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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

A For the 2006 celevated averal, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010 Common			the Treasury ue Service	The organization may have to use a copy of this return to satisfy state	reporting requirements.	Open to Public Inspection
Address Add	A F	or the	2009 cal	endar year, or tax year beginning $JUL 1$, 2009 and ending	JUN 30, 2010	
Clark County Food Bank 91-1307564	В	Check If	Please		D Employer identifica	ition number
Second Programs Second Pr			use IRS	Olamba Garreta Banda Banda		
Number and stores (or P.O. box if mail is not delivered to street address) Room/Sunte E Telephone number Secretary Room/Sunte E Telephone number Room/Sunte Room/Sunte E Telephone number Room/Sunte Room/Su	<u> </u>	_jchange □Name	print or		01 12	07564
Secretary Secr	늗	Tlnıtıal	' ' ·			0/504
Agriculture	H	Termin	Specific	· · · · · · · · · · · · · · · · · · ·	1 '	31_1121
Nancouver, WA 98666	Ξ	Amend			1	
Fame and address of principal officer/Nancy Wilson For affiliates Yeak No No Pox Sta33 Vancouver Way 8666	F		1-			
PO Box 61833, Vancouver WA 98666	<u> </u>	pendin			7 '	
Taxeewend status: X 501e) (3) (insert no) 4947(e)(1) or 527 Hr No, statch a last, (see instructions) J Website: http://www.clarkcountyfoodbank.org/ Form of organization: Lopporation Trust Association Other Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of organization: Lyer of formation: 1995 M State of legal domicile: WA Form of Common organization: Lyer of formation: 1995 M State of legal domicile: WA Form of Common organization: Lyer of formation: 1995 M State of legal domicile: WA Form of Common organization: Lyer of						
Website: Nttp://www.clarkcountyfoodbank.org/ Hick Group exemption number New form of regardation: \(\frac{1}{2} \) Corporation \(\) Trust \(\frac{1}{2} \) Association \(\frac{1}{2} \) Other \(\frac{1}{2} \) Lycar of formation: \(1995 \) M State of legal domicals: \(\frac{1}{2} \) MP and \(\frac{1}{2} \) Summary Trust \(\frac{1}{2} \) Association \(\frac{1}{2} \) Other \(\frac{1}{2} \) Lycar of formation: \(1995 \) M State of legal domicals: \(\frac{1}{2} \) MP and \(\frac{1}{2} \) Association \(\frac{1}{2} \) Other the port of the organization discontinued its operations or disposed of more than 25% of its net assets. 3	1 1	Tax-exe			7 ' '	
Banefly describe the organization's mission or most significant activities: Collection and distribution of food to people in need. Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets.	J	Website	e: > ht		H(c) Group exemption	number -
Beefly describe the organization's mission or most significant activities: Collection and distribution of food to people in need. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of undependent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part VI, line 2a) 6 Total number of organization discontinued its operations or disposed of more than 25% of its net assets. 8 Total number of employees (Part VI, line 2a) 8 Total number of votunitiers (estimate if necessary) 7a Total gross unrelated business revenue (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 1b) 10 Investment income (Part VIII, line 1b) 11 Other revenue (Part VIII, line 1b) 12 Total revenue - add lines 8 through 11 froust equal Part VIII, lourin (A), line 12) 13 Grants and similar amounts participating Party Potypring (R), lines 13) 15 Salanes, other compensation, employee benefits (Part XI, column (A), lines 5-10) 16 Professional fundraising (Part VIII, column (A), lines 3) 17 Other revenue-spaces (Part XI, column (A), lines 3) 18 Total revenue-sadd lines (Part XI, column (A), lines 4) 19 Total fundraising expendes (Part XI, column (A), lines 4) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines 5-10) 10 Total fundraising expendes (Part XI, column (A), lines	KF	orm of	organizatio	n; X Corporation Trust Association Other L Year	of formation: 1995 M	State of legal domicile: WA
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19 Revenue less expenses Subtract line 18 from line 12 S50, 143. 129,008.					4,098,251.	3,245,806.
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Signature Block Under penalties of perjury, I declare that I have exampled 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 office) is based on all information of which preparer has any knowledge Date	ag Ag	21		· · · · · · · · · · · · · · · · · · ·		
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Sign Here Signature of Officer Date	P	art II				
Here Date			and comple	ities of perjury, I declare that I have examples this return, including accompanying schedules and statements te Declaration of preparer (other than officer) is based on all information of which preparer has any knowledgi	, and to the best of my knowledge	and belief, it is true, correct,
Here Date			. ~1	11-Mullally	1 2/16/	// /
William Coleman, Secretary/Treasurer Type or print name/and title Paid Preparer's signature Preparer's Signature Preparer's Date Check if self-semployed Preparer's identifying number (see instructions) Preparer's identifying number (see instruction			Sinn	ature of officer	Date	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 16 2011

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Form 990 (2009)

Form 990 (2009) Clark County Food Bank
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_ ا		
_	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			X
7		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	_	Α
0	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	-		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "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		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, 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 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.	ļ		
•	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.	1		
•	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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	ł		
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	10		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		^
D	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 organization	170		
	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	<u> </u>	<u> </u>	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
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	L_	X
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		Х
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X
		Form	SQU	2000

Form 990 (2009) Clark County Food Bank
Part IV | 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		Х
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 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		
25a	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		Х
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		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
200	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7,
27	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			w
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	 	X
	Note. All Form 990 filers are required to complete Schedule O.	20	X	
	Traces and and required to complete contents of	38 Form	990	2000
		rorm	P30	2009)

2009) Clark County Food Bank Statements Regarding Other IRS Filings and Tax Compliance Part V

				Yes	No						
1a	Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of										
	U.S. Information Returns, Enter -0- if not applicable	1a 4									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	İ								
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1								
	(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 retuin	rns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country: ▶										
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	ŀ								
	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 transa	iction?	5b		X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Prohibited									
	Tax Shelter Transaction?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	_								
	provided to the payor?	•	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required			x						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c								
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		l								
C	benefit contract?	Dersonal	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	 ract?	7 f		X						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		- 43						
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-									
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc										
	at any time during the year?	J	8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?		9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter	1 1									
_	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
_	amounts due or received from them)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	 							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	ليا							
			Form	990 (20091						

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
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		X
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	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a		10a		X
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401	v	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-	х	
42	Does the organization have a written whistleblower policy?	12c 13		Х
13	Does the organization have a written whistieblower policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		x
h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100		
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 its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	ıd fina	ncial	
	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 organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of the pers	iou.	<u> </u>	
	<u>William Coleman - 360-798-0489</u>			
	PO Box 61833, Vancouver, WA 98666			

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.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	all Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
James Youde										
President	10.00	X		X	-			0.	0.	0.
Nancy Wilson	0.00	٦,		x				0.	0.	_
Vice President William Coleman	9.00	<u> </u>		A	-	 		U •	0.	0.
Secretary / Treasurer	6.00	v		x				0.	0.	0.
George Kaufer	0.00	^		Λ	\vdash	H	-	<u> </u>	<u>.</u>	
Director	2.00	X						0.	0.	0.
Carolyn Waldron	1 2,00	-				T	-			•
Director	2.00	x						0.	0.	0.
James Olson									-	
Director	15.00	х						0.	0.	0.
Kyle Sciuchetti										
Director	2.00	X			L			0.	0.	0.
Joe Pauletto	1									
Director	1.00	X						0.	0.	0.
		-								

Form 990 (2009) Clark Co									91-13	<u> </u>	54	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Key E	mpk	yee			ligh	est	Compensated Employ	rees (continued)			
(A)	(B)			_ (C				(D)	(E)		(F)	
Name and title	Average hours	(c)		Posi all t			١٧١	Reportable compensation	Reportable compensation		Estima amoun	
	per	<u> </u>	T			T P P	''''	from	from related		othe	
	week	direct				8		the	organizations		compens	
		ndividual trustee or director	trustee			pensat		organization (W-2/1099-MISC)	(W-2/1099-MISC		from torganiza	
		fual tru	Institutional		Key employee	ye St	_	,			and rela	
		Individ	inste	Officer	Key er	Highest compensated employee	Богшег			'	organiza	itions
	<u> </u>	-	├	Н		\vdash						
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	 	 	-	-		┢	-	<u> </u>		-		
1b Total	<u> </u>	-!			l			0.	-	0.		0.
2 Total number of individuals (including but i	not limited to tl	hose	liste	ed at	bove	e) wl	ho r	received more than \$100	0,000 in reportable			
compensation from the organization												0
											Yes	s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			, ке	y em	ipio	yee,	or I	nignest compensated ei	mpioyee on		3	x
4 For any individual listed on line 1a, is the s			gmo	ensa	ation	n and	d ot	her compensation from	the organization		3	1
and related organizations greater than \$15									3		4	X
5 Did any person listed on line 1a receive or				from	any	/ uni	relat	ted organization for serv	rices rendered to			
the organization? If "Yes," complete Sched	dule J for such	pers	on					- # 			5	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	dene		ent c	onti	racto	ore f	that received more than	\$100,000 of comp		on from	
1 Complete this table for your five highest continue the organization. NONE	ompensated in	uepe	siide	5111 C	OHIL	acii	JI 5 (mat received more man	\$100,000 or comp	CIISALII	OII IIOIII	
(A)								(B)			(C)	
Name and business	address							Description of	services	Con	npensat	ion
							_					
									1			
						···						
2 Total number of independent contractors	(including but i	not li	mıte	d to	tho	se li	stec	d above) who received r	nore than			
\$100,000 in compensation from the organ	zation >					0						
										C.	rm 990	1 2000

Form 990 (2009)

Form 990 (2009) Clark County Food Bank Part iX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are			
	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				
	organizations in the U.S. See Part IV, line 21	3,112,480.	3,112,480.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				<u> </u>
b	Legal			_	
С	Accounting				
d	Lobbying	10 510			10 510
е	Professional fundraising services. See Part IV, line 17	12,510.	2 264	7.450	12,510.
f	Investment management fees	48,355.	2,364.	7,459.	38,532.
9		1 710	70		1 640
12	Advertising and promotion	1,718. 1,627.	70. 32.	170	1,648.
13	Office expenses	1,02/.	34.	172.	1,423.
14	Information technology				
15	Royalties	51,545.	51,545.		
16	Occupancy .	31,343.	31,343.		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	156.		151.	5.
20	Interest	130.			<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,073.	2,073.		
23	Insurance	1,847.		1,847.	
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	Shipping and Transporta	12,867.	12,264.		603.
b	Supplies	432.	170.	184.	78.
С	Dues and Fees	196.		121.	75.
d		• • • • • • • • • • • • • • • • • • • •			
е					-
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	3,245,806.	3,180,998.	9,934.	54,874.
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		i		

Pa	rt X	Balance Sheet		. <u>.</u> .		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		162,955.	1	341,890.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		265,862.	3	260,236.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L		5		
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L		6		
र्घ	7	Notes and loans receivable, net	.		7	
Assets	8	Inventories for sale or use	217,939.	8	82,820.	
¥	9	Prepaid expenses and deferred charges		9	924.	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a 36,527.			
	ь	Less. accumulated depreciation	10b 18,910.	19,690.	10c	17,617.
	11	investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	666,446.	16	703,487.
	17	Accounts payable and accrued expenses		1,469.	17	5,157.
	18	Grants payable		18		
	19	Deferred revenue .	-	19		
	20	Tax-exempt bond liabilities		20		
es	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
jab		highest compensated employees, and disqualif	ied persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	· ·	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities Complete Part X of Schedule D		1 100	25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	1,469.	26	<u>5,157.</u>
		Organizations that follow SFAS 117, check h	ere 🕨 🔝 and complete			
Çes		lines 27 through 29, and lines 33 and 34.		200 550		030 550
<u>a</u>	27	Unrestricted net assets		392,750.		238,578.
Ва	28	Temporarily restricted net assets	•	272,227.	28	458,952.
ը	29	Permanently restricted net assets			29	800.
Ę		Organizations that do not follow SFAS 117, c	heck here L and			
ğ ğ		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
Š	32	Retained earnings, endowment, accumulated in	icome, or other tunas	664 077	32	600 220
-	33	Total liabilities and not constalling belonger		664,977.	33	698,330.
	34	Total liabilities and net assets/fund balances		666,446.	34	703,487.

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.

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Employer identification number

		<u> Clark C</u>	ounty Food B	ank					9:	1-1307564	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.			
The organ			pecause it is: (For lines 1								
1 🔲	A church, cor	nvention of churches	s, or association of church	ches desci	nbed in se	ction 170	(b)(1)(A)(i)				
2			0(b)(1)(A)(ii). (Attach Sc								
3 🗔			al service organization		in ection	170(b)(1)(Δ\(iii).				
4			pperated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital's name.	
• —	city, and state	_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		0	(~)(•)(•	.,	To the price of the trop	
5	-		nenefit of a college or ur	niversity ov	vned or or	nerated by	a governr	nental uni	t describi	ed in	
э Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
• [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
		=	=					v fram tha		nuble desembed in	
′ ⊔	=		eives a substantial part	oi its supp	on nom a	governme	mai unit o	r ironi trie	general	Jublic described in	
•	-	b)(1)(A)(vi). (Comple		(0	David 11.3						
8 🕌			ection 170(b)(1)(A)(vi).								
9 X	-		eives: (1) more than 33							=	
			octions - subject to certa								
			exable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	aπer June 30, 1975.	
\square		509(a)(2). (Complete						_			
10	~		erated exclusively to te	•	•			•		_	
11 📖			erated exclusively for the								
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that										
			organization and compl							1	
	a Type I		• •	Тур		_	_		d	Type III - Other	
e L		•	t the organization is not								
			nan one or more publicly						9(a)(1) or	section 509(a)(2).	
f	_		ten determination from t	the IRS tha	atitis a Ty	pe I, Type	II, or Type	e III			
	- · · · -	rganization, check th								لــا	
9	-	•	rganization accepted ar			•				[T	
	• •	•	rectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (i	iii) below,		
	•	• •	upported organization?							11g(i)	
		•	described in (i) above?		_		•			11g(ii)	
		•	person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
		1	(III) Tune of	1		r		7.5.1			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organization	i the on in col.	(vii) Amount of	
orga	anization		(described on lines 1-9	anverning	sted in your document?	organızat (i) of you		(i) organiz	ed in the	support	
			above or IRC section		,			U.S			
			(see instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>							
								ļ <u>.</u>			
	•										
				ļ							
Total		ı		I	I	I	i	1	1		

Schedule A (Form 990	or 990-EZ	2009
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Page 2

Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)									
	`(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)	1						
Sec	ction A. Public Support									
Cale	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 ")	_								
2	Tax revenues levied for the organ-						_			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
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	Public support. Subtract line 5 from line 4			•						
Sec	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties						•			
	and income from similar sources				, , , , , , , , , , , , , , , , , , , ,					
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10			I		ļ. <u>.</u>				
	Gross receipts from related activities,	•				12				
13	First five years. If the Form 990 is for		s first, second, the	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)				
500	organization, check this box and storetion C. Computation of Publ		rcontago			 	<u> </u>			
				1 (0)		Tarl				
14	Public support percentage for 2009 (Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	column (t))		14	<u>%</u>			
15	33 1/3% support test - 2009. If the o			n line 12 and line 1	14 10 22 1/20/ 04 11	15	<u>%</u>			
104	stop here. The organization qualifies				14 15 33 1/370 01 11	nore, check this bo	x auto. ▶□			
h	33 1/3% support test - 2008. If the o		•		line 15 is 33 1/3%	or more check th	ue boy			
_	and stop here. The organization qual					or more, check tr				
17a	10% -facts-and-circumstances tes				13, 16a, or 16b a	 and line 14 is 10%	or more			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"					now the organ				
b	10% -facts-and-circumstances tes				_	17a, and line 15 is	10% or			
_	more, and if the organization meets the									
	organization meets the "facts-and-cire						▶□			
18	Private foundation. If the organization						s F			
	-				0.1					

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 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,645,525 2,950,222 4,236,841 2,862,172 3 373 712 16,068,472. Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 21,997 21,997. organization's tax-exempt purpose 3 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 2,884,169 2,645,525 2,950,222 4,236,841 3,373,712 16,090,469. 7a Amounts included on lines 1, 2, and 3 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 amount on line 13 for the year c Add lines 7a and 7b Ο. 8 Public support (Subtract line 7c from line 6) 16,090,469 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 2,884,169 2,645,525 2,950,222 4,236,841 3,373,712 16,090,469. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 565 847 1,487 895 1,102 4,896. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 565. 847. 1,487 895 1,102. 4,896. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 2.884.734. 2,646,372 2,951,709 4 237 736 3.374.814 14 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 99.97 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 99.97 16 % Section D. Computation of Investment Income Percentage .03 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 .03 % 19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 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

Schedule DS

(Form 990)

Department of the Treasury Internal Revenue Service

upplemental 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.

Open to Public Inspection

Name of the organization

Clark County Food Bank

Employer identification number

91-1307564

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
٠	organization answered "Yes" to Form 990, Part IV, line		e or recountries complete it the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	•—
·	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	a donor advisor, or for any other purpose	Yes No
Pa		nanization answered "Yes" to Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organizati		activ, into 7.
•	Preservation of land for public use (e.g., recreation or p	——————————————————————————————————————	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ica conscivation contribution in the form	Tor a conservation easement on the last
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	- •	2d
3	Number of conservation easements modified, transferred, rel		L
	year >	oacoa, extinguiorioa, or terrimizated by tr	ic organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and t	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these i		,
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of		
	these items:	·	3 3
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		J , F
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X	•	> \$
		• •	

	- 400	<u>ounty Food</u>							<u>07564</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tre	easures, c	or Othe	r Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a sig	gnificant i	se of its	collection ite	ems
	(check all that apply):									
а	Public exhibition	d	ı 🗆 i	Loan or excl	hange progra	ams				
b	Scholarly research	e		Other	• . •					
C	Preservation for future generations				-			-		
4	Provide a description of the organization's co	ollections and explai	n how th	nev further th	he organizati	on's exen	nat purpa	se in Parl	XIV.	
5	During the year, did the organization solicit of			=	=					
•	to be sold to raise funds rather than to be many						400010		Yes [□ No
Par	t IV Escrow and Custodial Arran					s" to Form	n 990 Pa	rt IV line		
	reported an amount on Form 990, Pa		oto ii org	jarnzation a		0 10 1011	., 000, 1 a		0, 0.	
12	Is the organization an agent, trustee, custod		diany for	contribution	e or other as	sets not	ncluded			
ıa	on Form 990, Part X?	ian or other intermet	Jiai y 10i	CONTRIBUTION	o other as	3013 1101	included		Yes [□ No
_	,	and complete the fe	alloveno e	table:			••	. –	J Tes L	NO
b	If "Yes," explain the arrangement in Part XIV	and complete the it	JIIOWII IG 1	labie.					A	
_	Designation belongs						1		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year			٠			1e			
f	Ending balance	*** *** ***					1f		T., F	
	Did the organization include an amount on F		217					L.,	」Yes	No
	If "Yes," explain the arrangement in Part XIV			*** * . =	000 D 1	N. 1. 44				
Par	t V Endowment Funds. Complete			-	i :					
	_	(a) Current year	[(b) P	nor year	(c) Two yea	rs back (d) Three y	ears back	(e) Four yea	ars back
1a	Beginning of year balance							_		
b	Contributions									
С	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses						_			<u> </u>
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Term endowment >	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organız	ation		
	by [.]								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations						•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required of	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book va	alue
	····	basis (investi	ment)	basis	(other)	dep	reciation		<u></u>	
1a	Land									
b	Buildings .									
С	Leasehold improvements .									
d	Equipment			3	6,527.		18,9	10.	17,	617.
ее	Other .									
Total	Add lines 1a through 1e (Column (d) must e	aual Form 990 Pari	X. colun	nn (B), line 1	10(c))				17	617.

Schedule D (Form 990) 2009 Clark Coun	ty Food Bank		91-1307564 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation: ear market value
Financial derivatives			
Closely-held equity interests			
Other			
			<u></u>
	 		
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method	
(a) Description of investment type	(b) Book Value	Cost or end-of-y	ear market value
		······································	
	<u> </u>		
			
			
	 		
			·
		= ··	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a	a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part 3			
1. (a) Description of liability	(b)	Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 25)		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		ncial statements that reports	the organization's liability for
,			J. garmanori o naomity 101

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 Clark County Food Bank						<u> 1307564</u>	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audi	ted Finar	ncial S	tate	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			3,374	,814.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			3,245	,806.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		•	3				,008.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7			-95	,655.
8	Other (Describe in Part XIV.)			8				, , , , , ,
9	Total adjustments (net). Add lines 4 through 8			9	•		-95	,655.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and Q		10				, 353.
	t XII Reconciliation of Revenue per Audited Financial Statem		Vith Reve		er Ro	eturn		, , , , , ,
1	Total revenue, gains, and other support per audited financial statements	-		пас р	1	1	3,382	731
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•		ŀ	-+	3,302	, / 51 •
2		ا م	1					
a	Net unrealized gains on investments	2a		7 0	17	1		
b	Donated services and use of facilities	2b	-	7,9				
C	Recoveries of prior year grants	2c	ļ					
d	Other (Describe in Part XIV.)	2d	<u> </u>		\dashv		-	015
е	Add lines 2a through 2d				ŀ	2e		<u>,917.</u>
3	Subtract line 2e from line 1					3	3,374	<u>,814.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	E	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-				
b	Other (Describe in Part XIV)	4b						_
С	Add lines 4a and 4b	•	•		ļ	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		A/:41- F			5	3,374	<u>,814.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents	with Exp	enses	per	Hetu		
1	Total expenses and losses per audited financial statements				}	1	3,253	,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1					
а	Donated services and use of facilities	2a		7,9	17.			
b	Prior year adjustments	<u>2b</u>	-					
С	Other losses	2c						
d	Other (Describe in Part XIV.)	_2d					_	
е	Add lines 2a through 2d				,	2e		<u>,917.</u>
3	Subtract line 2e from line 1				ļ	3	3,245	<u>,806.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				ĺ		
b	Other (Describe in Part XIV)	4b						
C	Add lines 4a and 4b					4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	3,245	,806.
Pa	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines	1a and 4, F	Part IV, III	nes 1t	and 2	b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com							.,
					,			
						•		
								-
	-	.						-
								-

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Clark County Food Bank General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti

2009 Open to Public

Inspection

Jonated to those in need. % **×** Jonated to those in need. Donated to those in need. Employer identification number Donated to those in need. Jonated to those in need, 91-1307564 Donated to those in need, (h) Purpose of grant or assistance Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable reash grant or government assistance or government assistance received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose (non-cash assistance or assistance or government assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 : pue poo, Food and Sundries Food and Sundries undries ood and undries food and undries Food and Sundries 2 ΞŞ 404, 622, FMV 435,747, FMV 466,872, FMV 155,624, FMV 93,374. 93,374, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Ö Ö o. ö Enter total number of section 501(c)(3) and government organizations criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Battle Ground Adventist Community Services - 11117 NE 189th Street Clark County Adventist Community Inter-Faith Treasure House Vancouver, WA 98668-2128 Battle Ground, WA 98604 Services - PO Box 2128 1309 Franklin Street 2700 E. 28th Street Angels of God - EFB Vancouver, WA 98663 Vancouver, WA 98682 Vancouver, WA 98660 FISH of Vancouver FISH of Orchards Camas, WA 98607 PO Box 820833 PO Box 815 Part II

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

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 91-1307564 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 932102 02-02-10 Part III

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization Clark County Food Bank	nty Food	Bank				Employe 9	Employer identification number 91-1307564
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Martha's Pantry 2200 Broadway, STE C Vancouver, WA 98663			0	31,125,	Хи	Food and Sundries	Donated to those in need,
Neighbors Helping Neighbors 21814 NW 11th Ave Ridgefield, WA 98642			0	171,186.	ля а	Food and Sundries	Donated to those in need.
North County Community Food Bank PO Box 2106 Battle Ground, WA 98604	:		0	124,499,	FMV	Food and Sundries	Donated to those in need.
Salvation Army 7509 NE 47th Ave Vancouver, WA 98661			0	389,060	Λ.W.Z.	Food and Sundries	Donated to those in need,
St. Vincent - Brush Prairie 8701 NE 119th St. Vancouver, WA 98662			0.	62,250.	ЛЖА		Donated to those in need.
St. Vincent - Vancouver 2456 Stapleton Road Vancouver, WA 98661			0.	529,122,	FMV	Food and Sundries	Donated to those in need,
Trinity Mission Cupboard 6700 MacArthur Blvd. Vancouver, WA 98661			0	31,125,	EMV	Food and Sundries	Donated to those in need.
With Open Hands 2007 E. 12th Street Vancouver, WA 98661 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	0. for Form 990.	93,374,	FMV	Food and Sundries	Donated to those in need. Schedule I-1 (Form 990) 2009

Schedule I-1 (Form 990) 2009 Donated to those in need. OMB No 1545-0047 2009 Open to Public Inspection (h) Purpose of grant or assistance **Employer identification number** 91-1307564 (g) Description of non-cash assistance Food and Sundries Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 31,124, FMV Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance (d) Amount of cash grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Clark County Food Bank (p) EIN (a) Name and address of organization or government Woodland Community Services Name of the organization Woodland, WA 98674 Department of the Treasury Internal Revenue Service SCHEDULE 1-1 PO Box 1475 (Form 990) LHA

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

Employer identification number

	Clark_County	Food	Bank		91-	1307	<u> 564</u>	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of c rever	determin	ing	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property .							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -	1						
	Historic structures				<u> </u>			
14	Qualified conservation contribution - Other				<u> </u>			
15	Real estate - Residential				<u> </u>			
16	Real estate - Commercial				<u> </u>			
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		2,932,689.	Estimated	FMV		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens .							
24	Archeological artifacts							
25	Other ()				<u> </u>			
26	Other ()							
27	Other ()				<u> </u>			
28	Other ()		<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organi		•					
	for which the organization completed Form 82	983, Part IV,	Donee Acknowled	gment 29				
							Yes	<u>No</u>
30a	During the year, did the organization receive b	-						
	at least three years from the date of the initial	contribution	i, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?		•	•		30a		<u> </u>
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance		•	•		31		<u> X</u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncas	h			
_	contributions?					32a		<u> </u>
	If "Yes," describe in Part II.							r
33	If the organization did not report revenues in o	column (c) fo	or a type of propert	y for which column (a) is ch	ecked,			Ī
	describe in Part II.	A						
LHA	For Privacy Act and Paperwork Reduction	1 ACT NOTICE	e, see the instruct	ions for Form 990.	Schedule	MILEOTI	n yak)	. 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Clark County Food Bank

Employer identification number 91-1307564

Form 990, Part VI, Section B, line 11: All board members reviewed a copy
of the completed Form 990 before it was approved and filed.
Form 990, Part VI, Section B, Line 12c: The organization conducts periodic
reviews to monitor and enforce compliance. All board members are required
to annually sign a statement which affirms understanding and compliance
with the policy.
Form 990, Part VI, Section C, Line 19: All are available upon request.
Form 990, Part XI, Line 2c: The Organization has not changed its process from prior years.
The Organization has not changed its process from prior years.