

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

*Creating Jobs by Overcoming Man-Made Drought: Time for Congress to Listen and Act*  
Monday, April 11, 2011

For Witnesses Representing Organizations:

1. Name:  
Dayatra A. Latin
2. Name of Organization(s) You are Representing at the Hearing:  
Community Food Bank
3. Business Address:  
3403 E. Central Ave.  
Fresno, CA 93725
4. Business Email Address:  
[Information redacted for privacy]
5. Business Phone Number:  
559-237-3663 [Information redacted for privacy]

Name/Organization Dayatra A. Latin from Community Food Bank

Title/Date of Hearing "Creating Jobs by Overcoming Man-Made Drought: Time for Congress to Listen and Act" April 11, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I do not hold formal degrees on the subject matter of hunger. However, I have received several years of educational training in the field of Organizational Behavior, which help me to perform my duties at Community Food Bank.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I am affiliated with Feeding America, Roots of Change as a past Hunger Fellow and Fresno Food System Alliance.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have work with Community Food Bank since December of 2001. The past 9 years have provided me with first hand knowledge of various issues surrounding hunger in Fresno, Madera and Kings Counties. I have heard countless personal stories of from moms, dads, seniors, teenagers and so many about their obstacles to having enough food. Our frontline experiences at Community Food Bank have led us to create and implement several programs to make sure that less people are going to sleep hungry in the Central Valley.

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

In the 2007-2008 year, Community Food Bank distributed approximately 7 million pounds of food. In the spring of 2008, we began increasing the volume of our food distribution in response to the noticeable increase in the number of people requiring our services. That year- we distributed approximately 14 million pounds of food. In the 2009-2010 year, we distributed 30 million pounds of food. We are on pace to increase the amount of food distribution in 2010-2011. Community Food Bank estimates there are approximately 285,000 people in the area it serves that are "food insecure", which means they do not have a reliable source of food and they are therefore uncertain how they will obtain their next meal. The majority of the increasing need for food assistance is

Name/Organization Dayatra A. Latin from Community Food Bank

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occurring in the western region of Fresno County. In 2009 Community experienced an approximate increase of 200% in food distributions, compared to the last year, in the numbers of hungry individuals and families seeking food. That 200% does not include the food distribution that we took on under Executive Order S-11-09 that was in effect between July 2009 and October 2009, as well as the December 2009 renewed executive order. Before July 2009 Community food bank historically distributed between 300,000 and 500,000 pounds of food each month. Starting in July 2009 we began consistently distributing an average of 2.5 million pounds of food each month. In December 2009, we increased to 3 million pounds of food each month in our efforts to respond to the increase demand of people requiring our services. Behind all these numbers and statistics are real people who want the most basic human essential – food.

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

I am not aware of any.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

I am not aware of any.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

We have not received foreign donations.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Please see attached documents

**Return of Organization Exempt From Income Tax**

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

**2009**

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 **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input 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.	<b>C</b> Name of organization <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3403 E CENTRAL AVE</b>  City or town, state or country, and ZIP + 4 <b>FRESNO, CA 93725</b>  <b>F</b> Name and address of principal officer: <b>ANDY SOUZA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>77-0320851</b>  <b>E</b> Telephone number <b>559 237 3663</b>  <b>G</b> Gross receipts \$ <b>34,922,219.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>COMMUNITYFOODBANK.NET</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DISTRIBUTE FOOD TO THE HUNGRY IN FRESNO, MADERA &amp; KINGS COUNTY</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>36</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>20,145,189.</b>	<b>33,171,440.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>632,239.</b>	<b>635,035.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,781.</b>	<b>7,895.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,023,095.</b>	<b>1,107,849.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,807,304.</b>	<b>34,922,219.</b>
<b>Expenses</b>			
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,076,142.</b>	<b>1,676,115.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>489,341.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>20,836,826.</b>	<b>31,765,566.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,912,968.</b>	<b>33,441,681.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>&lt;105,664.&gt;</b>	<b>1,480,538.</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	<b>3,185,301.</b>	<b>5,038,706.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>156,556.</b>	<b>529,423.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,028,745.</b>	<b>4,509,283.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ANDY SOUZA, CEO</b> Type or print name and title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>SAMPSON &amp; SAMPSON, CPA'S, A PROF CORP</b> <b>3148 WILLOW, SUITE 102</b> <b>CLOVIS, CA 93612</b>	Date  Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(559) 291-0277</b>

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:
DISTRIBUTE FOOD TO THE HUNGRY IN FRESNO, MADERA AND KINGS COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] 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 \$ 32576988. including grants of \$ 13317381. ) (Revenue \$ 642,930. )
THE ORGANIZATION CONDUCTS A PROGRAM WHICH PROVIDES FOOD PANTRIES AND KITCHENS AND OTHER ORGANIZATIONS RESOURCES DEDICATED TO FEEDING THE HUNGRY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses \$ 32,576,988.

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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	
	<ul style="list-style-type: none"> <li>• 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></li> <li>• 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></li> <li>• 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></li> <li>• 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></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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></li> </ul>		
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 X	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

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

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**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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 <b>Section 501(c)(3) organizations.</b> 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.

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**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

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**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		
1b	Enter the number of voting members that are independent		
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:		
8a	a The governing body?	X	
8b	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
10b	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?		
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	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	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	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	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
16b	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?		

**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: **COMMUNITY FOOD BANK - 559 237-3663**  
**3403 E. CENTRAL AVE, FRESNO, CA 93725**

**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			
MARK A. RILEY CHAIRMAN	5.00	X		X			0.	0.	0.	
ROBERT REYES VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
WARREN AUWAE DIRECTOR	5.00	X					0.	0.	0.	
DIANA MOCK DIRECTOR	5.00	X					0.	0.	0.	
DAVID L. SCHECTER SECRETARY	5.00	X		X			0.	0.	0.	
ROSA KAISER DIRECTOR	5.00	X					0.	0.	0.	
CHRISTINA CUSIMANO DIRECTOR	5.00	X					0.	0.	0.	
LILY TANG DIRECTOR	5.00	X					0.	0.	0.	
GARY R. SERRATO DIRECTOR	5.00	X					0.	0.	0.	
NAN MATHIAS DIRECTOR	5.00	X					0.	0.	0.	
RANDY WOOD DIRECTOR	5.00	X					0.	0.	0.	
DAN BARTELL DIRECTOR	5.00	X					0.	0.	0.	
JULIE OLSON-BUCHANAN DIRECTOR	5.00	X					0.	0.	0.	
TINA DANIELS DIRECTOR	5.00	X					0.	0.	0.	
NICOLE PARRA DIRECTOR	5.00	X					0.	0.	0.	
KEN WITTWER SECRETARY	5.00	X		X			0.	0.	0.	



**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Form 990 (2009)

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<b>Part VIII Statement of Revenue</b>						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	<b>1a</b>				
	b Membership dues	<b>1b</b>				
	c Fundraising events	<b>1c</b>				
	d Related organizations	<b>1d</b>				
	e Government grants (contributions)	<b>1e</b> 13,317,381.				
	f All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 19,854,059.				
	g Noncash contributions included in lines 1a-1f: \$	17,782,299.				
	<b>h Total. Add lines 1a-1f</b>		33,171,440.			
<b>Program Service Revenue</b>	2 a <b>SHARED MAINTENANCE FEE</b>	Business Code 900099	635,035.	635,035.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		635,035.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		7,895.	7,895.		
	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	1,107,849.			
b Less: direct expenses		b				
<b>c Net income or (loss) from fundraising events</b>			1107849.		1,107,849.	
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					
<b>Miscellaneous Revenue</b>		Business Code				
11 a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>		34,922,219.	642,930.	0.	1,107,849.	

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Form 990 (2009)

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**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				
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	119,243.	92,831.	16,706.	9,706.
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	1,447,058.	1,126,535.	202,733.	117,790.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,987.	26,459.	4,762.	2,766.
9 Other employee benefits				
10 Payroll taxes	75,827.	59,059.	10,652.	6,116.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,000.	11,678.	2,102.	1,220.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	68,944.	53,674.	9,660.	5,610.
14 Information technology				
15 Royalties				
16 Occupancy	273,972.	213,292.	38,388.	22,292.
17 Travel	59,275.	46,147.	8,305.	4,823.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,343.	155,074.	25,269.	
23 Insurance	26,870.	20,919.	3,765.	2,186.
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 VALUE OF DISTRIBUTED CO	28,580,945.	28,580,945.		
b PURCHASED COMMODITIES	1,468,804.	1,468,804.		
c CONTRACT SERVICES	292,352.	3,624.		288,728.
d SUPPLIES/MATERIALS	270,664.	255,504.	2,580.	12,580.
e FREIGHT	181,463.	181,463.		
f All other expenses	346,934.	280,980.	50,430.	15,524.
25 Total functional expenses. Add lines 1 through 24f	33,441,681.	32,576,988.	375,352.	489,341.
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				

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	1,489,677.	1	1,219,110.
	2	Savings and temporary cash investments .....		2	
	3	Pledges and grants receivable, net .....	254,149.	3	167,459.
	4	Accounts receivable, net .....	40,030.	4	86,820.
	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 .....	441,116.	8	616,348.
	9	Prepaid expenses and deferred charges .....	37,019.	9	45,046.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,719,909.		
		10a			
	b	Less: accumulated depreciation .....	745,655.	10c	974,254.
		10b			
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	1,907,883.
	13	Investments - program-related. See Part IV, line 11 .....		13	
14	Intangible assets .....		14		
15	Other assets. See Part IV, line 11 .....	21,786.	15	21,786.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,185,301.	16	5,038,706.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	65,171.	17	125,038.
	18	Grants payable .....		18	
	19	Deferred revenue .....	15,000.	19	300,809.
	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 .....	76,385.	25	103,576.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	156,556.	26	529,423.
<b>Net Assets or Fund Balances</b>	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 .....	3,028,745.	27	4,509,283.
	28	Temporarily restricted net assets .....		28	
	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	<b>Total net assets or fund balances</b> .....	3,028,745.	33	4,509,283.
34	<b>Total liabilities and net assets/fund balances</b> .....	3,185,301.	34	5,038,706.	

Form 990 (2009)

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	<b>X</b>	
<b>c</b>	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? .....	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b>	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>X</b>	
<b>b</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. ....	<b>X</b>	

Form **990** (2009)

DRAFT





**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Schedule A (Form 990 or 990-EZ) 2009

77-0320851 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**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.")	9,360,678.	10,908,326.	9,774,328.	21,167,139.	34,279,289.	85,489,760.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	9,360,678.	10,908,326.	9,774,328.	21,167,139.	34,279,289.	85,489,760.
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 <b>Public support.</b> Subtract line 5 from line 4.						85,489,760.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,360,678.	10,908,326.	9,774,328.	21,167,139.	34,279,289.	85,489,760.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,225.	11,225.	29,605.	6,781.	7,895.	57,731.
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.)	1,533.	1,793.	1,124.	1,145.		5,595.
11 <b>Total support.</b> Add lines 7 through 10						85,553,086.
12 Gross receipts from related activities, etc. (see instructions)					12	2,528,032.

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	99.93 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.89 %
16a <b>33 1/3% support test - 2009.</b> 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 <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Schedule 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

FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.

Employer identification number

77-0320851

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 <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>	Employer identification number <b>77-0320851</b>
----------------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AG AGAINST HUNGER 1355 ABBOTT STREET #206 SALINAS, CA 93901	\$ 1,017,790.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FEDERAL EMERGENCY MANAGEMENT AGENCY 701 NORTH FAIRFAX ST. #310 ALEXANDRIA, VA 22314	\$ 968,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FOWLER PACKING 8570 S. CEDAR FRESNO, CA 93725	\$ 686,334.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107	\$ 2,216,613.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	USDA-EMERGENCY FOOD ASSISTANCE PROGRAM FNS, ROOM 502, PARK OFFICE CENTER 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302	\$ 10,933,283.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 744 P STREET MS19-51 SACRAMENTO, CA 95814	\$ 688,232.	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 <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>	Employer identification number 77-0320851
----------------------------------------------------------------------------------------	----------------------------------------------

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD COMMODITIES <hr/> FOOD COMMODITIES <hr/>	\$ 1,017,790.	/ /09
3	FOOD COMMODITIES <hr/> <hr/>	\$ 686,334.	/ /09
4	FOOD COMMODITIES <hr/> <hr/>	\$ 2,216,613.	/ /09
5	FOOD COMMODITIES <hr/> <hr/>	\$ 10,933,283.	/ /09
	<hr/> <hr/>	\$	
	<hr/> <hr/>	\$	

Name of organization <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>	Employer identification number <b>77-0320851</b>
----------------------------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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 **FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.** Employer identification number **77-0320851**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Schedule D (Form 990) 2009

77-0320851 Page 2

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

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				0.
c Leasehold improvements		497,474.	57,753.	439,721.
d Equipment		442,790.	291,796.	150,994.
e Other		779,645.	396,106.	383,539.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				974,254.

Schedule D (Form 990) 2009





**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Schedule D (Form 990) 2009

77-0320851 Page 4

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,922,219.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,441,681.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,480,538.
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	1,480,538.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	34,922,219.
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	34,922,219.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,922,219.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	33,441,681.
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	33,441,681.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	33,441,681.

**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.

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**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.** Employer identification number  
**77-0320851**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations  
 b  Internet and email solicitations  
 c  Phone solicitations  
 d  In-person solicitations  
 e  Solicitation of non-government grants  
 f  Solicitation of government grants  
 g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID	DIRECT RESPONSE MAIL SOLICITATION		X	1059344.	288,728.	770,616.
<b>Total</b>				<b>1059344.</b>	<b>288,728.</b>	<b>770,616.</b>

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Schedule G (Form 990 or 990-EZ) 2009

77-0320851 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CULTIVATION/ ACQUISITION (event type)	ANNUAL GOLF TOURNAMENT (event type)	2 (total number)	
Revenue	1	Gross receipts	1,059,344.	43,330.	1,102,674.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	1,059,344.	43,330.	1,102,674.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	288,728.	8,780.	297,508.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 297,508.)
	11	Net income summary. Combine line 3, column (d), and line 10			805,166.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.** Employer identification number **77-0320851**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X			GEN. INV. AT FAIR VA
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ ) .....				
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: COMMUNITY FOOD BANK DISTRIBUTES VIRTUALLY ALL  
FOOD COMMODITIES RECEIVED TO LOCAL FOOD PANTRIES, RESIDENTIAL SHELTERS,  
COMMUNITY KITCHENS AND ADULT AND CHILD DAY CARE CENTERS. COMMUNITY FOOD  
BANK HAS OVER 150 AGENCIES IN WHICH FOOD COMMODITIES ARE DISTRIBUTED.

DRAFT



**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	FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.	Employer identification number 77-0320851
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FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CFO AND A MEMBER OF THE AUDIT COMMITTEE PRIOR TO FILING. COPIES ARE AVAILABLE TO THE BOARD AND GENERAL PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C: DURING AUDIT PROCESS, BOARD IS ASKED TO DISCLOSE ANY POSSIBLE RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS APPROVES COMPENSATION PAID TO CEO. APPROVED IN CLOSED SESSION OF MEETING AND DOCUMENTED. REMAINDER OF EMPLOYEES ARE DETERMINED BY CEO WITHIN PREDETERMINED PAY SCALES WHICH WERE DEVELOPED BY MANAGEMENT STUDENTS AT CALIFORNIA STATE UNIVERSITY-FRESNO. THE BOARD OF DIRECTORS APPROVED THE PAY SCALES AND ANNUAL SALARIES OF ALL EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE MAINTAINED AT THE COMMUNITY FOOD BANK OFFICES AND ARE AVAILABLE FOR REVIEW AT THAT LOCATION.

BOARD OF DIRECTORS APPROVE SELECTION OF THE AUDITOR AND ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER					0.		0.	0.	0.	0.	0.
	BUILDINGS											
32	FREEZER/COOLER EXTEND	063005SL		39.0016		155,314.			155,314.	15,928.		3,983.
57	FREEZER/COOLER 10FT DOOR BUMPS FOR	051507SL		39.0016		8,133.			8,133.	435.		209.
58	FREEZER DOOR CONCRETE SLAB FOR	092706SL		39.0016		4,500.			4,500.	317.		115.
59	FREEZER/COOLER MOVING CHARGES FOR	061207SL		39.0016		27,385.			27,385.	1,463.		703.
60	FREEZER/COOLER CONCRETE GUARDS FOR	063007SL		39.0016		53,985.			53,985.	2,768.		1,384.
61	FREEZER/COOLER WAREHOUSE	061907SL		39.0016		7,500.			7,500.	384.		192.
62	IMPROVEMENTS ELECTRICAL WORK ON	063007SL		39.0016		20,481.			20,481.	1,050.		525.
63	NEW BUILDING	063007SL		15.0016		35,000.			35,000.	4,666.		2,333.
73	SPRINKLER SYSTEM	070108SL		3.70 16		6,859.			6,859.	1,871.		1,871.
74	COOLER	100108SL		39.0016		22,400.			22,400.	431.		574.
75	FREEZER	100108SL		39.0016		121,080.			121,080.	2,328.		3,105.
76	FREEZER BUMPS DOCK STRIP DOOR	103108SL		3.70 16		8,316.			8,316.	1,512.		2,268.
77	INSTALLATION	031909SL		3.30 16		1,057.			1,057.	81.		325.

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
92	DC POWER INSTALLATION	072009SL		2.70	16	2,785.			2,785.			956.
93	DC MOD INSTALLATION	072209SL		2.70	16	2,397.			2,397.			823.
94	DC MOD DATA WIRING FRONT MOD	082909SL		2.60	16	1,740.			1,740.			562.
95	INSTALLATION POWER INSTALLATION	020310SL		2.20	16	6,115.			6,115.			1,180.
96	FRONT MOD POWER INSTALLATION	021010SL		2.20	16	4,075.			4,075.			786.
97	FRONT MOD POWER INSTALLATION	021010SL		2.20	16	1,204.			1,204.			232.
98	FRONT MOD POWER INSTALLATION	042210SL		1.90	16	3,289.			3,289.			285.
	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES					493,615.		0.	493,615.	33,234.	0.	22,411.
9	OFFICE	072299SL		7.00	16	175.			175.	175.		0.
10	OFFICE EQUIPMENT	083099SL		7.00	16	129.			129.	129.		0.
13	COMPUTER	013001SL		7.00	16	849.			849.	849.		0.
14	FAX MACHINE	051701SL		7.00	16	483.			483.	483.		0.
15	COMPUTER - LAPTOP	060801SL		7.00	16	1,512.			1,512.	1,512.		0.
16	COMPUTER - SERVER	021202SL		5.00	16	1,800.			1,800.	1,800.		0.
17	NAVISION SOFTWARE	043002SL		3.00	16	17,275.			17,275.	17,275.		0.
34	DELL COMPUTERS AND SERVER	043005SL		5.00	16	14,455.			14,455.	12,046.		2,409.
43	OFFICE EQUIPMENT	093005SL		7.00	16	16,218.			16,218.	8,689.		2,317.

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	CUBICLES - NEW OFFICE	052307SL	SL	7.00	16	26,444.			26,444.	7,871.		3,778.
65	RACKING PLUMBING WASH STATION	052908SL	SL	10.00	16	44,551.			44,551.	4,826.		4,455.
66	STATION TELEPHONE & PAGING SYSTEM	062308SL	SL	3.70	16	3,859.			3,859.	1,052.		1,052.
71	SYSTEM MICROSOFT EXCHANGE SERVER	071008SL	SL	7.00	16	6,923.			6,923.	989.		989.
72	SERVER	103108SL	SL	5.00	16	1,712.			1,712.	228.		342.
86	JET REPORTS NAVISION SOFTWARE	100209SL	SL	5.00	16	5,502.			5,502.			825.
87	USER LICENSE FRONT MOD OFFICE	010410SL	SL	5.00	16	5,815.			5,815.			582.
88	FURNITURE FRONT MOD OFFICE	012610SL	SL	7.00	16	1,553.			1,553.			92.
89	FURNITURE FRONT MOD OFFICE	012610SL	SL	7.00	16	2,485.			2,485.			148.
90	FURNITURE FRONT MOD OFFICE	012610SL	SL	7.00	16	1,716.			1,716.			102.
91	FURNITURE * 990 PAGE 10 TOTAL FURNITURE & FIXTURE MACHINERY & EQUIPMENT	012610SL	SL	7.00	16	2,485.			2,485.			148.
						155,941.		0.	155,941.	57,924.	0.	17,239.
18	PRODUCE BINS	033195SL	SL	10.00	16	1,618.			1,618.	1,618.		0.
20	PLASTIC FIELD BINS	031598SL	SL	7.00	16	3,800.			3,800.	3,800.		0.
21	CARDINAL SCALE	122297SL	SL	7.00	16	2,384.			2,384.	2,384.		0.
22	MITSUBISHI FORKLIFT	070998SL	SL	7.00	16	18,726.			18,726.	18,726.		0.
23	STORAGE TRAILER	102400SL	SL	7.00	16	2,026.			2,026.	2,026.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	PLASTIC BINS	031901SL		7.00	16	3,969.			3,969.	3,969.		0.
25	FORKLIFT-SPLIT	032700SL		7.00	16	11,596.			11,596.	11,596.		0.
26	FORKLIFT	081501SL		5.00	16	9,148.			9,148.	9,148.		0.
28	POWERED PALLET JACK	111101SL		5.00	16	3,444.			3,444.	3,444.		0.
29	PALLET REEFER	101801SL		5.00	16	23,838.			23,838.	23,838.		0.
31	BRYANT CONDENSING UNIT	060303SL		5.00	16	1,800.			1,800.	1,800.		0.
33	15 PALLET JACKS	063005SL		5.00	16	6,937.			6,937.	5,550.		1,387.
35	BINS	043005SL		10.00	16	7,500.			7,500.	3,125.		750.
42	LIFT GATE (CONAGRA TRUCK)	063006SL		5.00	16	9,554.			9,554.	3,822.		0.
44	EQUIPMENT-2 ELECTRIC RYDER	071805SL		5.00	16	30,179.			30,179.	23,641.		6,036.
45	JACKS	081005SL		5.00	16	21,167.			21,167.	16,581.		4,234.
46	ELECTRIC DEEP REACH FORKLIFT	121605SL		5.00	16	36,345.			36,345.	25,442.		7,269.
47	4-LIFT MOUNT SCALES	113005SL		5.00	16	7,234.			7,234.	5,185.		1,447.
48	PUSH PULL ATTACHMENT - WAREHOUSE	093005SL		5.00	16	7,553.			7,553.	5,666.		1,511.
49	LOT SAFE T-RAIL	073105SL		7.00	16	5,354.			5,354.	2,996.		765.
50	PALLET RACKS	073105SL		10.00	16	11,960.			11,960.	4,684.		1,196.
51	STRETCH WRAP MACHINE	090705SL		7.00	16	8,588.			8,588.	4,703.		1,227.
70	BATTERY PULLER	100908SL		5.00	16	2,500.			2,500.	375.		500.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	CROWN FORKLIFT	073109SL		5.00	16	9,535.			9,535.			1,748.
84	HYSTER FORKLIFT	101909SL		5.00	16	40,904.			40,904.			6,136.
85	BULLDOG BATTERY	012910SL		5.00	16	5,011.			5,011.			418.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					292,670.		0.	292,670.	184,119.	0.	34,624.
	TRANSPORTATION											
	EQUIPMENT											
	1994 INTERNATIONAL											
2	TRUCK	052799SL		7.00	16	40,162.			40,162.	40,162.		0.
	1999 INTERNATIONAL											
4	TRUCK	060499SL		7.00	16	68,600.			68,600.	68,600.		0.
	CARGO VAN	032700SL		7.00	16	19,250.			19,250.	19,250.		0.
	2005 FREIGHTLINER											
38	M2106	053005SL		5.00	16	64,156.			64,156.	52,393.		11,762.
	CON AGRA TRUCK	063005SL		5.00	16	41,000.			41,000.	32,800.		8,200.
	JEEP AND FORD											
40	EXPLORER (DONATED)	063005SL		5.00	16	10,450.			10,450.	8,360.		2,090.
	2 FORD WINDSTAR											
41	VANS (DONATED)	063006SL		5.00	16	3,475.			3,475.	2,085.		695.
	TRAILER -											
52	VIN#4266564	121806SL		5.00	16	15,810.			15,810.	7,905.		3,162.
	TRAILER -											
53	VIN#U553905	122106SL		5.00	16	13,667.			13,667.	6,833.		2,734.
	2007 HINE VIN											
64	S50812	091207SL		5.00	16	100,045.			100,045.	35,016.		20,009.
	2008 HINO VIN											
68	#52266 - LINCY	121308SL		5.00	16	88,039.			88,039.	8,804.		17,608.
	2007 FRGHT VIN											
69	#Y88108	040109SL		5.00	16	156,567.			156,567.	7,828.		31,313.
	2009 INTERNATIONAL											
78	TRUCK	070109SL		5.00	16	106,966.			106,966.			5,348.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	2010 FORD FOCUS - WHITE	030410SL		5.00	16	21,493.			21,493.			1,433.
80	2010 FORD FOCUS - BLUE	030410SL		5.00	16	21,493.			21,493.			1,433.
81	TRUCK HITCH	042310SL		5.00	16	2,379.			2,379.			79.
82	TRAILER	042310SL		5.00	16	6,093.			6,093.			203.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					779,645.		0.	779,645.	290,036.	0.	106,069.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,721,871.		0.	1,721,871.	565,313.	0.	180,343.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>	Employer identification number <b>77-0320851</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3403 E CENTRAL AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FRESNO, CA 93725</b>	

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

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

**COMMUNITY FOOD BANK**

- The books are in the care of ▶ **3403 E. CENTRAL AVE - FRESNO, CA 93725**  
 Telephone No. ▶ **559 237-3663** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



# Return of Organization Exempt From Income Tax

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

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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3403 E CENTRAL AVE</b> City or town, state or country, and ZIP + 4 <b>FRESNO, CA 93725</b> <b>F</b> Name and address of principal officer: <b>DANA WILKIE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>77-0320851</b> <b>E</b> Telephone number <b>559 237 3663</b> <b>G</b> Gross receipts \$ <b>21,807,304.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>COMMUNITYFOODBANK.NET</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DISTRIBUTE FOOD TO THE HUNGRY IN FRESNO COUNTY</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>33</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5800</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8,959,509.</b>	<b>20,145,189.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>398,913.</b>	<b>632,239.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>29,605.</b>	<b>6,781.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>815,943.</b>	<b>1,023,095.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,203,970.</b>	<b>21,807,304.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>737,154.</b>	<b>1,076,142.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>441,723.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>10,054,813.</b>	<b>20,836,826.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,791,967.</b>	<b>21,912,968.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>&lt;587,997.&gt;</b>	<b>&lt;105,664.&gt;</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>3,421,657.</b>	<b>3,185,301.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>287,248.</b>	<b>156,556.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,134,409.</b>	<b>3,028,745.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>DANA WILKIE, CEO</b> Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>SAMPSON &amp; SAMPSON, CPA'S, A PROF CORP</b> <b>3148 WILLOW, SUITE 102</b> <b>CLOVIS, CA 93612</b>	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN ▶</b> Phone no. ▶ <b>(559) 291-0277</b>

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

FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:  
DISTRIBUTE FOOD TO THE HUNGRY IN FRESNO COUNTY.

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  
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

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 \$ 21172094. including grants of \$ 3,234,971. ) (Revenue \$ 632,239. )  
THE ORGANIZATION CONDUCTS A PROGRAM WHICH PROVIDES FOOD PANTRIES AND KITCHENS AND OTHER ORGANIZATIONS RESOURCES DEDICATED TO FEEDING THE HUNGRY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses ► \$ 21,172,094. (Must equal Part IX, Line 25, column (B).)

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

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**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>		X
<b>32</b> 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>	<b>32</b>		X
<b>33</b> 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>	<b>33</b>		X
<b>34</b> 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>	<b>34</b>		X
<b>35</b> 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>	<b>35</b>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>		X
<b>37</b> 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>	<b>37</b>		X

**FOOD OPPORTUNITIES ORGANIZATION &  
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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	11	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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	33	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	12b	

**FOOD OPPORTUNITIES ORGANIZATION &  
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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	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	
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:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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
16b	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?		

**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: **COMMUNITY FOOD BANK - 559 237-3663**  
**3403 E. CENTRAL AVE, FRESNO, CA 93725**

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**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee.

(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			
MARK A. RILEY TREASURER	5.00	X		X			0.	0.	0.	
ROBERT REYES VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
WARREN AUWAE CHAIRMAN	5.00	X		X			0.	0.	0.	
DIANA MOCK DIRECTOR	5.00	X					0.	0.	0.	
DAVID L. SCHECTER DIRECTOR	5.00	X					0.	0.	0.	
BILL LITTLEWOOD DIRECTOR	5.00	X					0.	0.	0.	
GUS BONNER DIRECTOR	5.00	X					0.	0.	0.	
LILY TANG DIRECTOR	5.00	X					0.	0.	0.	
GARY R. SERRATO DIRECTOR	5.00	X					0.	0.	0.	
DENISE CEARBAUGH DIRECTOR	5.00	X					0.	0.	0.	
RANDY WOOD DIRECTOR	5.00	X					0.	0.	0.	
DAN BARTELL DIRECTOR	5.00	X					0.	0.	0.	
JULIE OLSON-BUCHANAN DIRECTOR	5.00	X					0.	0.	0.	
COBY HORTON DIRECTOR	5.00	X					0.	0.	0.	
NICOLE PARRA DIRECTOR	5.00	X					0.	0.	0.	
DANA WILKIE CEO	40.00			X			90,061.	0.	0.	





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<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 3,234,971.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 16,910,218.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	15,778,567.				
	<b>h Total.</b> Add lines 1a-1f .....		20,145,189.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>SHARED MAINTENANCE FEE</u>	Business Code 900099	632,239.	632,239.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			632,239.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		6,781.	6,781.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross Rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 1,021,950.				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....			1021950.	1021950.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>MISCELLANEOUS</u>	900099	1,145.	1,145.			
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		1,145.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		21,807,304.	1662115.	0.	0.	

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**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				
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	90,061.	66,854.	13,904.	9,303.
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	910,255.	675,701.	140,525.	94,029.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	75,826.	56,287.	11,706.	7,833.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,700.	7,943.	1,652.	1,105.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	49,850.	37,005.	7,696.	5,149.
14 Information technology				
15 Royalties				
16 Occupancy	245,269.	182,068.	37,865.	25,336.
17 Travel	17,958.	13,331.	2,772.	1,855.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,926.	104,794.	19,132.	
23 Insurance				
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 <b>VALUE OF DISTRIBUTED CO</b>	19,073,633.	19,073,633.		
b <b>PURCHASED COMMODITIES</b>	457,421.	457,421.		
c <b>CONTRACT SERVICES</b>	267,836.	5,863.		261,973.
d <b>FREIGHT</b>	149,466.	149,466.		
e <b>SUPPLIES/MATERIALS</b>	131,078.	107,435.	4,847.	18,796.
f All other expenses	309,689.	234,293.	59,052.	16,344.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	21,912,968.	21,172,094.	299,151.	441,723.
26 <b>Joint Costs.</b> 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 ...				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,365,796.	1	1,489,677.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	76,649.	3	254,149.
	4 Accounts receivable, net .....	25,247.	4	40,030.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 .....	1,209,021.	8	441,116.
	9 Prepaid expenses and deferred charges .....	37,144.	9	37,019.
	10a Land, buildings, and equipment: cost basis .....	1,466,837.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	565,313.		
		683,814.	10c	901,524.
	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 .....	23,986.	15	21,786.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,421,657.	16	3,185,301.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	61,966.	17	65,171.
	18 Grants payable .....		18	
	19 Deferred revenue .....	172,104.	19	15,000.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow 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 .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	53,178.	25	76,385.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	287,248.	26	156,556.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	3,134,409.	27	3,028,745.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> .....	3,134,409.	33	3,028,745.	
34 <b>Total liabilities and net assets/fund balances</b> .....	3,421,657.	34	3,185,301.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c If "Yes" to lines 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?	X	
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?	X	
3b If "Yes," did the organization undergo the required audit or audits?	X	



**FOOD OPPORTUNITIES ORGANIZATION &**

**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**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,765,230.	9,360,678.	10,908,326.	9,774,328.	21,167,139.	59,975,701.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	8,765,230.	9,360,678.	10,908,326.	9,774,328.	21,167,139.	59,975,701.
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 <b>Public Support.</b> Subtract line 5 from line 4.						59,975,701.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	8,765,230.	9,360,678.	10,908,326.	9,774,328.	21,167,139.	59,975,701.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,255.	2,225.	11,225.	29,605.	6,781.	51,091.
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.)	10,994.	1,533.	1,793.	1,124.	1,145.	16,589.
11 <b>Total support.</b> Add lines 7 through 10						60,043,381.
12 Gross receipts from related activities, etc. (see instructions)					12	2,248,068.
13 <b>First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.89	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.13	%
16a <b>33 1/3% support test - 2008.</b> 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 <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2007.</b> 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 <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2007.</b> 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 <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.

Employer identification number

77-0320851

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

**Special Rules**

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

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.	Employer identification number  77-0320851
--------------------------------------------------------------------------------	--------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USDA-EMERGENCY FOOD ASSISTANCE PROGRAM FNS, ROOM 502, PARK OFFICE CENTER 3101 PARK CENTER DRIVE  ALEXANDRIA, VA 22302	\$ 2,479,325.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	FOSTER FARMS  3380 W. ASHLAN  FRESNO, CA 93722	\$ 407,790.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	FOWLER PACKING  8570 S. CEDAR  FRESNO, CA 93725	\$ 546,020.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	KRAFT FOODS, INC.  1055 NORTH AVENUE  FRESNO, CA 93725	\$ 658,188.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	FOODLINK FOR TULARE COUNTY  7427 W. SUNNYVIEW AVENUE  VISALIA, CA 93291	\$ 901,970.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	AG AGAINST HUNGER  1355 ABBOTT STREET #206  SALINAS, CA 93901	\$ 802,174.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>



Name of organization <b>FOOD OPPORTUNITIES ORGANIZATION &amp; DISTRIBUTION INC.</b>	Employer identification number <b>77-0320851</b>
--------------------------------------------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>2,479,325.</u>	<u> / /08</u>
<u>2</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>407,790.</u>	<u> / /08</u>
<u>3</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>546,020.</u>	<u> / /08</u>
<u>4</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>658,188.</u>	<u> / /08</u>
<u>5</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>901,970.</u>	<u> / /08</u>
<u>6</u>	FOOD COMMODITIES _____ _____ _____	\$ <u>802,174.</u>	<u> / /08</u>

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.**

Employer identification number  
**77-0320851**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's 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 Trust, 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 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 Investment earnings or 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		475,870.	34,290.	441,580.
d Equipment		369,746.	240,986.	128,760.
e Other		621,221.	290,037.	331,184.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>901,524.</b>







**FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.**

Schedule G (Form 990 or 990-EZ) 2008

77-0320851 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		CULTIVATION/ ACQUISITION (event type)	ANNUAL GOLF TOURNAMENT (event type)	2 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	954,584.	45,740.	21,626.	1,021,950.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	954,584.	45,740.	21,626.	1,021,950.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs			25,336.	25,336.
	7	Other direct expenses	261,974.		154,413.	416,387.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 441,723.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				580,227.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____		
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____		
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers? _____		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____		





**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **FOOD OPPORTUNITIES ORGANIZATION & DISTRIBUTION INC.** Employer identification number **77-0320851**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		15,778,567	GEN. INV. AT FAIR VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

FOOD OPPORTUNITIES ORGANIZATION &  
DISTRIBUTION INC.

Employer identification number

77-0320851

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE CFO AND A MEMBER OF THE AUDIT COMMITTEE PRIOR TO FILING. COPIES ARE AVAILABLE TO THE BOARD AND GENERAL PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C: DURING AUDIT PROCESS, BOARD IS ASKED TO DISCLOSE ANY POSSIBLE RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS APPROVES COMPENSATION PAID TO CEO. APPROVED IN CLOSED SESSION OF MEETING AND DOCUMENTED. REMAINDER OF EMPLOYEES ARE DETERMINED BY CEO WITHIN PREDETERMINED PAY SCALES. PAY SCALES WERE DEVELOPED BY MANAGEMENT STUDENTS AT CALIFORNIA STATE UNIVERSITY-FRESNO.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE MAINTAINED AT THE COMMUNITY FOOD BANK OFFICES AND ARE AVAILABLE FOR REVIEW AT THAT LOCATION.

2008 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1				.000	16							0.
3				.000	16							0.
19				.000	16							0.
	* 990 PAGE 10 TOTAL											
	OTHER					0.		0.	0.	0.		0.
	BUILDINGS											
32	FREEZER/COOLER	063005SL		39.0016	16	155,314.			155,314.	11,946.		3,982.
	EXTEND FREEZER/COOLER											
57	10FT AT NEW OFFICE	051507SL		39.0016	16	8,133.			8,133.	226.		209.
	DOOR BUMPS FOR FREEZER											
58	DOOR	092706SL		39.0016	16	4,500.			4,500.	202.		115.
	CONCRETE SLAB FOR											
59	FREEZER/COOLER	061207SL		39.0016	16	27,385.			27,385.	761.		702.
	MOVING CHARGES FOR											
60	FREEZER/COOLER	063007SL		39.0016	16	53,985.			53,985.	1,384.		1,384.
	CONCRETE GUARDS FOR											
61	FREEZER/COOLER	061907SL		39.0016	16	7,500.			7,500.	192.		192.
	WAREHOUSE IMPROVEMENTS											
62	ELECTRICAL WORK ON NEW	063007SL		39.0016	16	20,481.			20,481.	525.		525.
	BUILDING											
63		063007SL		15.0016	16	35,000.			35,000.	2,333.		2,333.
	SPRINKLER SYSTEM											
73		070108SL		3.70	16	6,859.			6,859.			1,871.
	COOLER											
74		100108SL		39.0016	16	22,400.			22,400.			431.
	FREEZER											
75		100108SL		39.0016	16	121,080.			121,080.			2,328.
	FREEZER BUMPS											
76	DOCK STRIP DOOR	103108SL		3.70	16	8,316.			8,316.			1,512.
	INSTALLATION											
77		031909SL		3.30	16	1,057.			1,057.			81.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL BUILDINGS					472,010.		0.	472,010.	17,569.	0.	15,665.
	FURNITURE & FIXTURES											
6	(D)PHONE SYSTEM	091797SL		5.00	16	2,000.			2,000.	2,000.		0.
7	(D)PENTIUM II COMPUTER	022299SL		7.00	16	1,593.			1,593.	1,593.		0.
8	(D)COMPUTER	070899SL		7.00	16	2,732.			2,732.	2,732.		0.
9	OFFICE	072299SL		7.00	16	175.			175.	175.		0.
10	OFFICE EQUIPMENT	083099SL		7.00	16	129.			129.	129.		0.
11	(D)COMPUTER	043000SL		7.00	16	1,259.			1,259.	1,259.		0.
12	(D)COMPUTER	092600SL		7.00	16	806.			806.	806.		0.
13	COMPUTER	013001SL		7.00	16	849.			849.	849.		0.
14	FAX MACHINE	051701SL		7.00	16	483.			483.	483.		0.
15	COMPUTER-LAPTOP	060801SL		7.00	16	1,512.			1,512.	1,512.		0.
16	COMPUTER-SERVER	021202SL		5.00	16	1,800.			1,800.	1,800.		0.
17	NAVISION SOFTWARE	043002SL		3.00	16	17,275.			17,275.	17,275.		0.
34	DELL COMPUTERS AND SERVER	043005SL		5.00	16	14,455.			14,455.	9,155.		2,891.
43	OFFICE EQUIPMENT	093005SL		7.00	16	16,218.			16,218.	6,372.		2,317.
55	CUBICLES - NEW OFFICE	052307SL		7.00	16	26,444.			26,444.	4,093.		3,778.
56	(D)TELEPHONE & PAGING SYSTEM	063007SL		7.00	16	10,210.			10,210.	1,459.		0.

828102 04-25-08 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	RACKING	052908SL		10.00	16	44,551.			44,551.	371.		4,455.
66	PLUMBING WASH STATION TELEPHONE & PAGING	062308SL		3.70	16	3,859.			3,859.			1,052.
71	SYSTEM	071008SL		7.00	16	6,923.			6,923.			989.
72	MIRCROSOFT EXCHANGE SERVER	103108SL		5.00	16	1,712.			1,712.			228.
	* 990 PAGE 10 TOTAL, FURNITURE & FIXTURES					154,985.		0.	154,985.	52,063.	0.	15,710.
	MACHINERY & EQUIPMENT											
18	PRODUCE BINS	033195SL		10.00	16	1,618.			1,618.	1,618.		0.
20	PLASTIC FIELD BINS	031598SL		7.00	16	3,800.			3,800.	3,800.		0.
21	CARDINAL SCALE	122297SL		7.00	16	2,384.			2,384.	2,384.		0.
22	MITSUBISHI FORKLIFT	070998SL		7.00	16	18,726.			18,726.	18,726.		0.
23	STORAGE TRAILER	102400SL		7.00	16	2,026.			2,026.	2,026.		0.
24	PLASTIC BINS	031901SL		7.00	16	3,969.			3,969.	3,969.		0.
25	FORKLIFT-SPLIT	032700SL		7.00	16	11,596.			11,596.	11,596.		0.
26	FORKLIFT	081501SL		5.00	16	9,148.			9,148.	9,148.		0.
28	POWERED PALLET JACK	111101SL		5.00	16	3,444.			3,444.	3,444.		0.
29	PALLET REEFER	101801SL		5.00	16	23,838.			23,838.	23,838.		0.
31	BRYANT CONDENSING UNIT	060303SL		5.00	16	1,800.			1,800.	1,800.		0.
33	15 PALLET JACKS	063005SL		5.00	16	6,937.			6,937.	4,161.		1,389.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	BINS	043005SL	5SL	10.00	16	7,500.			7,500.	2,375.		750.
	LIFT GATE ( CONAGRA											
42	TRUCK)	063006SL	6SL	5.00	16	9,554.			9,554.	3,822.		0.
	WAREHOUSE EQUIPMENT-2											
44	ELECTRIC STANDUPS	071805SL	5SL	5.00	16	30,179.			30,179.	17,605.		6,036.
45	ELECTRIC RYDER JACKS	081005SL	5SL	5.00	16	21,167.			21,167.	12,347.		4,234.
	ELECTRIC DEEP REACH											
46	FORKLIFT	121605SL	5SL	5.00	16	36,345.			36,345.	18,173.		7,269.
47	-LIFT MOUNT SCALES	113005SL	5SL	5.00	16	7,234.			7,234.	3,738.		1,447.
	PUSH PULL ATTACHMENT											
48	WAREHOUSE EQUIPMENT	093005SL	5SL	5.00	16	7,553.			7,553.	4,155.		1,511.
49	LOT SAFE T-RAIL	073105SL	5SL	7.00	16	5,354.			5,354.	2,231.		765.
50	PALLET RACKS	073105SL	5SL	10.00	16	11,960.			11,960.	3,488.		1,196.
51	STRETCH WRAP MACHINE	090705SL	5SL	7.00	16	8,588.			8,588.	3,476.		1,227.
70	BATTERY PULLER	100908SL	8SL	5.00	16	2,500.			2,500.			375.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT											
	TRANSPORTATION											
	EQUIPMENT											
1994	INTERNATIONAL	052799SL	9SL	7.00	16	40,162.			40,162.	40,162.		0.
2	TRUCK											
1999	INTERNATIONAL	060499SL	9SL	7.00	16	68,600.			68,600.	68,600.		0.
4	TRUCK											
5	CARGO VAN	032700SL	0SL	7.00	16	19,250.			19,250.	19,250.		0.
	2005 FREIGHTLINER											
38	M2106	053005SL	5SL	5.00	16	64,156.			64,156.	39,562.		12,831.
39	CON AGRA TRUCK	063005SL	5SL	5.00	16	41,000.			41,000.	24,600.		8,200.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
40	JEEP AND FORD EXPLORER (DONATED)	06/30/05	SL	5.00	16	10,450.			10,450.	6,270.		2,090.
41	2 FORD WINDSTAR VANS (DONATED)	06/30/06	SL	5.00	16	3,475.			3,475.	1,390.		695.
52	TRAILER - VIN#4266564	12/18/06	SL	5.00	16	15,810.			15,810.	4,743.		3,162.
53	TRAILER - VIN#U553905	12/21/06	SL	5.00	16	13,667.			13,667.	4,100.		2,733.
64	2007 HINE VIN #S50812	09/12/07	SL	5.00	16	100,045.			100,045.	15,007.		20,009.
68	2008 HINO VIN #52266 - LINCY	12/13/08	SL	5.00	16	88,039.			88,039.			8,804.
69	2007 FRGHT VIN #Y88108	04/01/09	SL	5.00	16	156,567.			156,567.			7,828.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPME					621,221.		0.	621,221.	223,684.	0.	66,352.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,485,436.		0.	1,485,436.	451,236.	0.	123,926.