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CLIENT'S COPY

COPY



September 14, 2010

California Association of Food Banks
1624 Franklin No. 722
Oakland, CA 94612
Attention: Sue Sigler

Dear Sue:

Enclosed is the organization's 2009 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0700

Please sign and mail Form 199 on or before December 15, 2010.

No payment is required.

The blue folder contains your copy of the returns and important instructions for filing them. The instructions are found directly behind each tab. It is critical you review these instructions thoroughly.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have provided you tax advice in connection with the

preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

It is our policy to keep records to this engagement for seven years. However, RINA does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. If you wish to retain any of your records beyond the seven-year period, you must contact us to make arrangements to pick them up or we can scan them at our current hourly clerical rates.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Howard Zangwill

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2009

Prepared for	California Association of Food Banks 1624 Franklin No. 722 Oakland, CA 94612
Prepared by	RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization California Association of Food Banks Doing Business As		D Employer identification number 68-0392816
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1624 Franklin 722		E Telephone number 510-272-4435
		City or town, state or country, and ZIP + 4 Oakland, CA 94612		G Gross receipts \$ 10,658,738.
		F Name and address of principal officer: Sue Sigler 1624 Franklin, Ste 722, Oakland, CA 94612		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: ▶ <http://www.cafoodbanks.org/>

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1995 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide a unified voice among food banks to maximize their ability to build a well nourished CA.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,948,674.	1,593,882.
	9 Program service revenue (Part VIII, line 2g)	3,959,729.	9,061,821.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,377.	1,535.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,920,780.	10,658,738.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	994,616.	429,003.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	763,984.	843,823.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,631.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,163,520.	8,291,368.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,922,120.	9,564,194.	
19 Revenue less expenses. Subtract line 18 from line 12	<1,340.>	1,094,544.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,674,458.	End of Year 3,380,379.
	21 Total liabilities (Part X, line 26)	1,341,917.	1,953,294.
	22 Net assets or fund balances. Subtract line 21 from line 20	332,541.	1,427,085.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

Sue Sigler, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: 09/14/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: **RINA accountancy corporation**
475 14th Street, Suite 1200
Oakland, CA 94612
 Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no.: (510) 893-6908

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: The mission of the California Association of Food Banks (CAFB) is to provide a unified voice among food banks to maximize their ability to build a well nourished California.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 (Code:) (Expenses \$ 5,664,900. including grants of \$) (Revenue \$ 5,770,232.) The Farm to Family program plays a vital role in delivering fresh fruits and vegetables to people in need throughout California.

4b (Code:) (Expenses \$ 3,372,409. including grants of \$ 254,003.) (Revenue \$ 3,143,270.) The Network for a Healthy California program has two major goals: 1) to reduce hunger and food insecurity in California by helping eligible people to enroll in the food stamp program, and 2) to simultaneously improve the nutritional status and reduce the incidence of preventable, diet-related disease for people living in low-income communities by delivering nutrition education.

4c (Code:) (Expenses \$ 295,635. including grants of \$ 175,000.) (Revenue \$ 148,319.) The Policy and Member Services programs provide a variety of services such as information and referral, technical assistance, and member networking to help support food banks in operating strong organizations with high quality programming, and also acts as an advocate with a goal to reduce hunger in California.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 9,332,944.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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 escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	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 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			20
b	Enter the number of voting members that are independent		
1b			20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization	X	
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 arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Sue Sigler - 510-272-4435**
1624 Franklin, Suite 722, Oakland, CA 94612

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Flood, Michael Chairperson	1.00	X		X				0.	0.	0.
Bateson, Suzan Secretary	1.00	X		X				0.	0.	0.
King, Shirley Secretary	1.00	X		X				0.	0.	0.
Elliott-McCrea, Willy Treasurer	1.00	X		X				0.	0.	0.
Martinez, Jose Treasurer	1.00	X		X				0.	0.	0.
Ash, Paul Vice Chair	1.00	X		X				0.	0.	0.
Holcomb, Anne Vice Chair	1.00	X		X				0.	0.	0.
Beals, Sandy Director	1.00	X						0.	0.	0.
Hansen, Carl Director	1.00	X						0.	0.	0.
Healey, John Director	1.00	X						0.	0.	0.
Kimball, Lee Director	1.00	X						0.	0.	0.
Lowry, Mark Director	1.00	X						0.	0.	0.
Rankin, Bruce Director	1.00	X						0.	0.	0.
Romriell, Gary Director	1.00	X						0.	0.	0.
Schoeningh, Joe Director	1.00	X						0.	0.	0.
Sly, Larry Director	1.00	X						0.	0.	0.
Sunny, Leslie Director	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Thompson, Toni Director	1.00	X						0.	0.	0.
Viall, Tim Director	1.00	X						0.	0.	0.
Westernoff, Billie Director	1.00	X						0.	0.	0.
Wilkie, Dana Director	1.00	X						0.	0.	0.
Sigler, Sue Executive Director	40.00	X	X					110,765.	0.	7,017.
1b Total								110,765.	0.	7,017.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1593882.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1593882.			
	Program Service Revenue	2 a Farm to Family Food Pr	Business Code 624200	5770232.	5770232.	
b Network for a Healthy		624200	3143270.	3143270.		
c Membership Dues & Asse		624200	148,319.	148,319.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			9061821.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,535.		1,535.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a Professional Service R	624200	1,500.	1,500.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,500.				
12 Total revenue. See instructions.		10,658,738.	9063321.	0.	1,535.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	429,003.	429,003.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,782.	65,865.	39,149.	12,768.
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	602,423.	504,385.	98,038.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,775.	6,510.	1,265.	
9 Other employee benefits	59,194.	48,572.	9,844.	778.
10 Payroll taxes	56,649.	45,162.	10,561.	926.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,480.	5,500.	16,980.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	11,541.	11,541.		
13 Office expenses	89,530.	76,716.	12,482.	332.
14 Information technology				
15 Royalties				
16 Occupancy	70,786.	59,489.	10,667.	630.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,364.	48,927.	4,395.	42.
20 Interest	891.	630.	261.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,738.		5,738.	
23 Insurance	7,263.	4,411.	2,834.	18.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Farm to Family Program	5,150,977.	5,150,977.		
b Network for Healthy Cal	2,469,669.	2,469,669.		
c Consulting fees	307,040.	305,601.	1,310.	129.
d Produce subsidy & trans	95,307.	95,307.		
e				
f All other expenses	6,782.	4,679.	2,095.	8.
25 Total functional expenses. Add lines 1 through 24f	9,564,194.	9,332,944.	215,619.	15,631.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	250,250.	1	447,017.	
	2 Savings and temporary cash investments	448,401.	2	713,397.	
	3 Pledges and grants receivable, net	6,800.	3	88,250.	
	4 Accounts receivable, net	944,989.	4	2,089,442.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	18,280.	9	42,273.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,893.			
	b Less: accumulated depreciation	10b 20,893.	5,738.	10c 0.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,674,458.	16	3,380,379.		
Liabilities	17 Accounts payable and accrued expenses	771,288.	17	1,554,061.	
	18 Grants payable		18		
	19 Deferred revenue	56,077.	19	9,036.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	514,552.	25	390,197.	
	26 Total liabilities. Add lines 17 through 25	1,341,917.	26	1,953,294.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	38,599.	27	1,049,607.	
	28 Temporarily restricted net assets	293,942.	28	377,478.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	332,541.	33	1,427,085.	
34 Total liabilities and net assets/fund balances	1,674,458.	34	3,380,379.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **California Association of Food Banks** Employer identification number **68-0392816**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,050,672.	571,845.	2,068,185.	1,948,674.	1,593,882.	7,233,258.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		956,736.	2,227,038.	3,959,729.	9,061,821.	16,205,324.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,050,672.	1,528,581.	4,295,223.	5,908,403.	10,655,703.	23,438,582.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						23,438,582.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,050,672.	1,528,581.	4,295,223.	5,908,403.	10,655,703.	23,438,582.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,238.	4,331.	8,945.	12,377.	3,035.	31,926.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,238.	4,331.	8,945.	12,377.	3,035.	31,926.
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 assets (Explain in Part IV.)	1,109.				1,500.	2,609.
13 Total support (Add lines 9, 10c, 11, and 12.)	1,055,019.	1,532,912.	4,304,168.	5,920,780.	10,660,238.	23,473,117.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.14 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.20 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule A, Part III, Line 12, Explanation for Other Income:

Professional service revenue

COPY

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

California Association of Food Banks

68-0392816

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization California Association of Food Banks	Employer identification number 68-0392816
---------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>Annenberg Foundation</u> <u>2000 Avenue of the Stars</u> <u>Los Angeles, CA 90067</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>California Governor's Conference</u> <u>1321 7th Street, Suite 205</u> <u>Santa Monica, CA 90401</u>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>California Healthcare Foundation</u> <u>1438 Webster St., Ste 400</u> <u>Oakland, CA 94612</u>	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>Charles and Helen Schwab Foundation</u> <u>530 Lytton St, Ste 200</u> <u>Palo Alto, CA 94301</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>Federal State Marketing Improvement Program</u> <u>1800 M Street NW, Room 3002-South Tower</u> <u>Washington, DC 20036</u>	\$ <u>88,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>Feeding America</u> <u>35 E. Wacker Dr., #2000</u> <u>Chicago, IL 60601</u>	\$ <u>34,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization California Association of Food Banks	Employer identification number 68-0392816
---------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FRAC 1875 Connecticut Ave. Washington, DC 20009	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Arnold Schwarzenegger and Maria Shriver 3110 Main Street Ste 300 Santa Monica, CA 90405	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Herson-Stirman Family Foundation PO Box 1034 St. Michaels, MD 21663	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Insight Center 2201 Broadway, Suite 815 Oakland, CA 94612	\$ 6,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Kaiser Permanente- Northern California PO Box 12916 Oakland, CA 94604-2916	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Kaiser Permanente- Southern California PO Box 7131 Pasadena, CA 91109-7131	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization California Association of Food Banks	Employer identification number 68-0392816
---------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	San Francisco Foundation 225 Bush Street, Suite 500 San Francisco, CA 94104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Share Our Strength 1730 M Street NW, Suite 700 Washington, DC 20036	\$ 39,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	The California Endowment 1000 North Alameda Street Los Angeles, CA 90012	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	US Smokeless Tobacco Settlement Fund c/o Zelle Hofmann, 44 Montgomery Street San Francisco, CA 94104	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

California Association of Food Banks

Employer identification number

68-0392816

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for 'Held at the End of the Tax Year', and questions 3-9.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures collections.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,893.	20,893.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,658,738.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,564,194.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,094,544.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,094,544.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,038,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,038,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	7,620,646.
c	Add lines 4a and 4b	4c	7,620,646.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,658,738.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,943,548.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,943,548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	7,620,646.
c	Add lines 4a and 4b	4c	7,620,646.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,564,194.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 4b - Other Adjustments:

Farm to Family Program charges;

Network for Healthy California charges;

(Distribution for Nutrition Education & Food Stamp outreach)

Part XIII, Line 4b - Other Adjustments:

Farm to Family Program charges;

Part XIV Supplemental Information *(continued)*

Network for Healthy California charges;

(Distribution for Nutrition Education & Food Stamp outreach)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **California Association of Food Banks** Employer identification number **68-0392816**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alameda County Community Food Bank PO BOX 2599 Oakland, CA 94614			30,962.	0.			Food stamp outreach, Million meals initiative
CAP Kern County 300 19th Street Bakersfield, CA 93302			21,585.	0.			Food stamp outreach, Million meals initiative
CAP Orange County 11870 Monarch Street Garden Grove, CA 92841			5,768.	0.			Million meals initiative
Community Food Bank 3403 E. Central Ave. Fresno, CA 93725			27,287.	0.			Food stamp outreach, Million meals initiative
Community Food Bank of San Benito 1133 San Felipe Rd. Hollister, CA 95023			13,279.	0.			Food stamp outreach, Million meals initiative
Emergency Food Bank of Stockton 7 West Scotts Ave. Stockton, CA 95203			25,572.	0.			Food stamp outreach, Million meals initiative

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: These grant funds are re-grants to food banks and other non-profit organizations to help reduce hunger and food insecurity in California by

1) Helping eligible people to enroll in the Food Stamp Program, and

2) Supporting food banks' efforts to distribute food to low-income residents in their communities.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

California Association of Food Banks

**Employer identification number
68-0392816**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feeding America San Diego 9151 Recho Road, Suite B San Diego, CA 92121			5,401.	0.			Million meals initiative
FIND Food Bank PO Box 41 Cathedral City, CA 92235			6,517.	0.			Million meals initiative
Food Bank of Contra Costa & Solano P.O. Box 6324 Concord, CA 94524			5,187.	0.			Million meals initiative
Food for People 307 West 14th Street Eureka, CA 95501			23,406.	0.			Food stamp outreach, Million meals initiative
Food Share of Ventura 4156 N. Southbank Blvd. Oxnard, CA 93030			20,792.	0.			Food stamp outreach, Million meals initiative
Imperial Valley Food Bank 329 Apple Still Road PO Box 4406 El Centro, CA 92244			16,694.	0.			Food stamp outreach, Million meals initiative
Los Angeles Regional Food Bank 1734 E. 41st Street Los Angeles, CA 90058			39,715.	0.			Food stamp outreach, Million meals initiative
Resource Connection P.O. Box 919 San Andreas, CA 95249			14,155.	0.			Food stamp outreach, Million meals initiative

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

Schedule I-1 (Form 990) 2009

Name of the organization

California Association of Food Banks

Employer identification number

68-0392816

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Food Bank 1900 Distribution Ave. San Diego, CA 92121			5,401.	0.			Million meals initiative
SHFB Santa Clara & San Mateo 750 Curtner Ave. San Jose, CA 95125			33,661.	0.			Food stamp outreach, Million meals initiative
SHFB Santa Cruz 800 Ohlone Parkway Watsonville, CA 95076-7005			27,121.	0.			Food stamp outreach, Million meals initiative
Volunteer Center of Riverside County-211 - 211 Riverside 2060 University Ave. #212 - Riverside, CA 92507			20,525.	0.			Food stamp outreach

Part IV Supplemental Information

Subgrantees typically report on the use of grant funds to CAFB.

COPY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

California Association of Food Banks

Employer identification number

68-0392816

Form 990, Part VI: All board members and employee

contact information is held at the CAFB's office, 1624 Franklin, Suite 722,
Oakland, CA 94612

Form 990, Part VI, Section A, line 7a: CAFB has 44 member food banks that
meet annually to elect the board of directors.

Form 990, Part VI, Section A, line 7b: CAFB has 44 member food banks that
meet annually to discuss issues of importance to the association and its
member food banks.

Form 990, Part VI, Section B, line 11: Board members will review tax
return before it is sent to IRS.

Form 990, Part VI, Section B, Line 12c: The Board of Directors annually
reviews and signs off on the Conflict of Interest policy, and a similar
policy is presented to all employees in the employee handbook, where the
whistleblower policy is prominent as well. All employees have easy access
to Board member contact information should they feel it necessary to
report.

Form 990, Part VI, Section B, Line 15: Compensation levels are determined
according to a wage and salary scale that is approved by the Board of
Directors. Wage and salary levels are determined according to prevailing
rates for similar positions in other Bay Area organizations.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

California Association of Food Banks

Employer identification number

68-0392816

Form 990, Part VI, Section C, Line 19: Financial statements, conflict of
interest policy and governing documents are available upon request.

Part XI, line 2c

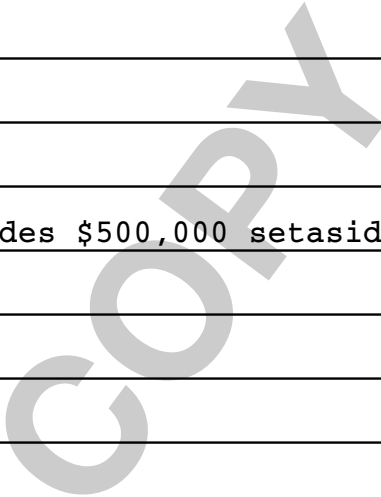
Audit committee

There was no change in the oversight process during the tax year.

Form 990, Part X, Line 27

Unrestricted Net assets

The end of year balance includes \$500,000 setaside as an operating
reserve.



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2009

Prepared for	California Association of Food Banks 1624 Franklin No. 722 Oakland, CA 94612
Prepared by	RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0700
Return must be mailed on or before	December 15, 2010
Special Instructions	The return should be signed and dated by an authorized individual.

TAXABLE YEAR
2009

California Exempt Organization Annual Information Return

928941 12-31-09
FORM
199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust

CORP #
C1781892

Corporation/Organization Name
California Association of Food Banks

FEIN
68-0392816

Address
1624 Franklin, No. 722

City
Oakland State **CA** ZIP Code **94612**

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,064,856.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received Stmt 1	3	1,593,882.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	10658738.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	10658738.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	9,564,194.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,094,544.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: **Executive Dire** Title: _____ Date: _____ Telephone: **510-272-4435**

Preparer's signature: _____ Date: **09/14/10** Check if self-employed: Preparer's SSN/PTIN: **P00026968**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address: **RINA accountancy corporation**
475 14th Street, Suite 1200
Oakland, CA 94612
Telephone: **94-3158857**
(510) 893-6908

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Form 199 Cash Contributions of \$5000 or More Statement 1
Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Annenberg Foundation	2000 Avenue of the Stars Los Angeles, CA, 90067		25,000.
California Governor's Conference	1321 7th Street, Suite 205 Santa Monica, CA, 90401		175,000.
California Healthcare Foundation	1438 Webster St., Ste 400 Oakland, CA, 94612		48,000.
Charles and Helen Schwab Foundation	530 Lytton St, Ste 200 Palo Alto, CA, 94301		40,000.
Federal State Marketing Improvement Program	1800 M Street NW, Room 3002-South Tower Washington, DC, 20036		88,250.
Feeding America	35 E. Wacker Dr., #2000 Chicago, IL, 60601		34,000.
FRAC	1875 Connecticut Ave. Washington, DC, 20009		7,500.
Arnold Schwarzenegger and Maria Shriver	3110 Main Street Ste 300 Santa Monica, CA, 90405		10,000.
Herson-Stirman Family Foundation	PO Box 1034 St. Michaels, MD, 21663		5,000.
Insight Center	2201 Broadway, Suite 815 Oakland, CA, 94612		6,384.
Kaiser Permanente-Northern California	PO Box 12916 Oakland, CA, 94604-2916		100,000.
Kaiser Permanente-Southern California	PO Box 7131 Pasadena, CA, 91109-7131		100,000.
San Francisco Foundation	225 Bush Street, Suite 500 San Francisco, CA, 94104		50,000.
Share Our Strength	1730 M Street NW, Suite 700 Washington, DC, 20036		39,211.
Sierra Health Foundation	1321 Garden Highway Sacramento, CA, 95833		10,000.

California Association of Food Banks

68-0392816

The California Endowment	1000 North Alameda Street Los Angeles, CA, 90012	250,000.
US Smokeless Tobacco Settlement Fund	c/o Zelle Hofmann, 44 Montgomery Street San Francisco, CA, 94104	600,000.
Total Included on Line 3		<u>1,588,345.</u>

Form 199	Other Income	Statement	2
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<u>Description</u>	<u>Amount</u>
Professional Service Revenue	1,500.
Membership Dues & Assessments	148,319.
Network for a Healthy California	3,143,270.
Farm to Family Food Progr	5,770,232.
Total to Form 199, Part II, line 7	<u>9,063,321.</u>

COPY

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Community Assistance Network	355 Standard Veneer Rd., Crescent City, CA 95531	member food bank	2,063.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Community Food Bank	3403 E. Central Ave., Fresno, CA 93725	member food bank	27,287.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Community Food Bank of San Benito	1133 San Felipe Rd., Hollister, CA 95023	member food bank	13,279.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Community Resources Council	133 Church Street, Roseville, CA 95678	member food bank	2,728.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Emergency Food Bank of Stockton	7 West Scotts Ave., Stockton, CA 95203	member food bank	25,572.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Feeding America San Diego	9151 Recho Road, Suite B, San Diego, CA 92121	member food bank	5,401.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
FIND Food Bank	PO Box 41, Cathedral City, CA 92235	member food bank	6,517.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank Coalition of San Luis Obispo	PO Box 2070, Paso Robles, CA 93447	member food bank	2,580.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank for Monterey County	815 W. Market Street, Ste 5, Salinas, CA 93901	member food bank	2,926.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank of Contra Costa & Solano	P.O. Box 6324, Concord, CA 94524	member food bank	5,187.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank of El Dorado County	6230 Enterprise Drive, Diamond Springs, CA 95619	member food bank	2,389.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank of Nevada County	578 Sutton Way, #187, Grass Valley, CA 95945	member food bank	2,212.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Bank of Yolo County	1244 Fortna Ave., Woodland, CA 95776	member food bank	2,430.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food for People	307 West 14th Street, Eureka, CA 95501	member food bank	23,406.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Food Share of Ventura	4156 N. Southbank Blvd., Oxnard, CA 93030	member food bank	20,792.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Foodbank of Santa Barbara	4554 Hollister Ave., Santa Barbara, CA 93110	member food bank	2,924.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
FoodLink for Tulare County	7427 W. Sunnyview PO Box 1544, Visalia, CA 93279	member food bank	2,946.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Glide Memorial Methodist Church	330 Ellis Street, San Francisco CA 94102	None	2,906.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Hidden Harvest	85-711 Peter Rabbit Lane, Coachella, CA 92236	None	2,192.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Imperial Valley Food Bank	329 Apple Still Road PO Box 4406, El Centro, CA 92244	member food bank	16,694.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Interfaith Food Bank	12181 Airport Rd., Jackson, CA 95642	member food bank	2,082.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Kings Community Action Organization	1130 N 11th Ave, Hanford CA 93230	member food bank	2,332.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Lake County CAA	PO Box 969, Clearlake, CA 95422	member food bank	2,137.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Los Angeles Regional Food Bank	1734 E. 41st Street, Los Angeles, CA 90058	member food bank	39,715.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Madera County FB	12806 Road 23, Bldg 3, Madera, CA 93637	member food bank	2,326.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Marin Community Food Bank	75 Digital Drive, Novato CA 94949	member food bank	2,554.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Mendocino Food and Nutrition Program	910 North Franklin, Fort BRagg CA 95437	member food bank	2,096.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Merced County FB	2000 W Olive Ave, Merced, CA 93637	member food bank	2,589.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Napa Valley Food Bank	1755 Industrial Way #1, Napa, CA 95458	member food bank	2,295.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Redwood Empire Food Bank	3320 Industrial Dr., Santa Rosa, CA 95403	member food bank	3,043.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Resource Connection	P.O. Box 919, San Andreas, CA 95249	member food bank	14,155.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Sacramento Food Bank & Family Services	333 Third Ave, Sacramento CA 95817	member food bank	3,024.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Sacramento Loaves and Fishes	1321 North C Street, Sacramento CA 95811	None	3,024.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
San Diego Food Bank	1900 Distribution Ave., San Diego, CA 92121	member food bank	5,401.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
San Francisco Food Bank	900 Pennsylvania Ave., San Francisco, CA 94107	member food bank	2,906.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Shasta Senior Nutrition Programs	100 Mercy Oaks Drive, Redding CA 96003	member food bank	2,392.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
SHFB Orange County	8014 Marine Way, Irvine, CA 92618	member food bank	4,960.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
SHFB San Joaquin & Stanislaus	704 E. Industrial Park Dr., Manteca, CA 95337	member food bank	4,207.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
SHFB Santa Clara & San Mateo	750 Curtner Ave., San Jose, CA 95125	member food bank	33,661.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
SHFB Santa Cruz	800 Ohlone Parkway, Watsonville, CA 95076-7005	member food bank	27,121.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Ukiah Community Center	888 N. State St., Ukiah, CA 95482	member food bank	2,096.
<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Volunteer Center of Riverside County-211	211 Riverside 2060 University Ave. #212, Riverside, CA 92507	None	20,525.

<u>Donees Name</u>	<u>Donees Address</u>	<u>Relationship</u>	<u>Amount</u>
Westside Food Bank	PO Box 1565, Santa Monica, CA 90406	member food bank	3,559.
Total for this Activity			429,003.
Total Included on Form 199, Part II, line 9			<u>429,003.</u>

Form 199 Compensation of Officers, Directors and Trustees Statement 4

<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Flood, Michael 1624 Franklin, No. 722 Oakland, CA 94612	Chairperson 1.00	0.
Bateson, Suzan 1624 Franklin, No. 722 Oakland, CA 94612	Secretary 1.00	0.
King, Shirley 1624 Franklin, No. 722 Oakland, CA 94612	Secretary 1.00	0.
Elliott-McCrea, Willy 1624 Franklin, No. 722 Oakland, CA 94612	Treasurer 1.00	0.
Martinez, Jose 1624 Franklin, No. 722 Oakland, CA 94612	Treasurer 1.00	0.
Ash, Paul 1624 Franklin, No. 722 Oakland, CA 94612	Vice Chair 1.00	0.
Holcomb, Anne 1624 Franklin, No. 722 Oakland, CA 94612	Vice Chair 1.00	0.

Beals, Sandy 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Hansen, Carl 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Healey, John 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Kimball, Lee 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Lowry, Mark 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Rankin, Bruce 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Romriell, Gary 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Schoeningh, Joe 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Sly, Larry 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Sunny, Leslie 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Thompson, Toni 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Viall, Tim 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Westernoff, Billie 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.

Wilkie, Dana 1624 Franklin, No. 722 Oakland, CA 94612	Director 1.00	0.
Sigler, Sue 1624 Franklin, No. 722 Oakland, CA 94612	Executive Director 40.00	117,782.
Total to Form 199, Part II, line 11		<u>117,782.</u>

Form 199	Other Expenses	Statement	5
Description		Amount	
Farm to Family Program		5,150,977.	
Network for Healthy Cal		2,469,669.	
Consulting fees		307,040.	
Produce subsidy & trans		95,307.	
Pension plan contributions		7,775.	
Other employee benefits		59,194.	
Accounting fees		22,480.	
Advertising and promotion		11,541.	
Office expenses		89,530.	
Conferences and conventions		53,364.	
Insurance		7,263.	
All other expenses		6,782.	
Total to Form 199, Part II, line 17		<u>8,280,922.</u>	

Form 199	Other Assets	Statement	6
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	6,800.	88,250.	
Prepaid Expenses and Deferred Charges	18,280.	42,273.	
Total to Form 199, Schedule L, line 12	<u>25,080.</u>	<u>130,523.</u>	

Form 199	Other Liabilities	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Membership deposits		398,333.	390,197.
Other Liabilities		116,219.	0.
Deferred Revenue		56,077.	9,036.
Total to Form 199, Schedule L, line 18		570,629.	399,233.

Form 199	Fund Balances	Statement	8
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Unrestricted Assets		38,599.	1,049,607.
Temporarily Restricted Assets		293,942.	377,478.
Total to Form 199, Schedule L, line 21		332,541.	1,427,085.