

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name: ALLIANCE FOR FOOD AND FARMING, INC. California corporation number: 2001945. FEIN: 77-0438244. City: WATSONVILLE, CA. Zip code: 95077.

A First Return [X] No. B Amended Return [X] No. C IRC Section 4947(a)(1) trust [X] No. D Final Information Return? [X] No. E Check accounting method: 1 [X] Cash. F Federal return filed? 1 [X] 990T. G Is this a group filing? [X] No. H Is this organization in a group exemption? [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [X] No. K Is the organization exempt under R&TC Section 23701g? [X] No. L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [X] No. P Is federal Form 1023/1024 pending? [X] No.

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

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Row 1: Gross sales or receipts from other sources. Row 2: Gross dues and assessments from members and affiliates. Row 3: Gross contributions, gifts, grants, and similar amounts received. Row 4: Total gross receipts for filing requirement test. Row 5: Cost of goods sold. Row 6: Cost or other basis, and sales expenses of assets sold. Row 7: Total costs. Row 8: Total gross income. Row 9: Total expenses and disbursements. Row 10: Excess of receipts over expenses and disbursements. Row 11: Total payments. Row 12: Use tax. Row 13: Payments balance. Row 14: Use tax balance. Row 15: Filing fee. Row 16: Penalties and Interest. Row 17: Balance due.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	31,025.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	31,025.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	283,018.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	283,018.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		68,118.		54,625.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		68,118.		54,625.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		68,118.		54,625.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		68,118.		54,625.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	-13,493.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		-13,493.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-13,493.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

OMB No. 1545-0047

2016

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR FOOD AND FARMING, INC.

Employer identification number

77-0438244

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(5) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

ALLIANCE FOR FOOD AND FARMING, INC.

Employer identification number

77-0438244

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA PEAR ADVISORY BOARD 1521 I STREET SACRAMENTO, CA 95814	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA STRAWBERRY COMMISSION PO BOX 269 WATSONVILLE, CA 95077	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA TABLE GRAPE COMMISSION 392 W. FALLBROOK, STE. 101 FRESNO, CA 93711	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CALIFORNIA CARROT ADVISORY BD 531-D NORTH ALTA AVE DINUBA, CA 93618	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PRODUCE MARKETING ASSOCIATION PO BOX 6036 NEWARK, DE 19714	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WESTERN GROWERS ASSN 17620 FITCH STREET IRVINE, CA 92614	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TAYLOR FARMS ----- 150 MAIN STREET, STE 400 ----- SALINAS, CA 93902 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FLORIDA FRUIT & VEGETABLE ASSN ----- PO BOX 948153 ----- MAITLAND, FL 32794 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNITED FRESH PRODUCE ASSN ----- 1901 PENNSYLVANIA NW STE 1100 ----- WASHINGTON, DC 20006 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	US APPLE ASSOCIATION ----- 8233 OLD COURTHOUSE RD STE 200 ----- VIENNA, VA 22182 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	US HIGHBUSH BLUEBERRY COUNCIL ----- 80 IRON POINT CIRCLE, STE 110 ----- FOLSOM, CA 95630 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CALIFORNIA CITRUS MUTUAL ----- 512 N. KAWEAH ----- EXETER, CA 93221 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ALLIANCE FOR FOOD AND FARMING, INC.

Employer identification number

77-0438244

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NORTHWEST HORTICULTURAL COUNCIL 105 S. 18TH STREET, STE 105 YAKIMA, WA 98901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CA CITRUS QUALITY COUNCIL 853 LINCOLN WAY, STE 206 AUBURN, CA 95603	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CALIFORNIA CHERRY BOARD 1521 I STREET SACRAMENTO, CA 95814	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CA FARM BUREAU FEDERATION 2300 RIVER PLAZA DR SACRAMENTO, CA 95833	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	US POTATO BOARD 4949 S. SYRACUSE ST DENVER, CO 80237	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CALIFORNIA FRESH FRUIT ASSN 978 W. ALLUVIAL, STE 107 FRESNO, CA 93711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLIANCE FOR FOOD AND FARMING, INC.	Employer identification number 77-0438244
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARKON COOPERATIVE ----- PO BOX 2630 ----- SALINAS, CA 93902 -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CALIFORNIA GIANT ----- PO BOX 1359 ----- WATSONVILLE, CA 95077 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: **ALLIANCE FOR FOOD AND FARMING, INC.** Employer identification number: **77-0438244**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

MISC INCOME.....	\$	25.
PROGRAM SERVICE REVENUE.....		31,000.
TOTAL	\$	<u>31,025.</u>

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRYAN SILBERMANN 1500 CASHO MILL ROAD NEWARK, DE 19711	VICE CHAIR 1.00	\$ 0.	\$ 0.	0.
MATT MCINERNEY 15525 SAND CANYON AVE IRVINE, CA 92618	PAST CHAIRMAN 1.00	0.	0.	0.
BLAIR RICHARDSON 4949 S. SYRACUSE ST, STE 400 DENVER, CO 80237	DIRECTOR 1.00	0.	0.	0.
MARILYN DOLAN 563 AUTO CENTER DRIVE WATSONVILLE, CA 95076	EXECUTIVE DIREC 1.00	0.	0.	0.
TOM STENZEL 1901 PENNSYLVANIA AVE., NW, ST WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
GEORGE RADANOVICH 978 W. ALLUVIAL #107 FRESNO, CA 93711	DIRECTOR 1.00	0.	0.	0.
JOHN GUERARD 531 D N. ALTA AVE DINUBA, CA 93618	DIRECTOR 1.00	0.	0.	0.
MIKE STUART P.O. BOX 948153 MAITLAND, FL 32794	DIRECTOR 1.00	0.	0.	0.
RICH MATTEIS 2300 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	DIRECTOR 1.00	0.	0.	0.

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK VILLATA 1847 IRON POINT RD, SUITE 100 FOLSOM, CA 95630	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
CHRIS SCHLECT 105 SOUTH 18TH ST, STE 105 YAKIMA, WA 98901	DIRECTOR 1.00	0.	0.	0.
ALYSSA HOUTBY 512 N. KAWEAH AVE EXETER, CA 93221	DIRECTOR 1.00	0.	0.	0.
KATHLEEN NAVE 392 W. FALLBROOK, STE 101 FRESNO, CA 93711	DIRECTOR 1.00	0.	0.	0.
TIM YORK P.O. BOX 2630 SALINAS, CA 93902	DIRECTOR 1.00	0.	0.	0.
RICK TOMLINSON PO BOX 269 WATSONVILLE, CA 95076	TREASURER/SECR 1.00	0.	0.	0.
CHRIS ZANOBINI 1521 I STREET SACRAMENTO, CA 95814	CHAIRMAN 1.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 650.
INSURANCE.....	2,285.
MANAGEMENT FEES.....	128,000.
OFFICE EXPENSES.....	12,697.
SPECIAL PROJECTS EXPENSES.....	138,795.
TRAVEL.....	591.
TOTAL	<u>\$ 283,018.</u>