

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Valley Interfaith Food & Clothing Center
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
420 B W. Wyoming Ave
 City or town, state or country, and ZIP + 4
Lockland OH 45215

D Employer identification number
31-1261322

E Telephone number
513-821-3233

G Gross receipts \$ 2,143,332

F Name and address of principal officer:
Marne Kappes 420B West Wyoming Ave, Cincinnati, OH 45215

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.vifcc.org

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: _____

M State of legal domicile: _____

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: <u>Provide food, clothing and assistance to needy families</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,044,733	2,140,205
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,370	3,127
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,109	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,052,212	2,143,332
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,857,740	1,997,522
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,255	87,959
	16a Professional fundraising fees (Part IX, column (A), line 11e)	55,398	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>60,050</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	68,795	64,009
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,039,188	2,149,490	
19 Revenue less expenses. Subtract line 18 from line 12	13,024	-6,158	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 195,761	End of Year 189,603
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	195,761	189,603

Part II 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.

Signature of officer: Gordon Dennis Date: 5/6/09

Type or print name and title: Gordon Dennis Treasurer

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No