# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

	A F	or the		ending J	<u>UN 30,</u> 2017	
ı	3 CI	neck if *	C Name of organization		D Employer identific	cation number
	- ap		I INTERSERVICE WALK & KNOCK		, .	
		Addre change	S OF CLARK COUNTY			
		]Name ]change	Doing business as		91-1	535365
		Initial retum	N. d. Co. d.	Room/suite	E Telephone number	
		Final	I D O BOY 252	100III/Suite	(360	
		retum/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code			491,917.
	Γ_	1Ameno			G Gross receipts \$	
	┝═	retum Application	E Name and address of the W. THEMIN MOOD		H(a) Is this a group re	
		tion pendin			for subordinates	
-	. ~		9 P.O. BOX 353, VANCOUVER, WA 98666		H(b) Are all subordinates in	cluded? Yes No
-			empt status: X 501(c)(3) 501(c) ( )	r 527	1	list. (see instructions)
-	_		e: ► WWW.WALKANDKNOCK.ORG		H(c) Group exemption	
1			organization X Corporation	L Year	of formation 1991 N	State of legal domicile WA
Į.	Pa	rt [	Summary			
	g		Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ SO			DONATIONS
	ğ		OF FOOD, SUPPLIES AND MONEY, WHICH IN TUR	N ARE	GIVEN TO T	HE FOOD
	Ě	2	Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
	Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3	26
	5		Number of independent voting members of the governing body (Part VI, line 1b)		4	26
	SS		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
	ξį		Total number of volunteers (estimate if necessary)		6	3600
	흕		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	Ă		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
-			Net difference business (axable income from Form 990-1, life 34		Prior Year	Current Year
	1		Contributions and greats (Dark VIII June 41)	37,250.	39,100.	
	- <u>9</u>		Contributions and grants (Part VIII, line 1h)	470,142.	452,797.	
	Revenue		Program service revenue (Part VIII, line 2g)	21.	20.	
	Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_		
	_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		507,413.	491,917.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	473,952.	452,825.
	1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	J.S.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	58.		
	ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,975.	33,516.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		514,927.	486,341.
			Revenue less expenses. Subtract line 18 from line 12		<7,514.	> 5,576.
	-s		RECEIVED	Re	ginning of Current Year	End of Year
	sets or lalances	20		ان	23,198.	28,774.
	Bass	21	Total liabilities (Part V. line 26)	3	0.	0.
2		21			23,198.	28,774.
20	<u> </u>	22	Signature Block	<del>~</del>	23/1701	20/1110
ଟେ		rt II				
			ilties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
	true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of whi	ich prepare		
DE			Signature of office		16/14/17	
	Sign	1	1· 1 · 4		Date	
- 4	Here	е	JUSTIN WOOD, PRESIDENT - VOLUNTEER			
- <u> </u>			Type or print name and title		· · · - · -	
			Print/Type preparer's name Preparer's etgnature	0	Date Check	PTIN
25	Paid		MATT W. KELLER ///LATO 4)	1	Multi-employ	
SCAME	Prep	arer	Firm's name MATT W. KELLER, ATTORNEY/CPA, P.	.C.	Firm's EIN	57-1143113
		Only	Firm's address P.O. BOX 1876			
		•	LAKE OSWEGO, OR 97035	11/14	7/17 Phone no (5	03) 352-0477
	May	the II	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No
	<u></u>	,,, <u>,,</u>				

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO SOLICIT CHARITABLE DONATIONS OF FOOD, SUPPLIES AND MONEY, WHICH IN
	TURN ARE GIVEN TO THE FOOD BANKS OF CLARK COUNTY TO BE USED FOR
	PROVIDING FOOD TO NEEDY INDIVIDUALS WITHIN THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	COLLECTED 252,500 LBS OF FOOD THAT WAS DISTRIBUTED TO THE CLARK COUNTY FOOD BANK COALITION.  THESE FOOD BANKS SERVICE 22,000 PEOPLE PER MONTH.  FOOD VALUE IS CALCULATED AT \$1.73 PER POUND AS DETERMINED BY THE STANDARD FOR THE STATE OF WASHINGTON.
	DILLIB TON THE BITTE OF WINDINGTON.
4b	CASH DONATIONS OF \$15,972 WERE RECEIVED IN LIEU OF FOOD DONATIONS.  ALL CASH DONATIONS ARE DIRECTLY PASSED THROUGH TO THE CLARK COUNTY FOOD BANK COALITION, AS WELL AS \$28 OF EXCESS CASH ON HAND FROM MEMBERSHIP DUES AND BAG SPONSORSHIP REVENUE.
	<u> </u>
4.	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 463,323.
	Form <b>990</b> (2016)

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			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	17
3		2		X
	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			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		X
	during the tax year? If "Yes," complete Schedule C, Part II			х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<u> </u>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<del></del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			v
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	:		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		Х
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		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		X
	·	Form	990	(2016)

# Part IV Checklist of Required Schedules (continued)

b   1 Ves' to line 20a, did the organization stack a copy of the audited financial statements to this return?  20b   2 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III  21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic inclinduals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22 Did the organization answer Yes' to Part IVI, 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 I and to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0000 so of the said day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", to to line 25a  24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d Section 501(G)B, 501(G)B, 4 and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  25b Did the organization areas that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key empl		·		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if Yes, "complete Schedule I, Part I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if Yes, "complete Schedule I, Part I and III 22 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," ormolete Schedule I, Part II 22 Did the organization have a tax-exempt bond save with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was seved after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule II, I'm (a) to him 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? day of the organization and as an "on beatif of" issuer for bonds outstanding at any time during the year? 24d Did the organization and save that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 25 Did the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, biplest compensated employees, auditation provide a grant or other assistance to an officer, director, trustee, key employees, substantial contribution or or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these parasona? If "Yes," complete Schedule II, Part IV 2 Did the organization is partly to a business transaction or not employee for a family member thereof) was an officer, director, trustee, or key employees, substantial contribution or or former officer, director, trustee, or key employees, in the s			20a		X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,00 of grants or other assessance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization nawer than "Yes to Part VIII, 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 I. Part II and III 22 23 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 II. "Theo;" or lone 25a 24b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penid exception? 24c Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary penid exception? 24d Did the organization mixes than an escrive account other than a refunding escrow at any time during the year? 25d Section 901(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part II 25d Did 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-E2? If "Yes," complete Schedule I., Part III 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, or prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part IV 27d Did the organization report any amount on Part X, line 5, 6, or 22 for re		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Column (A), the 21 H*'res," complete Schedule I, Part I is and III 24 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," e", "complete Schedule I. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 os of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," to the year It was a proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24b Did the organization aware than the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction was not observed on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I. Part IV are organization organization and acceptance of any of these persons? If "Yes," complete Schedule I. Part IV are activated by the particular organization and acceptance of any of these persons? If "Yes," complete Schedule II. Part I	21		}		ĺ
Part IX. column (A), line 2" if "Yes," complete Schedule I, Parts I and III 22  Did the organization answer "Yes" to Part IV 18, 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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Discember 31, 2002? If "Yes," inswer lines 24b through 24d and complete Schedule II. Throit," go to the reganization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  Did the organization invest any an exception of the part II was any time during the year?  24d			21	<u>X</u>	<u></u>
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, directoris, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J bill the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  24a Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person dring the year? If "Yes," complete Schedule L, Part I 25b I b the organization aware that it engaged in an excess benefit transaction with a disqualified person dring the year? If "Yes," complete Schedule L, Part I 25b I b the organization aware that it engaged in an excess benefit transaction with a disqualified person dring the year? If "Yes," complete Schedule L, Part I 25b I b the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualined persons? If "Yes," complete Schedule L, Part IV 27b I b the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27b and 510 Yes," complete Schedule L, Part IV 27b A neutry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A neutry of which a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trust	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Death de 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 \$1,2002? If "Yes," answer lines \$24 bit through \$24 d and complete Schedule K. If "No", go to line \$25 a  5. Ded the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5. Ded the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5. Ded the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5. Ded the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5. Ded the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  5. Section \$501c(s), \$501c(s), \$301c(s), \$301			22		X
Schedule J. 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 25a  24b  Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25b  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ournetic former officers, fursicers, or key employee; fursicers, fursicers, fursicers, fursicers, or key employee; fursicers, fursicers, fursicers, or key employee; fursicers, fursicers, fursicers, fursicers, or key employee; fursicers, fursicers, fursicers, fursicers, or cheer to rindrect owner! If "Yes," complete Schedule L, Part IV  27c of the organization rel	23				
24 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 25a  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization mixes than an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 601(c)3, 501(c)40, and 501(c)(20) organizations. Did the dragnization engage in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I  25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction that the transaction that the 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-E27 If "Yes," complete Schedule L, Part I V  25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant aslection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  27d As the organization party to a business transaction with one of the following parties (see Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee (or a family member of aurent or former officer, director, trustee, or key employee (or a family member of aurent or former officer, director, trustee, or key employee (or a family member of a					l
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 him 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  25s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I    25b Is the organization evane that it engaged in an excess benefit transaction with a disqualified person of the organization of professions of the organization of profession of the organization of profession of the organization of profession of profession of any of the organization of profession of profession of complete Schedule L, Part II    25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II    27c Issued organization or party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an offic			23		<u>X</u>
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 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 II  31 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  32 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transf		complete Schedule L, Part II	26		X
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X		•			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	-		35b		
If "Yes," complete Schedule R, Part V, line 2  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X			36	_	Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X			37	L	X
Note. All Form 990 filers are required to complete Schedule O	38				
			38	X	$\perp$
			Form	990	(2016)

OF CLARK COUNTY 91-1535365 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9ь **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 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: Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand

Form 990 (2016)

14a

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

OF CLARK COUNTY Form 990 (2016) 91-1535365 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.

	Check if Schedule O contains a response or note to any line in this Part VI		.,			X	
Sec	tion A. Governing Body and Management					142	
	•				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
þ	Enter the number of voting members included in line 1a, above, who are independent	_1b_	26	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
2	officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision		-		
4	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>	
5	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X	
6	Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members or stockholders?	sets?		_5	:-	X	
-				6	Х		
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	ppoint	one or	_	v		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	staal/b	aldoro or	7a	Х		
	persons other than the governing body?	Stockn	olders, or	7.		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy th	a following	7b			
а	The governing body?	ai by tii	e lollowing	8a	X		
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 rea	ached :	at the	1			
	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 R	evenu	e Code.)				
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		floate O	12a		_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "In Schedule O how this was done	res, a	escribe	12c			
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?			14		$\frac{1}{X}$	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		iaoponicom				
а	The organization's CEO, Executive Director, or top management official			15a		X	
	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).					-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			16a		<u>X</u>	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıo	n's				
	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Sect	ion 501(c)(3)s only)	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.	^	h				
10	Own website Another's website X Upon request Other (explain		·	d force	امرما		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	milict (	n interest policy, an	u iinan	ual		
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's bo	nke a	nd recorde:				
	JUSTIN WOOD, PRESIDENT - (360) 260-1187	ons di					
	17716 SE 36TH WAY, VANCOUVER, WA 98683						
3200	3 11-11-16			Form	990	(2016)	

#### Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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, if any. 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 hours per week	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу епріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JUSTIN WOOD	5.00									_
PRESIDENT - VOLUNTEER		X		X				0.	0.	0.
(2) ADAM HEGEWALD	5.00							_		
VICE PRESIDENT - VOLUNTEER		X		X	L	ļ	L	0.	0.	0.
(3) PEGGY BOWE	5.00		_		l	<u> </u>				
SECRETARY - VOLUNTEER		X		X			$oxedsymbol{oxed}$	0.	0.	0.
(4) REBECCA WRITT	5.00	]				l				
TREASURER - VOLUNTEER		X		X				0.	0.	0.
(5) TOM CARNEY	2.00		1	}			ł			^
DIRECTOR - VOLUNTEER		X		<u> </u>	_	<u> </u>	_	0.	0.	0.
(6) JEFF FISH	2.00	┨		}			}			^
DIRECTOR - VOLUNTEER		X	<u> </u>	<u> </u>	_	_		0.	0.	0.
(7) JOE PAULETTO	2.00	۱			l		1			_
DIRECTOR - VOLUNTEER		X			<u> </u>		<u> </u>	0.	0.	0.
(8) JANET ELLIOTT	2.00	١.,	ŀ		1	1	l		0.	0.
DIRECTOR - VOLUNTEER		X	₩	ļ	<b>-</b>	_	<u> </u>	0.	<u> </u>	0.
		+			-	<del> </del>				
		$\vdash$	$\vdash$			+				
		<del> </del>	-	$\vdash$	$\vdash$	$\vdash$			<del> </del>	
		_	-		$\vdash$		-	<del>                                     </del>		
		igg		-		-				
		1	-	-		-	-			
	<del> </del>	-{	l	1	1	1	1		1	i

632007 11-11-16

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average			Pos	C) itior	)		(D) Reportable	(E) Reportable		(F) Estimate		
•	hours per week (list any hours for related organizations	tee or director	c, unte	ss pe	recto	nore than one son is both ar rector/trustee)		compensation comper		nsation an elated zations com 99-MISC) fr		mount of other npensation from the ganization	
	below line)	Individual tr	Institutional frustee	Officer	Key employee	Highest compens employee	Former					i relat nizati	
		<u> </u>										_	
		<u> </u>											
<del></del>													<del></del>
		-											
		_											
1b Sub-total  c Total from continuation sheets to Part V	II, Section A			l		_	<b>▶</b>	0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but recompensation from the organization</li> </ul>	not limited to th	nose	liste	ed al	bov	e) wl	no re	0 . eceived more than \$100	,000 of reportabl	0 <b>.</b> le			0.
3 Did the organization list any former officer.			e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on			Yes	No
Ine 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si	um of reportab	le c							the organization		3		X
and related organizations greater than \$15  Did any person listed on line 1a receive or a second sec	accrue compe	nsat	tion 1	from	any	unr			idual for services		4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors									A400.000 - f		5		
Complete this table for your five highest countries the organization. Report compensation for	="							the organization's tax		ipens:			
(A) Name and business	address	N	ONI	Ε			_	( <b>B)</b> Description of s	services	C	ompei		n
				_									_
· · · · · · · · · · · · · · · · · · ·							_						
				-			-						
Total number of independent contractors (	including but r	not I	ımıte	d to	the	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation >			-	1	0					Form	990 (	2016

Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
		,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
ıts ts	1 8	Federated campaigns	1a			revenue	revenue	sections 512 - 514
ran	_	Membership dues	1b	2,100.				
P, G		Fundraising events	10	2/100.				
ar /		Related organizations	1d					
S, E	•	Government grants (contribut						
r Si	f	All other contributions, gifts, gran						
돌		similar amounts not included abor		37,000.				
ES		Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			39,100.			
				Business Code	03/100.			
8	2 a	SOLICIT FOOD DO	NATIONS	900099	436,825.	436,825.		1
ه چَ	Ŀ	SOLICIT CASH DO	NATIONS	900099	15,972.	15,972.		
Program Service Revenue	c							<del></del>
eve	c				-	-		-
<u>Б</u> т	e	,						<del>                                     </del>
م ا	f	All other program service reve	enue	-	-			
		Total. Add lines 2a-2f		<b>•</b>	452,797.			
	3	Investment income (including	dividends, intere	est, and	<u>,                                    </u>			
		other sımılar amounts)		<b>•</b>	20.			20.
	4	Income from investment of tax	x-exempt bond p	proceeds ►				
	5	Royalties		▶				
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	t	Less: rental expenses						
-	c	Rental income or (loss)	-					
	c	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)		<u> </u>				
		Net gain or (loss)		<b></b>				
ne	8 a	Gross income from fundraising	g events (not	1.				
		including \$	of					
Other Reve		contributions reported on line	: 1c). See					
er		Part IV, line 18	а					
ᅙ		Less: direct expenses	b	L				
-		Net income or (loss) from fund	-	<b>•</b>			•••••	-
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gam	-	<b>D</b>	······································			
	10 a	Gross sales of inventory, less	returns	'				
		and allowances	а					
		Less: cost of goods sold	b					
		Net income or (loss) from sale		<b>P</b>			<del></del>	-
	4.0	Miscellaneous Revenu	16	Business Code				1
	11 6							+
	l t	·	<del></del>					<del>                                     </del>
		d All ather reverse						<del> </del>
		All other revenue						
		Total Add lines 11a-11d			491,917.	452,797.	0	. 20.
	12	Total revenue See instructions	<del></del>		471/JI/•	33211310		Form <b>990</b> (2016)

632009 11-11-16

Part IX Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	mpiete column (ry	
Do 7b,	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 domestic organizations			3-11-12-07-011-00	
	and domestic governments. See Part IV, line 21	452,825.	452,825.		
2	Grants and other assistance to domestic				······································
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				······
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	··· •
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 accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	10.060			10.000
12	Advertising and promotion	19,868.		222	19,868.
13	Office expenses	322.		322.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,828.		2,828.	
23	Insurance	2,020.		2,020.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD BAG PRODUCTION	5,700.	5,700.		
b	DISTRIBUTION SUPPLIES	3,175.	3,175.		
c	FOOD BAG DISTRIBUTION	1,123.	1,123.		
d	PORTABLE SANITATION	500.	500.		
e	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	486,341.	463,323.	3,150.	19,868.
26	Joint costs. Complete this line only if the organization				<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				

OF CLARK COUNTY

Part X Balance Sheet
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1 44	πΑ	Balance Sneet		
		Check if Schedule O contains a response or note to any line in this	s Part X	
	т —		(A) Beginning of year	(B) End of year
	1	Cash · non-interest-bearing		1
	2	Savings and temporary cash investments	23,198.	2 28,774.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, direct		
		trustees, key employees, and highest compensated employees. C	omplete	
		Part II of Schedule L		5 ]
	6	Loans and other receivables from other disqualified persons (as de	efined under	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and		
		employers and sponsoring organizations of section 501(c)(9) volun		
3		employees' beneficiary organizations (see instr). Complete Part II o	of Sch L	6
Assets	7	Notes and loans receivable, net		7
•	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	and a dark the second of states		
		basis. Complete Part VI of Schedule D 10a		
		Less: accumulated depreciation 10b	10	0c
	11	investments - publicly traded securities	1	1
	12	Investments - other securities. See Part IV, line 11	1	2
	13	Investments - program-related. See Part IV, line 11	1	3
	14	Intangible assets		4
	15	Other assets. See Part IV, line 11		5 20 774
	16	Total assets. Add lines 1 through 15 (must equal line 34)		28,774
	17	Accounts payable and accrued expenses		17
	18	Grants payable		8
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule	· · · · · · · · · · · · · · · · · · ·	21
?	22	Loans and other payables to current and former officers, directors	i	
	1	key employees, highest compensated employees, and disqualified		
rigoillues		Complete Part II of Schedule L		22
-	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related t		
		parties, and other liabilities not included on lines 17-24). Complete		ne
		Schedule D		25   26   0 .
	26	Total liabilities. Add lines 17 through 25		26   0
_		Organizations that follow SFAS 117 (ASC 958), check here ▶	and	**
net Assets of Fund balances		complete lines 27 through 29, and lines 33 and 34.		27
8	27	Unrestricted net assets	- ·	27
5	28	Temporarily restricted net assets		28
2	29	Permanently restricted net assets		29
•		Organizations that do not follow SFAS 117 (ASC 958), check h	ere 🖊 🔼	
5		and complete lines 30 through 34.	0.	0
ב מ	30	Capital stock or trust principal, or current funds		
Ž	31	Paid-in or capital surplus, or land, building, or equipment fund	22 100	31 0. 32 28,774
	32	Retained earnings, endowment, accumulated income, or other fur		$\frac{32}{33}$ $\frac{28,774}{774}$
-	33	Total net assets or fund balances		28,774
	34	Total liabilities and net assets/fund balances	23,190.	Form <b>990</b> (2016

Form **990** (2016)

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	49	1,9	<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,3	
3	Revenue less expenses. Subtract line 2 from line 1	3	!	5,5	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	3,1	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	2	8,7	74.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.	_		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			Form	990	(2016)

#### SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. INTERSERVICE WALK & KNOCK

**Employer identification number** 

,-			LARK COUNT					9	1-1535365		
Pε	rt E	Reason for Public (	Charity Status (A	All organizations must co	omplete th	ıs part.) Se	e instructions	3			
The	organ	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)	· <u>-</u>				
1		A church, convention of chu									
2		A school described in section					/ <del>/                                  </del>				
3		A hospital or a cooperative					in				
4	Fī	A medical research organiza						(iii) Entors	tha hasadalla		
•		city, and state:	ation operated in cor	ijunotion with a nospital	described	iii sectio	п 170(в)(1)(А)	un. Enter	ine nospitai s name,		
5			or the bonefit of a gol	llogo or university over							
•		An organization operated for		nege or university owner	or operat	ed by a go	overnmental u	init describ	ed in		
	<u>Γ</u>	section 170(b)(1)(A)(iv). (C	•								
6	$\overline{\mathbf{X}}$	A federal, state, or local gov									
′	لیما	An organization that normal		ntial part of its support f	rom a gov	ernmental	unit or from the	he general	public described in		
_		section 170(b)(1)(A)(vi). (Co	•								
8	片	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operated in section with a land-great college.									
9	LJ	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10	لـــا	An organization that normal									
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment									
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Complete Part III )									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	)9(a)(4).				
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in									
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	· L_	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	upporting		
		organization. You must c	omplete Part IV, Se	ections A and B.							
b	, [_	Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving		
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	: [_	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	= · · · · · · · · · · · · · · · · ·					,			
d	ı [	Type III non-functionally		•				rted organi	zation(s)		
		that is not functionally int									
		requirement (see instructi	-		•						
e	٠ ـ ـ ـ	Check this box if the orga						II. Type III			
Ĭ		functionally integrated, or					, , . , . , , , , , , , , , , , , ,	, . , (			
f	Ente	er the number of supported of		many integrated dapport	ing organi	200011					
		ride the following information		ed organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	r	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructio	ns)	
				above (see instructions))							
					ļ	ĺ	ļ				
						<del> </del>	<del></del>			_	
					<del>                                     </del>						
					<del>                                     </del>		-				
						]					
_			<del> </del>			<del>                                     </del>	<del> </del>				
Tot					<del> </del>		<del>                                     </del>				

Schedule A (Form 990 or 990-EZ) 2016 OF CLARK COUNTY

91-1535365 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you	checked the box on line 5, 7, or	8 of Part I or if the organization failed to qualify under Part III If the organization
	the tests listed below, please con	

Sec	tion A. Public Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			19/201/	(4) 20 10	(0) 2010	17 1014
	membership fees received. (Do not						
	include any "unusual grants.")	561,408.	581,740.	516,801.	507,392.	491,897.	2659238.
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	561,408.	581,740.	516,801.	507,392.	491,897.	2659238.
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						2659238.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	561,408.	581,740.	516,801.	507,392.	491,897.	2659238.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources		71.	25.	21.	20.	185.
9	Net income from unrelated business		ļ				
	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 VI.)						2659423.
11	• •	<u></u>	1	<u> </u>	1	1	2033423.
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶□
<u></u>	organization, check this box and sto		rcentage				
	ction C. Computation of Pub			column (fl)		14	99.99 %
	Public support percentage for 2016			Column (ij)		15	99.99 %
15	Public support percentage from 201a 33 1/3% support test - 2016. If the			on line 13 and line	14 is 33 1/3% or i		
108	stop here. The organization qualifies				141300 17070 011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>▶</b> X
	33 1/3% support test - 2015. If the	organization did n	ot check a box on	line 13 or 16a and	d line 15 is 33 1/39	% or more, check t	
,	and stop here. The organization qua				d (iii)0 10 10 00 17 0		▶□
47	and stop here. The organization qua				ne 13. 16a. or 16b.	and line 14 is 10%	6 or more,
176	and if the organization meets the "fa	cts and circumsta	nces" test, check t	this box and stop	here. Explain in Pa	art VI how the orga	ınızatıon
	meets the "facts-and-circumstances						▶□
	b 10% -facts-and-circumstances te					17a, and line 15 is	s 10% or
	more, and if the organization meets						
	organization meets the "facts-and-ci						▶ □
18	Private foundation. If the organizati						ns 🕨 🗔
5					Sch	edule A (Form 99	0 or 990-EZ) 2016

632022 09-21-16

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	iow, piease com	ipiete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	1-72012	10, 2010	(0) 2014	(u) 2013	(e) 2010	(I) Total
membership fees received. (Do not						
include any "unusual grants.")					İ	
2 Gross receipts from admissions,		<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>
merchandise sold or services per-					Ì	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose				1		
3 Gross receipts from activities that		<del> </del>		<del></del>	<del> </del>	
are not an unrelated trade or bus-				1		
iness under section 513						
-	<del></del>	<del> </del>	<del> </del>		<del> </del>	<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		1		1		
or expended on its behalf		<u> </u>			<u> </u>	
5 The value of services or facilities				ļ	1	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		T				
3 received from disqualified persons			Ì			Ì
<b>b</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						
8 Public support. (Subtract line 7c from line 6)					<u> </u>	
Section B. Total Support						<del></del>
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	(4) 2012	(0) 2013	(6) 2014	(0) 2013	(6) 2010	(i) Total
9 Amounts from line 6 10a Gross income from interest,	<del> </del>	<del> </del>				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		<u> </u>				
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			<del></del> -			<del> </del>
c Add lines 10a and 10b						
11 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				1		
assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	a'e first second thi	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organ	ization.
check this box and stop here	the Organization	13 11131, 3000110, 1111	id, iodiai, or mai	an your ao a coon		▶ □
Section C. Computation of Publi	c Support P	ercentage				
15 Public support percentage for 2016 (li			column (fl)		15	9
16 Public support percentage from 2015			COMMIT (1))		16	
Section D. Computation of Inves			<u> </u>		1.91	
					17	
17 Investment income percentage for 20			ne 13, column (i))		18	
18 Investment income percentage from 2				4E .aa. a		
19a 33 1/3% support tests - 2016. If the						: I/ IS HOL
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2015.</b> If the						
line 18 is not more than 33 1/3%, che						n ▶⊨
20 Private foundation. If the organization	n did not check	a box on line 14, 19	9a, or 19b, check t			▶∟
632023 09-21-16				Sc	hedule A (Form 9	90 or 990-EZ) 201

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part Vi**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part Vi**how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Vi**when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 17O(c)(2)(B) purposes? If "Yes," explain in Part Viwhat controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part Vi**how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part Viwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	•		
$\vdash$	2		<u> </u>
	3a		
	3b		
-	3с		
	4a		
	41		
$\vdash$	4b		
	4-		
	4c		
	5a		
-	5b		
	5c		
-	6		
	_		
-	7		
	8		
Ī	9a		
-	9b		
	9c		
Γ			
	10a_		
r	100		
	10b		
99	0 or 99	90-EZ	2016

632024 09-21-16

Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or infriently controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  b A asting member of a person described in (a) above?  c A 55% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Pert VI.  11b III III III III III III III III III	ra	₹ ₹ Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (p) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (g) or (p) above? If "Yes" to a, b, or c, provide detail in Part VI.  110  Section B. Type I Supporting Organizations  1 bit the direction, trustees, or membership of one or more supported organizations have the power to regularly support or elect at least a majority of the organization's directions or trustees at all times during the tax, year? If No, "describe in Part VI how the supported organization's directive) operated, supervised, or controlled the organizations and what conditions or nestrotons, if any, applied to such powers during the tax year.  2 bit the organization operated for the benefit of any supported organization other than the supported organization, describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization, described in the supported organization other than the supported organization objects that the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization was verted in the surported organization of the supported organization was verted in the asian persons that controlled or menaged the supported organization was verted in the asian persons that controlled or menaged organization provide to each of its supported organizations, to the extent not previously provided?  1 Were a majority of the organization was vested organizations, to the extent not previously provided organization is a s	41			Yes	No
below, the governing body of a supported organization?  9. A family member of a person described in (a) doz (b) above?  9. A 35% controlled entity of a getteon described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Pert IV.  11b  11c  12c  13c  14c  15c  15c  15c  15c  15c  15c  15		A person who directly or indirectly portrain and in a second portrain a			
b A family member of a preson described in (a) above?  A 35% controlled entity of a preson described in (g) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to pregularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year If If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year If If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year If If "No," describe in the organization and more than one supported organization, describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organizations and what conditions or restrictors, if any, applied to such powers during the tax year  1 Did the organization operated for the benefit of any supported organization of the thin the supported organization (s) that operated, supperised, or controlled the supporting organization and the supporting organization.  Part V In our providing and henefit carned out the purposes of the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or frustees during the tax year also a majority of the directors or frustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was rested in the same persons that controlled or management of the supporting organization was rested in the same persons that controlled or management of the supporting organization was rested in the same persons that controlled or management of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's apprent organization's governing documents in effect on the date of not	a	below the governing body of a controls, either alone or together with persons described in (b) and (c)			
Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' if 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year' if 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year or controlled the organization and what conditions or restrictions, if any, applied to the organization and what conditions or restrictions, if any, applied to such powers during the tax year organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization and what the organization services are the supported organization and the organization and the purposes of the supported organization in the supported organization is an expensive organization and the purposes of the supported organization in the supported organization or controlled the supporting organization in the supported organization is a proper organization or trustees of each of the organization's directors or trustees of each of the organization's tax year, if a written notice describing the trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's powering documents in effect on the date of notification, and (i	h				
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	INTERSERVICE WALK & KNO	CK		
Sche	edule A (Form 990 or 990-EZ) 2016 OF CLARK COUNTY			91-1535365 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 (explain in	Part VI ) See instructions. Al
	other. Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 [		
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		······································	
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	_ 1c_		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		<u> </u>
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

4

5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

INTERSERVICE WALK & KNOCK Schedule A (Form 990 or 990-EZ) 2016 OF CLARK COUNTY 91-1535365 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3

Schedule A (Form 990 or 990-EZ) 2016

8

а

Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

# INTERSERVICE WALK & KNOCK

Schedule A	Form 990 or 990-EZ) 2016 OF CLARK COUNTY	91	<u>-1535365</u>	Page A
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	a or 17b; es 1 and 2	Part III, line 12; 2; Part IV, Section	
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632028 09-21-	16 Sche	edule A (	Form 990 or 990-	EZ

SCHEDULE (Form 990)

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,

OMB No 1545-0047

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(Form 990)		Governments, and Individuals in the United States	d Individua	Is in the Uni	ted States		2016
	ŏ	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Par	t IV, line 21 or 22.		207
Department of the Treasury			► Attach to Form 990.	m 990.			Open to Public
Internal Revenue Service	▼ Infor	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	(Form 990) and its	s instructions is at	www.irs.gov/form9	.06	Inspection
Name of the organization	INTERSERVICE WALK & KNOCK	J.K. & KNOCK	-				Employer identification number
,	OF CLARK COUNTY						91–1535365
Part I General Infor	Part I General Information on Grants and Assistance	8			:		
1 Does the organization	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	te the amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	lon
cntena used to awar	criteria used to award the grants or assistance?						☐ Yes X No
2 Describe in Part IV th	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	monitoring the use of grant	funds in the Unite	d States.			!
Part If Grants and Or	Part If Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any	ganizations and Domestic	Governments.	complete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that r	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	I can be duplicated if additi	onal space is need	Jed.			•
1 (a) Name and address of organization	ss of organization (b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	ment	(if applicable)	cash grant	non-cash assistance	FMV, appraisal, other)	noncash assistance	or assistance

TO PROVIDE FOOD FOR NEEDY

INDIVIDUALS WITHIN THE

11.73 PER POUND

436,825.DF FOOD

000

16

501(C)(3)

91-1307564

CLARR COUNTY FOOD BANK COALITION

VANCOUVER, WA 98661 7509 NE 47TH AVE.

COMMUNITY.

Schedule I (Form 990) (2016) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

632101 11-01-16

KNOCK	
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WALK	ALA
VICE	COM
NTERSERVICE	CLARK
INI	OF

Schedule I (Form 990) (2016)

Part III | Grants and Other

Page 2

91-1535365

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), 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 632102 11-01-16

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Noncash Contributions**

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

OF CLARK COUNTY

INTERSERVICE WALK & KNOCK

Employer identification number

91-1535365

Par	TE Types of Property		_					
		(a)	(b)	(c)	(d)			
		Check If	Number of	Noncash contribution	Method of de			
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribi	ution am	ounts	}
1	Art - Works of art			1 01111 000 1 art viii, iiile 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications				<del> </del>			
	Clothing and household goods	<del></del>			<del> </del>			
	Cars and other vehicles	<del></del>						
	Boats and planes		<del> </del>		<del> </del>			
	Intellectual property	<u> </u>		<del></del>				
	• • •							
	Securities - Publicly traded	<u> </u>			<u> </u>			
	Securities - Closely held stock	<u> </u>						
	Securities · Partnership, LLC, or							
	trust interests	<u> </u>						
	Securities - Miscellaneous	<u></u>			ļ			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	L						
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate · Other							
18-	Collectibles							
19	Food inventory	X	25,000	436,825.	\$1.73 PER I	POUND		
20	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts				]			
	Scientific specimens							
	Archeological artifacts							
25								
	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>					
26	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
27	Other ()	<del> </del>	-					
<u>28</u> _	Other ( )	<u> </u>			<u> </u>			
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29		<del></del>	V	No
						r	Yes	INO
30a	During the year, did the organization receive by							
	must hold for at least three years from the dat		al contribution, and	d which isn't required to be	used for		1	v
	exempt purposes for the entire holding period	<del>j</del> ?				30a		<u>X</u> _
b	If "Yes," describe the arrangement in Part II.						1	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31		<u>X</u> _
32a	Does the organization hire or use third parties	or related o	rganızatıons to sol	ıcıt, process, or sell noncasi	1		- 1	1
	contributions?					32a		X
b	If "Yes," describe in Part II					1		1
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.	• •						
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99		Schedule M	l (Form 9	90) (	2016)
/								

632141 08-23-16

### INTERSERVICE WALK & KNOCK

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.  SCHEDULE M, PART I, COLUMN (B):  DONATION BAGS ARE INSERTED IN NEWSPAPERS OF GENERAL CIRCULATION.  VOLUNTEERS THEN COLLECT THE BAGS FROM ANYONE WHO WISHES TO DONATE. THE	Schedule M (Form 990) (2016) OF CLARK COUNTY	91-1535365	Page <b>2</b>
DONATION BAGS ARE INSERTED IN NEWSPAPERS OF GENERAL CIRCULATION.  VOLUNTEERS THEN COLLECT THE BAGS FROM ANYONE WHO WISHES TO DONATE. THE NUMBER OF CONTRIBUTORS IS ONLY AN ESTIMATE.	is reporting in Part 1, column (b), the number of contributions, the number of items received, or a c	d 33, and whether the orga combination of both. Also o	nization
VOLUNTEERS THEN COLLECT THE BAGS FROM ANYONE WHO WISHES TO DONATE. THE  NUMBER OF CONTRIBUTORS IS ONLY AN ESTIMATE.	SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTORS IS ONLY AN ESTIMATE.	DONATION BAGS ARE INSERTED IN NEWSPAPERS OF GENERAL CIR	CULATION.	
	VOLUNTEERS THEN COLLECT THE BAGS FROM ANYONE WHO WISHES	TO DONATE.	THE
	NUMBER OF CONTRIBUTORS IS ONLY AN ESTIMATE.		
Schedula M (Earm 990) (2016			
Schadula M (Form 990) (2016)			
Schadula M (Form 900) (2016)			
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Schedule M (Form 990) (2016			
Schadula M (Form 990) (2016)			
Schadula M (Form 990) (2016)			
Schedule M (Form 990) (2016)			
		Schedule M (Fo	rm 990) (2016)

24

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INTERSERVICE WALK & KNOCK OF CLARK COUNTY

Employer identification number 91-1535365

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BANKS OF CLARK COUNTY TO BE USED FOR PROVIDING FOOD TO NEEDY
INDIVIDUALS WITHIN THE COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 2:
PRESIDENT JUSTIN WOOD IS THE SON-IN-LAW OF DIRECTOR JEFF FISH. THEY ARE
ALSO CO-OWNERS OF VARIOUS ENTITIES ENGAGED IN RESIDENTIAL BUILDING
CONSTRUCTION IN PORTLAND, OREGON.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION CONSISTS OF 26 MEMBERS WHICH ARE ALL NONPROFIT
ORGANIZATIONS, INCLUDING VARIOUS LOCAL LIONS, KIWANIS, ROTARY, OPTOMIST AND
SERTOMA CLUBS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE OFFICERS AND DIRECTORS FOR THE ORGANIZATION ARE SELECTED BASED ON A
MAJORITY VOTE OF ALL THE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORIGINAL AND A COPY OF THE FORM 990 IS PROVIDED TO THE PRESIDENT OF THE
ORGANIZATION. THE COPY IS PROVIDED FOR REVIEW BY THE REMAINING OFFICERS
AND DIRECTORS WHO DISCUSS AND APPROVE IT FOR FILING BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)