

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WEST OHIO FOOD BANK		D Employer identification number 34-1587528
		Number and street (or P O box if mail is not delivered to street address) P.O. BOX 1566		Room/suite
		City or town, state or country, and ZIP + 4 LIMA, OH 45802-1566		E Telephone number (419) 222-7946
		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

G Web site

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **426,603.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JAN 23 2003 Revenue

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	152,309.	
	b	Indirect public support	1b	37,262.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 177,570. noncash \$ 12,000.)	1d	189,571.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	188,423.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe INTEREST INCOME)	7	121.		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
		8a			
		8b	4,995.		
		8c	-4,995.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-4,995.		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	46,996.		
b	Less direct expenses other than fundraising expenses	9b	5,496.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	41,500.		
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	1,492.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	416,112.		
Expenses	13	Program services (from line 44, column (B))	13	295,360.	
	14	Management and general (from line 44, column (C))	14	37,146.	
	15	Fundraising (from line 44, column (D))	15	35,083.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	367,589.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	48,523.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	61,044.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	109,567.	

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs Check [] if you are following SOP 98-2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Table with 2 columns: Description of program service, Program Service Expenses. Row a: SERVES OVER 100 NONPROFIT MEMBER AGENCIES IN AN 11 COUNTY AREA OF WEST CENTRAL OH.-MEMBER ORG OF 2ND HARVEST NAT'L FOOD BK-WORKS TO ELIMINATE HUNGER IN AREA (Grants and allocations \$) 295,360. Row e: Other program services (attach schedule) (Grants and allocations \$) Row f: Total of Program Service Expenses (should equal line 44 column (B), Program services) 295,360.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	7,389.	45	9,325.
	46 Savings and temporary cash investments	2,500.	46	2,815.
	47 a Accounts receivable	7,751.		
	b Less allowance for doubtful accounts		47c	7,751.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	400,904.	52	671,304.
	53 Prepaid expenses and deferred charges	1,060.	53	1,810.
	54 Investments - securities		54	
	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55 a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	228,813.			
b Less accumulated depreciation	81,484.	57c	147,329.	
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	575,008.	59	840,334.	
Liabilities	60 Accounts payable and accrued expenses	75,373.	60	30,945.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	37,687.	64b	28,518.
	65 Other liabilities (describe ▶ SEE STATEMENT 4)	400,904.	65	671,304.
66 Total liabilities (add lines 60 through 65)	513,964.	66	730,767.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	44,592.	67	105,946.
	68 Temporarily restricted	16,452.	68	3,621.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	61,044.	73	109,567.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	575,008.	74	840,334.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and reporting.

91 The books are in care of BAMBI MARKHAM Telephone no 419-222-7946
Located at 123 E.WAYNE STREET, LIMA, OHIO ZIP + 4 45802-1566

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a SHARED MAINTENANCE FEES					188,423.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	121.	
100 Gain or (loss) from sales of assets other than inventory			18	-4,995.	
101 Net income or (loss) from special events			01	41,500.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a PALLET REVENUE			01	230.	
b MISCELLANEOUS			01	1,262.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		38,118.	188,423.
105 Total (add line 104, columns (B), (D), and (E))					226,541.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEE TO MEMBER AGENCIES FOR TRANSPORTATION, SORTING, STORAGE & HANDLING OF DONATED FOOD

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

-16-03 ▶ **JOYCE H ROOP, TREASURER**
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

WEST OHIO FOOD BANK

Employer identification number

34 1587528

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE OVER \$50,000</u>				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE OVER \$50,000</u>		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments SEE STATEMENT 6		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	237,922.	213,062.	168,890.	158,234.	778,108.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	166,329.	174,891.	112,883.	92,741.	546,844.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	288.	1,206.	2,963.	2,007.	6,464.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	21,482.	3,904.	6,737.	9,680.	41,803.
23 Total of lines 15 through 22	426,021.	393,063.	291,473.	262,662.	1,373,219.
24 Line 23 minus line 17	259,692.	218,172.	178,590.	169,921.	826,375.
25 Enter 1% of line 23	4,260.	3,931.	2,915.	2,627.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines	18 _____	19 _____			26d N/A
	22 _____	26b _____			26e N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
c Add Amounts from column (e) for lines	15 778,108.	16 _____			27c 1,324,952.
	17 546,844.	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,324,952.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f 1,373,219.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.4851%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4707%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

WEST OHIO FOOD BANK

Employer identification number

34-1587528

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990 EZ or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

WEST OHIO FOOD BANK

34-1587528

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 12,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 47,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 22,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 32,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

WEST OHIO FOOD BANK

34-1587528

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization WEST OHIO FOOD BANK	Employer identification number 34-1587528
--	---

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1998 FORD AEROMAX TRUCK _____ _____ _____	\$ 12,000.	01/25/02
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PALLET JACK	12/15/96	06/30/02	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,000.	0.	3,000.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SHELVING	02/02/98	06/30/02	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,539.	0.	680.	-859.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
ELECTRIC PALLET JACK	03/13/98	06/30/02	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,443.	0.	2,754.	-689.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
ELECTRIC PALLET JACK	03/13/98	06/30/02	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,443.	0.	2,984.	-459.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MACINTOSH PROFORMA 6116 COMPUTER	04/11/96	06/30/02	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,557.	0.	1,557.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BROTHER INTELLIFAX	03/19/98	06/30/02	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	650.	0.	553.	-97.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SECOND HARVEST SOFTWARE-MICROSOFT	10/15/98	06/30/02	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	11,564.	0.	8,673.	-2,891.
TO FM 990, PART I, LN 8		25,196.	0.	20,201.	-4,995.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CANNISTER/WISHING WELL SOUPER BOWL OF CARING CHURCHES	1,296.		1,296.		1,296.
CHARITY NIGHT	1,903.		1,903.	1,611.	292.
THANK DIRECT MAIL	829.		829.		829.
TEA DIRECT MAIL	42,968.		42,968.	3,885.	39,083.
Y2K TREE OF LIFE					0.
PAMPERED CHEF					0.
EMPTY BOWL					0.
DRESS DOWN					0.
GIVING HEART BONANZA					0.
TO FM 990, PART I, LINE 9	46,996.		46,996.	5,496.	41,500.

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE LABOR	5,204.	5,204.		
INSURANCE	1,393.		1,393.	
MISCELLANEOUS EXPENSE	271.	271.		
OTHER PROFESSIONAL FEES	2,119.	2,119.		
BANK AND CREDIT CARD EXPENSE	3,022.	3,022.		
PRODUCT PURCHASES & RELATED EXPENSES	21,404.	21,404.		
OTHER PROFESSIONAL FEES	0.			
TOTAL TO FM 990, LN 43	33,413.	32,020.	1,393.	

FORM 990	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	AMOUNT
AGENCY FOOD HELD FOR DISTRIBUTION	671,304.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	671,304.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BAMBI MARKHAM 123 EAST WAYNE STREET LIMA, OHIO 45802-1566	EXECUTIVE DIRECTOR 40+	38,711.	0.	0.
DR. PHIL COMPTON 0475 TOWNSHIP RD. 30 ADA, OHIO 45810	PRESIDENT 10/MO	0.	0.	0.
JIM LEITZ 6280 BELLEFONTAINE RD LIMA, OHIO 45804	PRESIDENT ELECT 2/MO	0.	0.	0.
JOYCE ROOP 5100 PLEASANT DR. ELIDA, OHIO 45807	TREASURER 2/MO	0.	0.	0.
RENEE PLACE 2450 ADA ROAD LIMA, OHIO 45801	SECRETARY 2/MO	0.	0.	0.
KAY WELLMAN 730 W. MARKET STREET LIMA, OHIO 45805	BOARD MEMBER 2/MO	0.	0.	0.
ELIZABETH JACKSON 115 PARTRIDGE PLACE LIMA, OHIO 45805	BOARD MEMBER 2/MO	0.	0.	0.
ART SHAW 501 W. GERMAN, P.O. BOX 98 NEW KNOXVILLE, OHIO 45871	BOARD MEMBER 2/MO	0.	0.	0.
SYLVAN ESSICK 3614 NORTH AMBLEWOOD CIRCLE LIMA, OHIO 45806-1323	BOARD MEMBER 2/MO	0.	0.	0.
EARL BIXEL P.O. BOX 262 BLUFFTON, OH 45817	BOARD MEMBER 2/MO	0.	0.	0.
GREG DETTY 9282 MAPLE LANE BELLE CENTER, OH 43310	BOARD MEMBER 2/MO	0.	0.	0.

• WEST OHIO FOOD BANK

34-1987528

GARY SELHORST
3850 SEARFOSS RD.
COLUMBUS GROVE, OH 45830

BOARD MEMBER
2/MO

0. 0. 0.

PASTOR KENNETH BAKER
9503 CELINA MEADOW RD.
CELINA, OH 45822

BOARD MEMBER
2/MO

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

38,711. 0. 0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 6
PART III, LINE 4

ONLY NONPROFIT AGENCIES QUALIFY TO RECEIVE FOOD--NO DISTRIBUTIONS TO
INDIVIDUALS

SCHEDULE A OTHER INCOME STATEMENT 7

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	4,017.	3,904.	6,737.	9,680.
SPECIAL EVENTS	17,465.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	21,482.	3,904.	6,737.	9,680.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- ▶ If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization WEST OHIO FOOD BANK	Employer identification number 34-1587528
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 1566	
	City, town or post office, state, and ZIP code For a foreign address, see instructions LIMA, OH 45802-1566	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- ▶ If the organization does not have an office or place of business in the United States, check this box
- ▶ If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box
▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ _____ Date ▶ _____
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

Attachment to Form 990 # 34-1587528

ASSET NUMBER	DESCRIPTION LIFE CLASS METHOD	DATE ACQUIRED	EOL	ORIGINAL COST	SALVAGE	DEPRECIATION EXPENSE			ACCUM
						PRIOR YR ACC	THIS YTD	AFY/S 179	
0-00-0000	<i>*****BUILDING*****</i>								
<i>Page 3, Part IV, Line 57</i>									
0-00-0010	MODIFICATIONS FOR COOLERS & FREEZERS								
	15 0 15 0 STR LINE	02/02/98		19437 00	0 00	4427 32	1295 80	00	5723 12
0-00-0011	SECOND FLOOR REMODELING								
	10 0 10 0 STR LINE	12/31/00		7171 25	0 00	358 56	717 13	00	1075 69
SUBGROUP 10-00 TOTALS				26608 25	0 00	4785 88	2012 93	0 00	6798 81
							NET TOTAL BOOK VALUE	19809 44	
**GROUP 10 TOTALS				26608 25	0 00	4785 88	2012 93	0 00	6798 81
							NET TOTAL BOOK VALUE	19809 44	
20-00-0000	<i>*****EQUIPMENT*****</i>								
20-00-0002	1986 CHEVY TRUCK								
	5 0 5 STR LINE	02/26/91	Y	6675 00	0 00	6675 00	0 00	00	6675 00
20-00-0004	COMPRESSOR								
	7 0 7 STR LINE	06/17/94	Y	1529 00	0 00	1529 00	0 00	00	1529 00
20-00-0006	COMPRESSOR								
	7 0 7 STR LINE	04/08/94	Y	1112 00	0 00	1112 00	0 00	00	1112 00
20-00-0011	RM DIV/TABLES/CHAIRS								
	7 0 7 0 STR LINE	07/01/94	Y	640 00	0 00	640 00	0 00	00	640 00
20-00-0013	1985 UTILITY REEFER W/ THERMO KING								
	5 0 5 STR LINE	01/18/96	Y	8000 00	0 00	8000 00	0 00	00	8000 00
20-00-0014	MINI REPACKING WORK STATION								
	7 0 10 STR LINE	05/16/96		795 00	0 00	577 31	113 57	00	690 88
20-00-0016	FLOOR SCALE								
	5 0 5 0 STR LINE	12/15/96	Y	730 00	0 00	669 17	60 83	00	730 00
20-00-0020	BREUCHBULER-SCALE								
	5 0 5 0 STR LINE	11/27/96	Y	1825 00	0 00	1672 92	152 08	00	1825 00
20-00-0022	KYSOR NEEDHAM WALK IN FREEZER								
	15 0 15 0 STR LINE	02/20/98		17000 00	0 00	3777 77	1133 33	00	4911 10
20-00-0023	COOLER DONATED BY RAY'S (SUN MGMT)								
	10 0 10 0 STR LINE	03/31/98		5279 00	0 00	1715 68	527 90	00	2243 58
20-00-0027	TELEPHONE SYSTEM DONATED BY ST RITA'S								
	10 0 10 0 STR LINE	06/30/98		2000 00	0 00	600 00	200 00	00	800 00
20-00-0030	Floor Scrubber-Powell Co								
	10 0 10 0 STR LINE	08/15/98		3869 00	0 00	1128 46	386 90	00	1515 36
20-00-0031	Furnace/Air Conditioner-R A Flynn								
	15 0 15 0 STR LINE	03/15/99		4475 00	0 00	696 10	298 33	00	994 43
20-00-0032	WAREHOUSE RADIOS								
	5 0 5 0 STR LINE	12/07/99		738 00	0 00	233 70	147 60	00	381 30
20-00-0033	WAREHOUSE FANS-LIMA FLACK								
	10 0 10 0 STR LINE	12/10/99		596 99	0 00	94 52	59 70	00	154 22

Attachment to Form 990 # 34-1581528
 Page 3, Part IV, Line 57

ASSET NUMBER	DESCRIPTION	DATE ACQUIRED	EOL	ORIGINAL COST	SALVAGE	PRIOR YR ACC	THIS YTD	AFY/S 179	DEPRECIATION EXPENSE	ACCUM
0-00-0034	18'INT'L REEFER #1RTSAZRL6RH59064B	12/23/99		30000 00	0 00	4500 00	3000 00	00		7500 00
0-00-0035	INSULATE AC & FURNACE-2nd FLOOR-RA FLYNN	11/03/99		1980 82	0 00	220 09	132 05	00		352 14
0-00-0037	INT'L REEFER INCREASED TO 20' & REPAIRS	12/31/00		13332 83	0 00	1333 28	144 14	00		1477 42
0-00-0038	PALLET JACK ELECTRIC REPAIRS	11/29/00		1283 78	0 00	149 77	256 76	00		406 53
0-00-0039	1993 GMC #J8DB1KXP7003528 (SUN MGT)	04/17/01		2500 00	0 00	83 33	500 00	00		583 33
0-00-0040	MITSUBISHI FORKLIFT TAG 91831 MIAMI	01/18/02		8494 45	0 00	0 00	353 94	00		353 94
0-00-0041	FORD TRUCK DONATED-2ND HARVEST	01/25/02	Y	12000 00	0 00	0 00	0 00	00		0 00
*SUBGROUP 20-00 TOTALS				124855 87	0 00	35408 10	7467 13	0 00		42875 23
							NET TOTAL BOOK VALUE	81980 64		
***GROUP 20 TOTALS				124855 87	0 00	35408 10	7467 13	0 00		42875 23
							NET TOTAL BOOK VALUE	81980 64		
30-00-0000	*****FURNITURE*****									
30-00-0001	ROYAL 515 TYPEWRITER	04/06/92	Y	250 00	0 00	250 00	0 00	00		250 00
30-00-0008	SURGE PROTECTORS	04/04/96	Y	174 00	0 00	174 00	0 00	00		174 00
30-00-0009	LASER PRINTER	03/25/94	Y	1000 00	0 00	1000 00	0 00	00		1000 00
30-00-0011	WISHING WELLS	01/10/94	Y	2155 00	0 00	2155 00	0 00	00		2155 00
30-00-0012	SOFTWARE	07/31/94	Y	295 00	0 00	295 00	0 00	00		295 00
30-00-0016	RISOGRAPH	05/10/97	Y	10000 00	0 00	8333 33	1666 67	00		10000 00
30-00-0019	Compaq Direct Plus Computers/Hardware	02/15/99		14514 86	0 00	7015 51	460 17	00		7475 68
30-00-0020	Board Table & 8 Chairs donated-5th 3rd	06/30/99		500 00	0 00	100 00	50 00	00		150 00
30-00-0021	COMPUTER WIRING - INACOM	08/20/99		4953 95	0 00	605 48	330 26	00		935 74
30-00-0022	GIFT TRACK SOFTWARE-ADVANTA	02/18/00		2525 00	0 00	673 33	505 00	00		1178 33
30-00-0023	NAVISION SOFTWARE	06/30/01		40981 40	0 00	0 00	8196 28	00		8196 28

Attachment to Form 990 # 34-1587528
Page 3, Part IV, Line 57

ASSET NUMBER	DESCRIPTION LIFE CLASS METHOD	DATE ACQUIRED	BOL	ORIGINAL COST	SALVAGE	DEPRECIATION EXPENSE			ACCUM
						PRIOR YR ACC	THIS YTD	AFY/S 179	
*SUBGROUP 30-00 TOTALS				77349 21	0 00	20601 65	11208 38	0 00	31810 03
							NET TOTAL BOOK VALUE	45539 18	
***GROUP 30 TOTALS				77349 21	0 00	20601 65	11208 38	0 00	31810 03
							NET TOTAL BOOK VALUE	45539 18	
*****CLIENT TOTALS				228813 33	0 00	60795 63	20688 44	0 00	81484 07
							NET TOTAL BOOK VALUE	147329 26	

Line 57a

Line 57b

Attachment to Form 990 *134-1587528*

ASSET NUMBER	DESCRIPTION	DATE ACQUIRED	EOL	ORIGINAL COST	SALVAGE	PRIOR YR ACC	DEPRECIATION EXPENSE			
							THIS YTD	AFY/SEC	179	ACCUM
DEPRECIATION FOR ASSETS RETIRED THIS YEAR							17397 95	4965 23	0 00	22363 18
TOTAL DEPRECIATION EXPENSE							78193 58	25653 67	0 00	103847 25

Page 3, Part IV, LINE 57

Attachment to Form 990 # 34-1587528

ASSET #	DATE ACQUIRED	DATE DISPOSED	COST OR ADJ BASIS	ITC AMOUNT	AFY / SEC 179	SALVAGE VALUE	DEPRECIATION EXPENSE			METHOD
							PRIOR YR ACCUM	THIS YTD	ACCUM LIFE	
<i>Page 3, Part IV, Line 57</i>										
20-00-0017	PALLET JACK-DONATED									
	12/15/96	06/30/02	3000 00		00	0 00	2750 00	250 00	3000 00	5 0 STR LIN
20-00-0021	SHELVING FOR WAREHOUSE									
	02/02/98	06/30/02	1539 00		00	0 00	525 83	153 90	679 73	10 0 STR LI
20-00-0028	ELECTRIC PALLET JACK DONATED BY MIAMI TR									
	03/13/98	06/30/02	3443 00		00	0 00	2065 80	688 60	2754 40	5 0 STR LIN
20-00-0029	ELECTRIC PALLET JACK DONATED BY MIAMI									
	03/13/98	06/30/02	3443 00		00	0 00	2295 33	688 60	2983 93	5 0 STR LIN
20-00-0036	USED FORKLIFT-MIAMI IND -SN#483766									
	07/26/99	06/30/02	3706 67		00	0 00	1420 89	741 33	2162 22	5 0 STR LIN
*SUBGROUP 20-00 TOTALS			15131 67	0 00	0 00	0 00	9057 85	2522 43	11580 28	
***GROUP 20 TOTALS			15131 67	0 00	0 00	0 00	9057 85	2522 43	11580 28	
30-00-0014	MACINTOSH PPREFORMA 6116CD									
	04/11/96	06/30/02	1557 40		00	0 00	1557 40	0 00	1557 40	5 0 STR LIN
30-00-0017	BROTHER INTELLIFAX #1550MC (SN7924449)									
	03/19/98	06/30/02	650 00		00	0 00	422 50	130 00	552 50	5 0 STR LIN
30-00-0018	Second Harvest Software-Microsoft									
	10/15/98	06/30/02	11564 00		00	0 00	6360 20	2312 80	8673 00	5 0 STR LIN
*SUBGROUP 30-00 TOTALS			13771 40	0 00	0 00	0 00	8340 10	2442 80	10782 90	
***GROUP 30 TOTALS			13771 40	0 00	0 00	0 00	8340 10	2442 80	10782 90	
*****CLIENT TOTALS			28903 07	0 00	0 00	0 00	17397 95	4965 23	22363 18	

West Ohio Food Bank # 34-1587528
Attachment to Form 990 6-30-02



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/15/2001	200128502390	DOMESTIC/AMENDED RESTATED ARTICLES (AMA)	50 00	00	00	00	00

Receipt

This is not a bill Please do not remit payment

Page 5, Part III, Line 77

JAMES P PATRICK
1037 W MARKET ST
LIMA, OH 45805

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

707562

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WEST OHIO FOOD BANK

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/AMENDED RESTATED ARTICLES

Document No(s)
200128502390



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 12th day of October, A.D. 2001

J. Kenneth Blackwell
Ohio Secretary of State

By-laws of the West Ohio Food Bank

Article I – Name – Purpose

Name: The name of this corporation shall be the West Ohio Food Bank hereinafter referred to as the Food Bank

Purpose: The Food Bank shall operate to receive, warehouse, and distribute food to charitable agencies which will provide that food to the needy

Article II – Board of Trustees – Membership and Responsibilities

Board of Trustees. The corporate powers, property and affairs of the Corporation, subject to the limitations contained in the Revised Code, the Articles or By-laws, shall be exercised, conducted and controlled by the Board of Trustees, each of whom shall be a Member of the Corporation.

Board Membership: The Board of Trustees of the Food Bank (hereinafter referred to as the Board) shall consist of a minimum of eight and a maximum of twelve members elected to three-year terms

Responsibilities: The Board shall

- determine the Food Bank's mission
- facilitate effective strategic and organizational planning
- ensure adequate resources
- approve the annual operating budget
- assure that resources are effectively managed
- monitor program and services
- enhance the Food Bank's public image
- select, employ and supervise an Executive Director
- approve personnel policies and procedures
- approve a wage and benefit structure
- be the final step in the employee grievance procedure
- evaluate its own performance

Article III – Meetings and Quorum

Meetings: Regular meetings of the Board will be held every two months beginning in January. Special meetings may be held at the call of the President or at the request of three members of the Board. Notice of such regular and special meetings shall be given to each Member of the Board by duly mailing the same to his/her address at least three (3) days prior to the date of the meeting. Such notice will include the date, time, and place of the meeting along with an agenda for the meeting. No business shall be transacted except as stated in that notice.

Quorum: A majority of the members of the Board shall constitute a quorum. The size of the quorum shall be determined after taking into account automatic resignations because of absences (see Article V). No business may be transacted without the presence of a quorum except as is set forth under the Executive Committee (see Article VI.)

Article IV – Officers and Duties

Officers: The Officers shall be members of the Board and will consist of the President, President Elect, Treasurer, and Secretary.

Duties of the President: The President shall

- preside at all meetings of the Board and of the Executive Committee
- in consultation with the Executive Director set the agenda of the meetings of the Board
- appoint from the members of the Board the Chairmen of the Resource Committee, the Personnel Committee and the Program Committee
- in conjunction with the Chairperson of the Personnel Committee and with input from others, annually evaluate the performance of the Executive Director

Duties of the President Elect: The President Elect shall

- assume the office of President at the conclusion of the term of the current President or upon the resignation of the President
- preside at all meetings which the President is unable to attend
- assume the chairmanship of the Nominating Committee
- select two (2) other Board members who must not be officers to complete the Nominating Committee

Duties of the Treasurer: The Treasurer shall

- be chairperson of the Finance Committee
- countersign all checks above an amount fixed by the Board
- examine and initial the paperwork for all checks issued, including those checks previously issued which do not require countersignature

NOTE: Another Officer may be designated by the Board to countersign checks in the absence of the Treasurer

Duties of the Secretary: The Secretary shall

- keep the minutes of all regular or special meetings of the Board
- keep the minutes of all meetings of the Executive Committee
- keep a record of attendance at regular Board meetings
- verify members in good standing at the start of each regular meeting

NOTE: In the event the Secretary is unable to attend a meeting, he or she will arrange for a substitute to take the minutes

Article V – Elections, Attendance, Special Elections and Terms

Elections: The Nominating committee must present for the November meeting a full slate of candidates to replace all Board members whose terms will be completed at the January meeting and a full slate of Officers to take office in January. The slate of nominations must be sent to the Board Members with the agenda for the November Board Meeting. Additional nominations may be made from the floor with the prior consent of those nominated. Those elected will take their positions beginning in January. To ensure a smooth rotation with approximately one-third of the Board being elected each year, the Board may initially elect some members for one or two year terms.

Attendance: Any member of the Board who misses more than three regular Board meetings during the twelve months immediately preceding the current meeting shall be considered to have resigned and the Board accordingly reduced in size for purposes of determining a quorum. The Nominating Committee shall at the next regular Board meeting either recommend the reinstatement of said member or nominate a replacement. Nominations from the floor are permitted with the prior consent of those nominated.

Special Elections: In the event a Board member or Officer resigns or must be replaced during his or her term, a special election will be held at the next Board meeting to fill out the remainder of the Board member's or Officer's term.

Terms. Board members will be elected for three-year terms. Officers are elected for two-year terms. Both Board members and Officers may hold two consecutive terms and then must step down for at least one year. Normally the President Elect will become President at the end of the President's term. However the President may be elected for a second term, in which case the Board may select the same or a new President Elect. Those elected to fill out less than one-half term may be elected to two full terms without stepping down for a year.

Article VI – Standing Committees

Standing Committees: The standing committees of the Board shall be

- Executive Committee
- Nominating Committee
- Finance Committee
- Resource Committee
- Personnel Committee
- Program Committee

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Executive Committee The Executive Committee shall consist of the Officers of the Board plus the Executive Director. The Executive Committee shall be in charge of the management of the business and affairs of the Corporation in the interim between meetings of the Trustees, with the power generally to discharge the duties of the Board, but not to incur debts, excepting for current expenses, unless specially authorized. They shall at all times act under the direction and control of the Board and shall make report to the same of their acts, which shall form part of the records of the Corporation.

Nominating Committee: The Nominating Committee shall consist of the President Elect and two other members of the Board appointed by him or her. The other two members must not be Officers. The Nominating Committee must present for the November meeting a full slate of candidates to replace all Board members whose terms will be completed by the January meeting and a full slate of Officers to take office in January.

Finance Committee The Chairman of the Finance Committee shall be the Treasurer. The Chairman shall select the other members of the Committee, who need not be Board members. However the majority of the members must be members of the Board. The Finance Committee has special responsibility to carry out the Board's responsibility to see that resources are managed effectively. In addition the Committee in consultation with the Executive Director will present the next fiscal year's budget to the Board for its approval at the May meeting.

Resource Committee The President shall appoint the Chairman of the Resource Committee. The Chairman shall select the other members of the Committee, who need not be Board members. The Resource Committee has special responsibility to carry out the Board's responsibility to ensure adequate resources and to enhance the Food Bank's public image.

Personnel Committee: The President shall appoint the Chairman of the Personnel Committee. The Chairman shall select the other members of the Committee, who need not be Board members. However the majority of members shall be members of the Board. The Personnel Committee has special responsibility to

- carry out the Board's responsibility to review the Executive Director's performance
- present personnel policies and procedures to the Board for approval
- assure that personnel policies and procedures are updated on a regular basis
- present a wage and benefit package to the Finance Committee and the Board for approval
- act as the penultimate stage of appeal regarding employee grievances

Program Committee. The President shall appoint the Chairman of the Program Committee. The Chairman shall select the other members of the Committee who need not be Board members. At least two (2) of the members of the Committee must be representatives of Agencies of the Food Bank. The Program Committee has special responsibility to carry out the Board's responsibility to determine and monitor the Food Bank's programs and services.

Article VII – Indemnification

Indemnification Each person who at any time is or shall have been a Trustee, employee, or agent of the Corporation, or is or shall have been serving at the request of the Corporation, as a Trustee, officer, employee, or agent of another Corporation, partnership, joint venture, trust or other enterprise, and his or her heirs, executors and administrators, shall be indemnified by the Corporation in accordance with and to the full extent permitted by Non-Profit Corporation Law (R.C. 1702.01 et seq.) as in effect at the time of the adoption of this Resolution or as amended from time to time thereafter. The foregoing right or indemnification shall not be deemed exclusive of other rights to which any Trustee, officer, employee, agent or other person may be entitled in any capacity as a matter of law or under any Resolution, agreement, vote of Trustee or otherwise. If authorized by the Board of Trustees the Corporation may purchase and maintain insurance against liability on behalf of any such person to the full extent permitted by law in effect at the time of the adoption of this Resolution or as changed from time to time.

Article VIII – Fiscal Year and Audit

Fiscal Year The fiscal year of this Corporation shall be July 1st through June 30th

Audit An audit shall be conducted by an independent accounting firm each year.

Article IX – Parliamentary Authority

Parliamentary Authority: The latest edition of Robert's Rules of Order where it does not conflict with these by-laws shall govern the meetings of the Board

Article X – Amendments

Amendments Any member of the Board may propose amendments to these by-laws by submitting them in writing to the Secretary of the Board. Such amendments must be sent out with the agenda at least one week prior to any regular meeting. Adoption of such an amendment requires a vote that constitutes a majority of the full membership of the Board and not merely a majority of those present. Votes on any particular amendment may be taken by mail ballot if the Board approves a resolution to that effect.

Article XI – Executive Director

Hiring When selecting and hiring an Executive Director the Board shall conduct a full public search including at least advertising in local newspapers. The West Ohio Food Bank is an Equal Opportunity employer and will conduct its search and selection process in a manner appropriate to that commitment.

Duties The Executive Director shall be the active executive officer of the Corporation and shall keep the recorded minutes of the Board of Trustees. This person shall perform, in addition, such other duties as may be designated by the Board. This person shall sign, with the President or President-Elect, all contracts authorized by the Board and shall have charge of all such records all of which shall, at all reasonable times, be open to the examination of any member of the Board. This person shall give bond with approved surety for the faithful performance of duties in such amounts as shall be fixed by the Board, cost of such bond to be borne by this Corporation. The Executive Director shall not be liable for any debts or liability of the Corporation. This person shall serve for such time as the Board desires.

Approved by the Board 9/19/01 Date

Edw. Crayton (aka) Secretary