

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008, and ending** \_\_\_\_\_

**B** Check if applicable:  Address change,  Name change,  Initial return,  Termination,  Amended return,  Application pending

**C** **ALLIANCE FOR FOOD AND FARMING, INC.**  
P. O. BOX 2747  
WATSONVILLE, CA 95077

**D** Employer identification number: 77-0438244

**E** Telephone number: 831-786-1665

**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ N/A

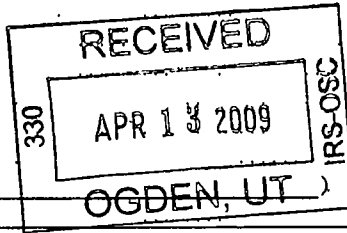
**J Organization type** (check only one) —  501(c) ( 5 ) ◀ (insert no) | 4947(a)(1) or | 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 175,683.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	175,683.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	175,683.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	108,380.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	398.
16	Other expenses (describe ▶ <u>SEE STATEMENT 1</u> )	16	61,414.
17	<b>Total expenses</b> (add lines 10 through 16)	17	170,192.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,491.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	66,585.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	72,076.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	66,585.	72,076.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	<b>Total assets</b>	66,585.	72,076.
26	<b>Total liabilities</b> (describe ▶ _____)	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	66,585.	72,076.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form 990-EZ (2008)

SCANNED APR 28 2009

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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	39 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization.		0.
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ MARILYN DOLAN Telephone no ▶ 831-786-1665  
 Located at ▶ P. O. BOX 2747 WATSONVILLE CA ZIP + 4 ▶ 95077

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S. ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000		

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

**Sign Here**  
 Signature of officer: Richard L. Peterson Date: 4/7/09  
 Type or print name and title: Richard L. Peterson, Chairman

**Paid Preparer's Use Only**  
 Preparer's signature: Karen Semingson Date: 3-28-09 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: HUTCHINSON AND BLOODGOOD LLP  
17 ASPEN WAY  
WATSONVILLE, CA 95076 Preparer's Identifying Number (See instructions): N/A  
 EIN: N/A Phone no: (831) 724-2441

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

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BANK CHARGES	\$	30.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,365.
INSURANCE		336.
OFFICE EXPENSES		4,127.
OUTSIDE SERVICES		17,432.
PRIOR YEAR EXPENSES		80.
SPECIAL PROJECTS EXPENSES		5,789.
SURVEY COSTS		27,000.
TRAVEL		3,816.
WEBSITE EXPENSE		439.
TOTAL	\$	<u>61,414.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PROMOTE FOOD SAFETY AND THE BENEFITS OF AGRICULTURAL CHEMICALS IN ENSURING SAFE, AFFORDABLE FOOD SUPPLY FOR CONSUMERS; INFORM THE PUBLIC THROUGH THE USE OF TOLL-FREE TELEPHONE NUMBERS, NEWSLETTERS, E-MAIL, FAIR DISPLAYS, AND TRADE SHOW DEMONSTRATIONS

**STATEMENT 3**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD PETERSON 3840 ROSIN CT, STE 170 SACRAMENTO, CA 95834	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
MATT MCINERNEY 17620 FITCH STREET IRVINE, CA 92714	VICE CHAIR 0	0.	0.	0.
JIM HOWARD 392 W FALLBROOK FRESNO, CA 93711	SECRETARY/TREAS 0	0.	0.	0.
RICK TOMLINSON PO BOX 269 WATSONVILLE, CA 93077	DIRECTOR 0	0.	0.	0.
ED BECKMAN 1625 E SHAW AVENUE, STE 200 FRESNO, CA 93710	DIRECTOR 0	0.	0.	0.

ALLIANCE FOR FOOD AND FARMING, INC.

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STATEMENT 3 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BARRY BEDWELL 1540 E SHAW AVE, SUITE 120 FRESNO, CA 93710	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
BRUCE KNOBELOCK PO BOX 5909 SALINAS, CA 93915	DIRECTOR 0	0.	0.	0.
MARK MURAI PO BOX 269 WATSONVILLE, CA 95077	DIRECTOR 0	0.	0.	0.
KATHLEEN NAVE 392 W FALLBROOK FRESNO, CA 93711	DIRECTOR 0	0.	0.	0.
SHERI MIERAU 975 I STREET REEDLEY, CA 93654	DIRECTOR 0	0.	0.	0.
ROSEANNA WESTMORELAND 1500 CASHO MILL ROAD NEWARK, DE 19711	DIRECTOR 0	0.	0.	0.
CLAIRE SMITH 14130 RIVERSIDE DRIVE SHERMAN OAKS, CA 91423	DIRECTOR 0	0.	0.	0.
TERRY STARK 1143 N MARKET BLVD, SUITE 7 SACRAMENTO, CA 95834	DIRECTOR 0	0.	0.	0.
DAVE KRANZ 2300 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	DIRECTOR 0	0.	0.	0.
RENEE PINEL 4460 DUCKHORN DRIVE, SUITE A SACRAMENTO, CA	0	0.	0.	0.
BRYAN SILBERMANN 1500 CASH MILL ROAD NEWARK, DE 19711	DIRECTOR 0	0.	0.	0.
BOB WHITAKER 1500 CASHO MILL ROAD NEWARK, DE 19711	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 4  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . . . NO