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SCANNED APR 29 2000

990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	2009 calenda	ar year,	or tax year beginning	JANUARY O	, 2009, and	ending D	CE	MBER 31, 2009
В	Check if a	pplicable	Please	C Name of organization			D Emp	oloyer id	lentification number
	Address	change	use IRS label or	RIO GRANDE FOOT	D PROJEC	\mathcal{I}	1 20) - [[667103
Щ	Name ch	ange	print or	Number and street (or P O box, if mail			oom/suite E Tele	phone r	
_	Initial retu		type See	PO BOX 6649	\triangleleft		1 5∧	5-	831-3778
=	Terminati		Specific	City or town, state or country, and ZIP	14				
=	Amended		Instruc- tions	ALBUQUEROL	IF NM &	1193 /-	⊿ タス ^{F Gro}		emption
ш	Application	on pending	tions	MUSCACHAO	a=)/// 0	11 10-6		mber	
	Sec	tion 501(c)(3)		ations and 4947(a)(1) nonexempt		ust attach	G Accounting N	1ethod	X Cash Accrual
	_		a con	npleted Schedule A (Form 990 or	990-EZ).		Other (specif	/) ▶	
							H Check ▶ □	ıf the	organization is not
1.	Nebsi f	te: ▶					I .		chedule B (Form 990,
J 1	ax-exe	empt status (check or	nly one) — ☐ 501(c) () ◀ (inse	ert no) 4947(a)(1	or 527	990-EZ, or 9		
	Check I			zation is not a section 509(a)(3) supp				•	
				turn is not required, but if the organ				piete re	turn
				9 to determine gross receipts, if \$50				<u> </u>	3
ľ	art I			enses, and Changes in Ne		Balances	(See the instru	iction	
	1	Contribution	ons, gift	s, grants, and similar amounts	received			1	131,856.82
	2	Program se	ervice r	evenue including government for	ees and contracts			2	.00
	3	Membersh	ip dues	and assessments				3	.00.
	4	Investment	incom	e INTEREST INC	OME-BAN	K ACCO	UNTS	4	666.34
	5a			m sale of assets other than inve		5a	~		0000
	b			r basis and sales expenses .	-		00.	1	·
	°			n sale of assets other than inver			500	=	^^
ē	6			ivities (complete applicable parts of Sch				5c	.00
Revenue	1						CHECK HEIE -		
ě	a			ot including \$			20		
Œ	Ι.)			<u>.00</u> _	-	
	p			nses other than fundraising exp			0		
	_ c			ss) from special events and acti	•	1 1	e 6a)	6c	00
	D [2]			entory, less returns and allowar	nces	7a	00	4	
		Less Voet			<i>.</i>	7b	00	 	
$\overline{\ }$	С			န်နှံ) from sales of inventory (Sub	tract line 7b from li	ne 7a)		7c	.00
ភ្	8 _₽	R Other 12841	gue (de	scribe ►	<u>.</u>)	8	.00
1	9'	'`Total reve	nue. 👯	d lines 1, 2, 3, 4, 5c, 6c, 7c, an	id 8	, .	•	9	132.523.16
~L	10			amounts paid (attach schedule				10	-00
	ng:	Benetits pa	id lo o	r for members				11	.00
_	12	Salaries, of	her cor	mpensation, and employee ben	efits			12	24 806.08
Expense	13			and other payments to indepen				13	.00
be	14							14	15 010,36
ŭ	15			ons, postage, and shipping.			,	15	99.54
	16	Other expe	nses (d	lescribe > <u>See a Hack</u>	ed schooli	أ م ا		16	77 853.96
	17	Total expe	nses A	Add lines 10 through 16	icoc ou icosc			17	117 76992
	18			for the year (Subtract line 17 from		· · ·		18	11 753 77
ets	19			d balances at beginning of year				10	14, 120.66
SS	.			reported on prior year's return)		numm (<i>\(\sigma\)</i>) (m	iust agree with		63653.03
Net Assets						بنا أنضينه	مه النابع	19	67677.07
ž	20	Other chan	ges in i	net assets or fund balances (att	acn explanation) F	whom m	MAMILIAN.	20	74/10/
	21			balances at end of year. Comb			<u> ▶</u>	21	18402.01
L	art II	Dalarice	Silee	ts. If Total assets on line 25, co		0,000 or moi	· -, · · · · · · · · · · · · · · · · · · ·		
		1.		(See the instructions for Part	•		(A) Beginning o	_	(B) End of year
22		-		vestments			63,653.		22 78402.07
23		nd and build	_						23
24		her assets (c		e▶)			24
25		tal assets .		and the second of the second					25
26				ribe > payroll hatsi)	225	96	26 221.78
27	Ne	et assets or	fund b	alances (line 27 of column (B) r	nust agree with lin	e 21)	63 653.	03	27 78 402.07
For	Privac	v Act and Par	perwork	Reduction Act Notice see the s	enarate instructions		Cat. No. 106421		Form 990-EZ (2009)

Wha Desc man	t is the organization's primary exempt purpose? cribe what was achieved in carrying out the organization to the organization of the organization o	ganization's exempt purpo	POOIZ/Horv ses. In a clear a	nd concise	501(d organ 4947	Expenses Lired for section (3)(3) and 501(c)(4) (1)(2)(4) (2)(1)(4)(4) (3)(1)(4)(4)(4) (4)(1)(4)(4)(4)(4) (5)(4)(4)(4)(4)(4)(4) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6) (6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(
28	DISTRIBUTED 251 TONS 7,158 HOUSEHOU	28a	117.769.9			
29	(Grants \$) If this amount	208	(11) 10 11			
30		t includes foreign grants, ch		. ▶ □	29a	
31		t includes foreign grants, ch	eck here	. ▶ 🗆	30a	
	(Grants \$) If this amount	t includes foreign grants, ch		. ▶ □	31a	
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke				32	1111, 769.0
Fair		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
442	ZEN WHITAKER ZLA PAZOMA NW ABO 87120	BOARD - 5HRS.	٠٥	NA		MA
5 <u>60</u>	4 RUSSELL DE NW ABO 87120	7 00.100	. ک	NA	_	NA
131	3 SANDSTONE PLNEABORTHZ	7 10-4 - 0	٥	~)/A	<u></u>	MA
211:	3 FATHER SKY NE ABO 87112	Prokkepper 5HRS	٥	NA	_	NA
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			age C
			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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		×
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		\times
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ◆			
b	Did the organization file Form 1120-POL for this year?	37b		X
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	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	40e		X
41	List the states with which a copy of this return is filed ► NEW MEXICO			
42a	The organization's books are in care of ▶ CATHERINE SMITH Telephone no. ▶ 505 Located at ▶ 5104 RUSSELL DE NW ARBUDUEPOUE NM ZIP + 4 ▶ 8	712 712		24
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			_ [
40	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. '	-
		r	V	NI -
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\longrightarrow	Yes	NO
77	Form 990-EZ	44		.X.
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			X
	res, Form 990 must be completed instead of Form 990-EZ	45		<u> </u>

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charitab	ole trusts only. Ast answer question	Il section ns 46–49	b				
	Did the organization engage in direct or indirect				Yes	No				
	candidates for public office? If "Yes," complete				46	X				
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
	Did the organization a school as described in section of the organization make any transfers to an ex		•		48 49a	쉿				
	If "Yes," was the related organization a section 5	•			49b	文				
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensation from the organization. If there is none, en									
	employees) who each received more than \$100,	000 of compensation from (b) Title and average	the organization. (c) Compensation	If there is none, en						
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	employee benefit plans & deferred compensation	(e) Exper account a other allows	and				
										
	// A		-							
	Total number of other employees paid over \$100	000	1	<u> </u>						
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			pe of service	(c) Compens	ation				
	1)/									
	<i>P</i> /A									

d ·	Total number of other independent contractors e	each receiving over \$100,0	00▶		.					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan	ying schedules and sta	stements, and to the bes	t of my know	ledge				
	and delicity, it shop contract, and complete because of	(other than officer) is t	ased on an information	1 Tel Willer preparer has r						
Sign Here	Janax Lanox			4/5/20)10					
	Signature of officer AAA BAA S Type or print name and title	DIRECTOR		Date						
Paid	Preparer's signature	Date	nber (See instruc	ctions)						
Prepare Use Onl	y yours if self-employed),		employed ►	N •						
	address, and ZIP + 4	above? See instructions	Ph	one no	Voc 🗀	Ma				
iviay iilt	e IRS discuss this return with the preparer shown	Labover See Instructions		<u></u>	_Yes □ m 990-EZ	No (2009)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FOOD PROJECT 10 GRANDF 20 L 1667103 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I **b** Type II **c** Type III–Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? |11g<u>(iı)</u> (ii) A family member of a person described in (i) above? 11g(iII) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section (ı) of your governing document? col (see instructions)) support? US? Yes Yes Yes Total

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 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 10022250 103557.01 131856.82 33563633 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on .00 ٥٥. ·00 00. its behalf The value of services or facilities ۵٥. furnished by a governmental unit to the ۵۵، O٥ ·00 organization without charge 22.50 103557.01 13185682 33563633 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 5000.00 .500000 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (f) Total 100222.50 10355701 13185682 33**%**3633 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, 152424 1540,26 66634 rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 10174674 10509727 13252316 33430 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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 91.4 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % Public support percentage from 2008 Schedule A, Part II, line 14 33\% % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box and stop here. The organization qualifies as a publicly supported organization X 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this .▶ 🔲 box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the ▶ □ organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants ") . . 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 . . 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 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 . . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, (Add lines 9, 10c, 11 13 1 S 1

	and 12)								
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yorganization, check this box and stop here	ear as	a section 501(c)(3)						
Sec	ction 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	%						
Sec	tion 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									
b	33\% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 33\% %, 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 A (Fo	orm 990 or 990-E	Z) 2009								Page 4
Part IV	Supplemer Part II, line	ntal Info 17a or	rmation. 17b; and	Complete Part III, line	this pa e 12. P	rt to prov	ide the	explanati additional	ons required information.	by Part II, line 10; See instructions.
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Rio Grande Food Project Form 990 EZ 2009

#20-1667103

Substitute for Schedule O

Expenses:

#12:	Salaries/wages	\$	22,045.66
	Pension	\$	1,103.52
	Employer FICA	\$	1,656.90
	Total Payroll:	\$	24,806.08
#14:	Cold Storage Rent	\$	5,851.54
	Cell phone	\$	1,087.47
	Equipment maint	\$	682.53
	Janitorial		2,525.00
	Maintenance	\$ \$	28.82
	Utilities	\$	3,600.00
	Insurance	\$	1,235.00
	Total Occupancy/Maint:	\$	15,010.36
#15:	Printing/Postage	\$	99.54
#16:	Administration	\$	1,240.66
	Food Suppliers	\$	66,740.16
	Operating Supplies	\$	198.00
	Volunteer Appreciation	\$	4,370.80
	Taxes/Penalties	\$	5,304.34
	Total Other Expenses:	\$	77,853.96

#20: **Changes to fund balances:** (4.18)

> adjust for differences of payroll liabilities from the year ending 12/31/08 and the year ending 12/31/09