 0000	(*) 0000	(O Tetal
Can	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	57,834	74,594	53,851	115,663	124,067	426,009
10a	Gross income from interest, dividends,						
	payments received on securities loans,	ı					
	rents, royalties and income from similar	ı					
	sources	6,876	6,448	8,940	7,465	8,635	38,364
b	Unrelated business taxable income (less	ı					
	section 511 taxes) from businesses	ı					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	6,876	6,448	8,940	7,465	8,635	38,364
11	Net income from unrelated business	ı					
	activities not included in line 10b,	ı					
	whether or not the business is regularly	ı					C
12	carried on	-				<del></del>	
12	loss from the sale of capital assets	ı					
	(Explain in Part IV.)	اها	o				C
13	Total support. (Add lines 9, 10c, 11,	- 4					
	and 12.)	64,710	81,042	62,791	123,128	132,702	46 <u>4,37</u> 3
14	First five years. If the Form 990 is for the org						
• •	organization, check this box and stop here .	-			•		" ▶□
500			<del></del>		<u> </u>	<del></del>	
	tion C. Computation of Public Support				<del></del>	<del></del>	
15	Public support percentage for 2009 (line 8, co	, ,	•	olumn (f))		15	92 00%
<u>16</u>	Public support percentage from 2008 Schedu			· · · ·		16	91.00%
	tion D. Computation of Investment Inco			. 40	χ, Ι		0.000
17	Investment income percentage for 2009 (line			<u>-</u>	·· ·	17	8 00%
18	Investment income percentage from 2008 Sc					18	9 00%
19a							
_	not more than 33 1/3%, check this box and st						▶ ∟
b	33 1/3% support tests-2008. If the organization de						
	line 18 is not more than 33 1/3%, check this box an	-	-	-	*	-	▶
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	ı, or 19b, check	this box and s	see instructions	▶ 🛴

Schedule A (Form	990 or 990-EZ) 2009	NORTH VAL	LEY FOOD B	ANK			81-0456048	Page <b>4</b>
Part IV	Supplemental	Information.	Complete th	is part to provi	de the explana	ations required	by Part II, line	10;
	Part II, line 17a							
			. ,					
•								
								<b></b>
					· • • • • • • • • • • • • • • • • • • •			
								<b>-</b>
								<b>-</b>
•••••		•						
								• • • • • • • • • • • • • • • • • • • •

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number NORTH VALLEY FOOD BANK 81-0456048 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) . 2c C Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Schedule D (Form 990) 2009 Page **2** 

Par	t III - Organizations Maintainin	g Collections of	Art, His	torical 1	<b>Freasures</b>	, or Ot	her Similar A	ssets (d	ontinu	ıed)
3	Using the organization's acquisition	accession, and o	ther reco	rds. chec	ck any of th	e follow	ring that are a	significan	t	
• ,	use of its collection items (check al			,	,				•	
а	Public exhibition	, , , , ,	d 🗌	Loan	or exchang	e progr	ams			
b	Scholarly research		e 🗔	Other						
C	Preservation for future gener	ations								
4	Provide a description of the organiz		and expl	ain how t	hey further	the org	anization's exe	empt purp	ose in	I
_	Part XIV									
5	During the year, did the organization assets to be sold to raise funds rath	ner than to be mair	itained as	s part of t	the organiz	ation's	collection?	<u> </u>	es 🔲	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an a	•	•	-	_	answe	red "Yes" to I	Form 99	) Par	t 
1a	Is the organization an agent, truste	·		•					_	ı
	included on Form 990, Part X?							Y	es 🔝	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table:		<del> </del>	A		
_	Paginning balance					10		Amount		
d C	Beginning balance					10	<del></del>			
d e	Distributions during the year					-		<del></del>		
f						1f				
	<u>-</u>									<del></del>
2a	Did the organization include an am		Рап Х, ІІ	ne 217.				ш т	es X	No
b Part	If "Yes," explain the arrangement in <b>tV Endowment Funds.</b> Com		ization a	newere	d "Ves" to	Form (	00 Part IV 1	ine 10		
rait	Endowment Funds. Com	(a) Current year	(b) Pro		(c) Two yea		(d) Three years ba		our years	
1a	Beginning of year balance	(a) ourient year	(5) 1 11	or year	(c) Two yea	13 Dack	(a) Thice years be	201 (0)11	,ui youro	Duok
b	Contributions	12,041								
C	Net investment earnings, gains,	12,041								<del></del> i
·	and losses									1
d	Grants or scholarships									
e	Other expenditures for facilities		<del></del>				••			
	and programs	•								i
f	Administrative expenses						-			
g	End of year balance	12,041		0						
2	Provide the estimated percentage of	of the year end bala	ance held	as:						
а	Board designated or quasi-endown	-	100%							
b	Permanent endowment									
С	Term endowment ▶	%								
3a	Are there endowment funds not in t	he possession of t	he organ	zation th	at are held	and ad	ministered for	the		
	organization by:								Yes	No
	<ul><li>(i) unrelated organizations.</li></ul>							3a(i)	Х	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related org		•			•		_3b		L
4	Describe in Part XIV the intended u									
Part	<del></del>					art X, III	ne 10			
	Description of investment	(a) Cost or oth			st or other s (other)	, ,	Accumulated epreciation	(d) B	ook valu	
1a	Land		0		209,025				21	<u>2,503</u>
b	Buildings	· ·	0		0		0			0
C	Leasehold improvements	·	0		0		0	-		0
d	Equipment	·	0		0		0	<del></del>		0
<u>e</u>	Other	(4) 15	0	-41/	0		0			0 2.503
I Ata	And lines 12 through 16 // Olumn	ını must edual Fon	m 440 P.	апх соі	umn (K) lir	10 7 ()/C	·		21	z.カU.3

organization's liability for uncertain tax positions under FIN 48.

Fait VII III Vesuments—Other Securities	s. See Form 990, Part A,	IIIIE 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	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
•••••			
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	1	
Part VIII Investments—Program Relate	<b>d.</b> See Form 990, Paπ Χ,		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Raymond James - stocks	12,041	С	
	0		
	0		
	0		
	0		
·	0		
	0	· · · · · · · · · · · · · · · · · · ·	
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	12,041		
Part IX Other Assets. See Form 990, P	•		
	a) Description	(b) Book value	
<del></del>			
			0
		<u> </u>	0
			0
			C
			0
			C
			С
			C
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.) .		C
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes	• • • • • • • • • • • • • • • • • • • •	0	
		0	
		0	
		<u> </u>	
		<u> </u>	
		<del></del>	
	-	0	
		_0	
	<del></del>	0	
		<u> </u>	
		_0	
		_0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	0	
2. FIN 48 Footnote. In Part XIV, provide the text of	f the footnote to the organize	ation's financial statements that reports the	

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 132,702 1 1 2 ` Total expenses (Form 990, Part IX, column (A), line 25) . . . . . . . . . . . 2 36,053 3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . 3 96,649 4 Net unrealized gains (losses) on investments . . . 4 5 5 6 6 7 7 8 8 9 0 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 96,649 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: а 2a b Donated services and use of facilities . . . . 2b Recoveries of prior year grants. 2c Ç Other (Describe in Part XIV.) . . . . . . . . Add lines 2a through 2d . . . . . . . . . . . 2e 0 е 0 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b. . . Other (Describe in Part XIV.) . . 4b þ 0 C 4c 0 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a b 2b 2¢ Ч 0 е 2e Subtract line 2e from line 1 . . . . . . 0 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIV.) . . . . . 4b 0 4c 0 Total expenses Add lines 3 and 4c. (This must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V Line 3b We receive interest only - to be used for general funds.

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Inspection Employer identification number

NORTH VALLEY FOOD BANK	81-0456048
Form 990 Part VI Section B Line 12c Board members regularly speak to all volunteers involved	
check if there are any issues.	
	•••••
•	

Part VIII (Sch D (990)) - Investments Program Related

art VIII (Sch D (990)) - Investments Program Related	12,041	
Description	Book Value	Method of Valuation
1 Raymond James - stocks	12,041	С
2	0	
3	0	
4	0	
5	0	
6	0	
7	0	
8	0	<del>.</del>
9	0	
10	0	
11	0	
12	0	
13	0	
14	0	
15	0	
16	0	
17	0	
18	0	
19	0	
20	l Ol	