

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

OMB No 1545-0047

Open to Public

Beginning of Current Year End of Year  20 Total assets (Part X-line 16)  21 Total assets (Part X-line 16)  22 Not assets or fund balances Subtract line 21 from line 20  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	Inter	nal Reve	nue Service	e reporting requirements.	Inspection
September of the programmary    September of the programmary	A	For the	e 2009 calendar year, or tax year beginning and ending		
Decided Health   Deci	В	Check if applicable	e   Flease	D Employer identific	cation number
Separate	Г	Addre	ss label or COMMINITARY ATTIANCE WITHE EAMITY EADMEDS		
Section   Sect	F	Name		94-2	914745
Secret   Comment   Secret   Se	F	Initial			
Particle		Termir	Specific D D BOY 363		
DAVIS CA 95617   F Name and address of principal officer DIANE DEL SIGNORE   H(a) is this a group return for affidiates?   Ves   No M(b) Are all affidiates included?   Ves   No M(b) Are all affidiate		Amen		G Gross receipts \$	2,008,951.
Tax-exempt status   X   Soile)   3   (neen no		Applic	DAVIS, CA 95617	H(a) Is this a group re	turn
Taxexempt status		pendir	F Name and address of principal officer DIANE DEL SIGNORE	for affiliates?	Yes X No
J Website: ▶ WrWw . Caff org  Formation: X Corporation   Trust   Association   Other ▶   Lyear of formation: 1978 M State of legal domocite; CA    Part   Summary		_	same as C above	H(b) Are all affiliates inc	luded? Yes No
Form   Corramazion   Type   Trust   Association   Other   Vear of formation: 1978   M State of legal domicule: CA	1	Tax-ex	empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		•
Benefit describe the organization's mission or most significant activities.   COMMUNITY ALLIANCE WITH FAMILY					
Binefly describe the organization's mission or most significant activities. COMMUNITY ALLIANCE WITH FAMILY FARMER'S MISSION IS TO FOSTER FAMILY—SCALE AGRICULTURE THAT CARES  2 Check this box ▶				ear of formation: 1978 N	State of legal domicile: CA
FARMER'S MISSION IS TO FOSTER FAMILY-SCALE AGRICULTURE THAT CARES  Check this box	P				
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14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  15 Total fundraising respectives (Part IX, column (A), line 11e)  16 Total fundraising respectives (Part IX, column (A), line 11e)  17 Total expenses Adduthes 13-17 (must equal Part IX, column (A), line 25)  19 Revequentess expenses Subtract line 18 from line 12  20 Total assets (Part X, fine 16)  20 Total assets (Part X, fine 16)  21 Total perintess of rund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perinty, 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 prepare (other than officie) is based on all information of which preparer has any knowledge  Preparer's Improved, address, and Improved.  Preparer's Improved.  29 Total signature of officer  DIANE DEL SIGNORE, EXECUTIVE DIRECTOR  Preparer's Identifying number (see instructions)  Paid  Preparer's Improved.  29 Total signature of officer  Date Check if (signature)  Preparer's identifying number (see instructions)  Preparer's Improved.  29 Total signature of officer  Date Check if (signature)  Preparer's Improved.  29 Total signature of officer  Date Check if (signature)  Preparer's identifying number (signature)  Prepare	3	12	· ·		
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising fees (Part IX, column (D), line 25)  17 Soft Style in Set Part X, column (A), line 11e) b Total fundraising fees (Part IX, column (D), line 25)  18 Total expenses Addulines 13-17 (must equal Part IX, column (A), line 25)  19. Revenue, less expenses (Subtract line 18 from line 12  20. Total assets (Part X, line 16)  20. Total assets (Part X, line 26)  21. Total purples (Part X, line 26)  22. Net assets or fund balances Subtract line 21 from line 20  23. 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 prepare (other than office) is based on all information of which preparer has eny knowledge  Proparer's lightlying number (see instructions)  Paid Preparer's lightlying number (see instructions)  Proparer's lightlying number (see instructions)  Paid Preparer's lightlying number (see instructions)  Proparer's lightlying number (see instructions)		1	· · · · · · · · · · · · · · · · · · ·		<u> </u>
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising fees (Part IX, column (D), line 25)  17 Office of persons (Part IX, column (D), line 25)  18 Total expenses Add titles 13-17 (must equal Part IX, column (A), line 25)  19. Reveaue, less, expenses Subtract line 18 from line 12  20 Total assets (Part IX, line 16)  20 Total assets (Part IX, line 16)  21 Total Dibitites (Part IX, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block    Diane   Declaration of preparer (other than officer) is based on all information of which preparer has any 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    Paid   Preparer's   Signature   Diane   Diane   Check if self-mployed   Signature   Preparer's identifying number (see instructions)   Signature   Preparer's identifying number (see inst	ý	1	•	857,471.	1,008,893.
Total expenses Additibles 13-17 (must equal Part IX, column (A), line 25)  18. Total expenses Additibles 13-17 (must equal Part IX, column (A), line 25)  19. Revenuerless, expenses Subtract line 18 from line 12  20. 0.56. < 93., 129.>  8eginning of Current Year End of Year  1. 164. 768. 962., 188.  21. Total sastis (Part X-line 6)  22. Not assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of peruy, 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 office) is based on all information of which preparer has any knowledge  Paid  Preparer's  Signature Officer  Diate  Date  Check if see instructions)  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  29. Preparer's identifying number (see instructions)	use	16a			
Total expenses Additibles 13-17 (must equal Part IX, column (A), line 25)  18. Total expenses Additibles 13-17 (must equal Part IX, column (A), line 25)  19. Revenuerless, expenses Subtract line 18 from line 12  20. 0.56. < 93., 129.>  8eginning of Current Year End of Year  1. 164. 768. 962., 188.  21. Total sastis (Part X-line 6)  22. Not assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of peruy, 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 office) is based on all information of which preparer has any knowledge  Paid  Preparer's  Signature Officer  Diate  Date  Check if see instructions)  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  29. Preparer's identifying number (see instructions)	ĝ	.   ь	Total fundraising expenses (Part IX, column (D), line 25)  119,932.		
18 Total expenses Additines 13-17 (must equal Part IX, column (A), line 25)   2,144,702.   2,102,080.     19, Revenuerless, expenses   Subtract line 18 from line 12   220,056.   <93,129.     19, Revenuerless, expenses   Subtract line 18 from line 12   220,056.   <93,129.     19, Revenuerless, expenses   Subtract line 18 from line 12   Reginning of Current Year   End of Year     1,164,768.   962,188.	<del>- 12</del>	172	Other expenses Part W, column (A), lines 11a-11d, 11f-24f)	1,287,231.	1,093,187.
Beginning of Current Year End of Year  1,164,768. 962,188.  1,164,768. 962,188.  1,164,768. 962,188.  1,164,768. 962,188.  1,164,768. 962,188.  684,863. 578,162.  A 79,905. 384,026.  Part II Signature Block  Under penalties of per pury, 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  Paid Preparer's signature  Preparer's signature  Preparer's signature  Preparer's latentifying number (see instructions)  Paid Preparer's latentifying number (see instructions)	1	18	Total expenses Add (Tipes 13-17 (must equal Part IX, column (A), line 25)	2,144,702.	2,102,080.
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   12 November 20/0	صا	19.		220,056.	<u> </u>
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   12 November 20/0	0	in in	00 T 2 TO10 18		
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   12 November 20/0	Set	20			
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   12 November 20/0	\$15 215	210	γοτά Γιβοβirles (Bart X. μne 26)		
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    Signature of officer				479,905.	384,026.
Sign Here  DIANE DEL SIGNORE, EXECUTIVE DIRECTOR  Preparer's signature  Preparer's signature  Preparer's Signature  Type or print name and title  Preparer's  Use Only  Date  CROPPER ACCOUNTANCY CORPORATION  2977 YGNACIO VALLEY RD., #460  WALNUT CREEK, CA 94598  Phone no. > (925) 932-3860	P	art II			
Here    Signature of officer   Date			under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	is, and to the best of my knowledg ige	ge and belief, it is true, correct,
Here    Signature of officer   Date			Nall and	1 12 1/	20.01. 1/21 701
DIANE DEL SIGNORE, EXECUTIVE DIRECTOR  Type or print name and title  Paid Preparer's signature Preparer's signature Preparer's Firm's name (or yours if self-employed).  Use Only  CROPPER ACCOUNTANCY CORPORATION 2977 YGNACIO VALLEY RD., #460 WALNUT CREEK, CA 94598  Phone no. ▶ (925) 932-3860			Small of Officer	Date Date	mencies 2010
Type or print name and title  Paid Preparer's signature  Preparer's Use Only  Use Only  Value of the control of	He	re		Buto	
Preparer's signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Movy Conn Croff Self-self-self-self-self-self-self-self-s					
Preparer's Signature Freparer's Figure 1	_		l Date	Check if Prepare	
Preparer's Use Only	Pai	đ	Signature Mary ann Conte - 12 Nov 2012	self- employed > (see ins	tructions)
Use Only   yours it self-employed), address, and ZIP+4   2977 YGNACIO VALLEY RD., #460   Phone no. ► (925) 932-3860	Pre	parer's	Firm's name (or CROPPER ACCOUNTANCY CORPORATION		
address, and ZIP+4 WALNUT CREEK, CA 94598 Phone no. ► (925) 932-3860	Use	Only	I yours it		
				Phone no. ► (	925) 932-3860
	— Ma	v the IF			

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form **990** (2009)

932002

1,686,574.

Form **990** (2009)

) (Revenue \$

Total program service expenses > \$

(Expenses \$

73,460. including grants of \$

Part IV Checklist of Required Schedules

	r		Yes	No		
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
	If "Yes," complete Schedule A .	1	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х			
3	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	3		<u>X</u>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and					
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5				
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? If "Yes," complete Schedule D, Part I	6		<u>X</u> _		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete					
	Schedule D, Part III	8		<u>X</u>		
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? If "Yes," complete Schedule D, Part IV	9		<u>X</u>		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?					
	If "Yes," complete Schedule D, Part V	10		<u>X</u>		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X					
	as applicable	11	X			
•						
	Part VI.					
•	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? If "Yes," complete Schedule D, Part VII					
•	· · · · · · · · · · · · · · · · · ·					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
•	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? If "Yes," complete Schedule D, Part IX					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  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? If "Yes," complete Schedule D, Part X					
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
12	Schedule D. Parts XI, XII, and XIII	12		x		
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			<del></del>		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	İ				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X		
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X		
	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? If "Yes," complete Schedule F, Part I	14b	ŀ	X		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization					
.0	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		X		
17	The state of the s					
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I					
18	The state of the s					
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X		
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"					
	complete Schedule G, Part III	19		X		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X		
		Form	990	(2009)		

Pai	t 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	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		1
	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	25b		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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):		ł	l
а		28a	ļ	X
b		28b	<del> </del>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		Ì	1
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_28c	-	_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		<u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
	contributions? If "Yes," complete Schedule M	30		<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 31		<del></del>
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
30	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
-	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes, " complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009)

Form 990 (2009) COMMUNITY ALLIANCE WITH FAMILY FARMERS

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	U.S. Information Returns Enter 0- if not applicable 1a 56									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 42									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country: ►			1						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and									
	Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
C	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited									
	Tax Shelter Transaction?									
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible?									
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
_	were not tax deductible?	6b		<del></del>						
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			1						
provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b								
·	to file Form 8282?	_7c−		_X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	]								
	benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the									
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings									
	at any time during the year?	8_								
9	Sponsoring organizations maintaining donor advised funds.			1						
а	Did the organization make any taxable distributions under section 4966?	9a	<b></b>							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b_		_						
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12	1								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1								
11	Section 501(c)(12) organizations. Enter.									
a	Gross income from members or shareholders  Cross income from other sources (Po not not amounts due or paid to other sources against	1								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)									
40-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	†							
<u></u> _	in res, enter the amount of tax-exempt interest received of accided during the year     120	Form	990	(2009)						

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

Sec	tion A. Governing Body and Management									
				r		Yes	<u>No</u>			
1a	Enter the number of voting members of the governing body	_1a	<u> </u>	14						
b	Enter the number of voting members that are independent	1b		14		j				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other							
	officer, director, trustee, or key employee?				2		<u> X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervisio	n						
	of officers, directors or trustees, or key employees to a management company or other person?				3_		<u> </u>			
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?		4		<u> </u>			
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5_		<u> </u>			
6	Does the organization have members or stockholders?				6		_ <u>X</u> _			
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the							
	governing body?				7a		<u> </u>			
b										
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following									
а	The governing body?				8a	X				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)	-						
				1		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?				10a	Х				
b	if "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates	S,						
	and branches to ensure their operations are consistent with those of the organization?				10b	X				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	filing th	ne form?		11	X	-			
11A					12a	x				
12a										
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	descnbe			,,				
	in Schedule O how this is done				12c	X				
13	Does the organization have a written whistleblower policy?				13_	X				
14	Does the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				٠,				
а	The organization's CEO, Executive Director, or top management official				15a	Х	77			
b	Other officers or key employees of the organization				15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	<b>.</b>								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		40.		v			
	taxable entity during the year?	alı ıata		t.an	16a		X			
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi			tion						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org				406					
800	exempt status with respect to such arrangements?				16b	L				
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(a)(3)a anhi)	available	for					
18		1 (501	(C)(S)S Offiy)	avaliable	101					
	public inspection. Indicate how you make these available. Check all that apply.  Own website									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest	policy, ar	nd fina	ıncıal				
-	statements available to the public.			<del>-</del> -						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the	organiza	tion 🕨					
	JOAN QUINLAN - 530-756-8518									
	P.O. Box 363, Davis, CA 95617				- Corre	990	מחחחי			
					Form	22711	70091			

## 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 "

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

- 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.

(A)	(B)	(C)					.010	(D)	<b>(E)</b> Reportable	(F) Estimated	
Name and Title	Average hours per week	<u> </u>			hat	арр		Reportable compensation from the	compensation from related organizations	amount of other compensation	
		individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
CAROL PRESLEY PRESIDENT & BOARD MEMBER	5.00	х		x				0.	0.	0.	
PETE PRICE VICE PRES & BOARD MEMBER	5.00	x		х				0.	0.	0.	
JUDITH REDMOND SECRETARY & BOARD MEMBER	5.00	x		х		_		0.	0.	0.	
VICKI WILLIAMS  TREASURER & BOARD MEMBER	5.00	_X_						0.	0.	0.	
KEN KIMES DIRECTOR	2.00	x						0.	0.	0.	
NORMAN KLINE DIRECTOR CYNTHIA LASHBROOK	2.00	x		!				0.	0.	0.	
DIRECTOR PRESTON MARING, MD	2.00	X						0.	0.	0.	
DIRECTOR DEB TELLIER	2.00	X				ļ-		0.	0.	0.	
DIRECTOR PAUL HAIN	2.00	X				<u> </u>		0.	0.	0.	
DIRECTOR DALE COKE	2.00	X						0.	0.	0.	
DIRECTOR JANUS HOLT MATTHES	2.00	X	-					0.	0.	0.	
DIRECTOR SARAH MOSSER	2.00	X				-	_	0.	0.	0.	
DIRECTOR DAVID VISHER	2.00							0.	0.	0.	
DIRECTOR DIANE DEL SIGNORE	2.00					+		0.	0.	0.	
EXECUTIVE DIRECTOR	40.00	X						0.	0.	0.	
										Form <b>990</b> (2009)	

Form **990** (2009)

Form					JIANCE WI	TH FAMILY	FARMERS	94-2914	745 Page 9
Pai	† V	<u> 111</u>	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
<u></u>				<del></del>			10701100		513, or 514
Contributions, gifts, grants and other similar amounts			Federated campaigns	1a					
			Membership dues	1b		-			
Ta Ta			Fundraising events Related organizations	1c					
e in			Government grants (contribut		169,542.	111			
Sigi			All other contributions, gifts, gran		1205   3220		İ		
돌		•	similar amounts not included above	1 1	551,119.				
50		g	Noncash contributions included in lines	<u></u>	3,437.				
용		-	Total. Add lines 1a-1f			1,720,661.			
					Business Code		İ		
8	2	а	INTERCOMPANY RE	EIMBURSE	561000	284,765.	284,765.		
ē Š.		b							
Program Service Revenue		Ç							
e a		d			<u></u>				
5		е							
<b>-</b>			All other program service reve	enue		204 765			
$\dashv$		g	Total. Add lines 2a-2f			284,765.			
	3		Investment income (including other similar amounts)	dividends, inter	est, and				
	4		Income from investment of ta	v-evernt hand	proceeds				
ļ	5		Royalties	x-exempt bond	proceeds >			··	
	•		Hoyamoo	(i) Real	(ii) Personal				
	6	а	Gross Rents	(7 · · · · ·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	_	b	Less: rental expenses						
			Rental income or (loss)			]			
		d	Net rental income or (loss)		<b></b>				
	7_	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis	-					
			and sales expenses		<u> </u>	}			
		-	Gain or (loss)	L					
l	_		Net gain or (loss) Gross income from fundraisin						
ã	8	а	including \$	of					
) Ver			contributions reported on line						
Other Revenue			Part IV, line 18	. 10). 000	3,525.				
the		b	Less. direct expenses		0	1			
0			Net income or (loss) from fund	draising events	<b>•</b>	3,525.	3,525.		
	9		Gross income from gaming ad	-					
			Part IV, line 19	í	a	]			
			Less: direct expenses	_	o				1
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances		9	-			
			Less. cost of goods sold		·	-			
		С	Net income or (loss) from sale		Pupings Ord				<del>                                     </del>
ŀ	44	_	Miscellaneous Revenu		Business Code	1	1		
	11	a b							<u> </u>
		C				<u> </u>	-		
		d	All other revenue				<u> </u>		1 _
		_	Total. Add lines 11a-11d		<b>•</b>				
	12		Total revenue. See instructions.		<u> </u>	2,008,951.	288,290.	0.	0.
93200 02-04	9 - 10								Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,		i		
	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				
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 salanes and wages	826,787.	595,757.	141,030.	90,000
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	110,277.	79,387.	24,018.	6,872
10	Payroll taxes	71,829.	52,506.	11,570.	7,753
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	9,251.		9,251.	
d	, ,		·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	465,882.	441,111.	22,471.	2,300
_12_	Advertising.and.promotion	10.545	10 201	7 202	1 702
13	Office expenses	19,547.	10,381.	7,383.	1,783
14	Information technology	13,419.	11,307.	1,120.	992
15	Royalties	00 105	00.060	16 120	
16	Occupancy	99,105.	82,968.	16,137.	220
17	Travel	40,085.	35,037.	4,709.	339
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 560	10 214	1 254	
19	Conferences, conventions, and meetings	20,568.	19,314.	1,254.	
20	Interest	8,654.	2,923.	5,731.	
21	Payments to affiliates	10 007		10 007	
22	Depreciation, depletion, and amortization	19,097.	4 726	19,097.	4 4 1
23	Insurance	12,875.	4,726.	7,708.	441
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.)				
2	PROGRAM SUPPLIES	88,869.	88,869.		
b	DD TAIRTAIC	81,479.	75,702.	2,522.	3,255
	POSTAGE	15,182.	12,103.	1,036.	2,043
	BANK FEES	4,672.	1,178.	3,494.	
•	DITO C GUDGOD TOMEONO	2,034.	1,649.	90.	295
f		192,468.	171,656.	16,953.	3,859
25	Total functional expenses. Add lines 1 through 24f	2,102,080.	1,686,574.	295,574.	119,932
26	Joint costs. Check here  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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Form **990** (2009)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	71,320.	1	13,741.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	510,496.	3	
4	Accounts receivable, net	286,477.	4	565,521
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			<u>-</u>
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
2 7	Notes and loans receivable, net	165,288.	7	
7 8 8	Inventories for sale or use		8	
<sup>t</sup> 9	Prepaid expenses and deferred charges	22,597.	9	10,243
10	a Land, buildings, and equipment, cost or other			*
	basis. Complete Part VI of Schedule D 10a 201,985.			
	b Less: accumulated depreciation 10b 163,843.	34,613.	10c	38,142
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	67,856.	12	325,576
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	6,121.	14	
15	Other assets. See Part IV, line 11	0.	15	8,965
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,164,768.	16	962,188
17	Accounts payable and accrued expenses	390,549.	17	427,990
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete Part II			
-   -	of Schedule L	·	22	
23	Secured mortgages and notes payable to unrelated third parties	170,000.	23	<del> </del>
24	Unsecured notes and loans payable to unrelated third parties	124,314.	24	150,172
25	Other liabilities. Complete Part X of Schedule D		25	
26		684,863.	26	<u>578,162</u>
	Organizations that follow SFAS 117, check here 🕨 🐰 and complete			
Se	lines 27 through 29, and lines 33 and 34.			
ဋ   27	Unrestricted net assets	479,905.	27	384,026
<u>ğ</u> 28	Temporanly restricted net assets		28	
E   29	· —		29	
ž	Organizations that do not follow SFAS 117, check here   and			
5	complete lines 30 through 34.			
န္န   <b>3</b> 0	·		30	<del></del>
ğ 31			31	
Net Assets or Fund Balances 22 23 33 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds		32	
Ž   33	Total net assets or fund balances	479,905.	33	384,026
34	Total liabilities and net assets/fund balances	1,164,768.	34	962,188

Part XI   Financial	Statements and Reporting		_	
·			Yes	No
1 Accounting method	used to prepare the Form 990 Cash X Accrual Other			
If the organization of	hanged its method of accounting from a prior year or checked "Other," explain in Schedule O			1
2a Were the organizati	on's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Were the organization	on's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a o	2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilati	on of its financial statements and selection of an independent accountant?	2c		
If the organization of	hanged either its oversight process or selection process during the tax year, explain in Schedule O	ľ		
d If "Yes" to line 2a o	2b, check a box below to indicate whether the financial statements for the year were issued on a			l
consolidated basis,	separate basis, or both.			1
Separate bas	s Consolidated basis Both consolidated and separate basis			
3a As a result of a fede	ral award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ļ
Act and OMB Circu	ar A-133?	3a		X
<b>b</b> If "Yes," did the org	anization undergo the required audit or audits? If the organization did not undergo the required audit		İ	
or audits, explain w	ny in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t ) See inst	tructions		1-2314/45			
L			because it is. (For lines 1										
1		•	s, or association of church	•		-	•						
2 🗔			'0(b)(1)(A)(ii). (Attach Sc			011011 170	(2)(1)(2)(1)	•					
з 🗔			tal service organization (	•		170/h)/1\	/ A \/:::\						
<u>ـــّ</u> ا	-		operated in conjunction					/6V4VAViii	i) Enter ti	ha haenital'e nama			
₩ 🗀	city, and stat		operated in conjunction	WILLI A 1103	pital dosci	ibed iii Se	Cuon 170		ıy. Cirtor ti	ne nospitai s name,			
5 🗀	•		benefit of a college or ur	oworety o	wood or or	orated by		montal und	dosoribo				
э 🗀		(b)(1)(A)(iv). (Comple		inversity of	Wiled OI OF	rerated by	a governi	nontal unii	uescribe	tu III			
• 🗀			·		al.m at	470/b.\/·	41/41/-1						
6			ent or governmental unit			• • • •							
7 📖	_	-	eives a substantial part	oi ns supp	on iroin a	governme	ental unit c	ir irom trie	general p	oublic described in			
•	`	(b)(1)(A)(vi). (Comple	•	(Camalata	Ded III								
8 L 9 X	-		section 170(b)(1)(A)(vi).		•		<b>.</b>						
9 LX	X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		•	•		•	•				•			
			axable income (less sect	uonsiita	ix) irom bu	sinesses a	acquired b	y the orga	nization a	mer June 30, 1975			
40	See section 509(a)(2), (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4),												
10	•			•	•			•	cout the	aurages of one or			
п Ш	•	•	perated exclusively for the				-	•					
	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												
e 🗀	• •		at the organization is not				-	r moro dier	lb	••			
₽		•	han one or more publicly		•	•	•		•				
f		-	tten determination from t		_				7(a)(1) U1 S	Section 509(a)(2)			
•	_		ns_box		-	•	ili, or Type	# 111		_			
		-					of the fell						
g	-		organization accepted ar lirectly controls, either al			-				Yes No			
			upported organization?	one or tog	eulei wilii	persons (	aescribed	ווו (וו) פרוט (ו	iii) Delow,				
	_		n described in (i) above?	,						11g(i) 11g(ii)			
			person described in (i) o		۵2								
h		· · · · · · · · · · · · · · · · ·	about the supported or							11g(iii)			
"	1 TOVIGE LITE I	ollowing information	about the supported on	garnzation	(3).								
(!) None		(III) FIN	(iii) Type of	fiv) Is the o	organization	(v) Did vo	u notify the	(vi) ls	the	() A			
	e of supported	(ii) EIN	organization		sted in your		tion in col.	organizatio	on in col.	(vii) Amount of			
υί	janization		(described on lines 1-9 above or IRC section		document?		r support?	U.S.	.?	support			
			(see instructions))	Yes	No	Yes	No	Yes	No				
			, , , , , , , , , , , , , , , , , , , ,	-			1	-					
				1									
				1			-						
	·						†	_	<del>                                     </del>				
	_		-							<del></del>			
				<del> </del>	1		-	<u> </u>					
Total			:										
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for	<u></u>		Schedule	e A (Forn	n 990 or 990-EZ) 2009			
V									11 0111				

932021 02-08-10

Form 990 or 990-EZ.

Sche	edule A (Form 990 or 990-EZ) 2009 Cort III   Support Schedule for C	OMMUNITY Drganizations	ALLIANCE Described in S	WITH FAMI Section 509(a)	LY FARMER	S 94-291	4745 Page 3
	tion A. Public Support	, gainzano		, , , , , , , , , , , , , , , , , , ,	(Complete only I	T you checked the bu	ix on inte 5 of Fart 1.)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(15) 2000	(0) 2007	(4) 2000	(e) 2000	(i) Total
'	membership fees received. (Do not					ļ	
	include any "unusual grants.")	1242444.	1320123.	2008679	1963826.	2005426.	8540498.
_	,	1242444	1320123.	2000013.	17030201	2003420.	0340470.
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			55,652.	399,018.	3,525.	458,195.
3	Gross receipts from activities that					_	
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization'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	1242444.	1320123.	2064331.	2362844.	2008951.	8998693.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
_8_	Public support (Subtract line 7c from line 6)				<u></u>		8998693.
Se	ction B. Total Support				,		·
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6	1242444.	1320123.	2064331.	2362844.	2008951.	8998693.
10a	Gross income from interest,						
	dividends, payments received on -securities loans, rents, royalties—						
	and income from similar sources	276.	651.	55,901.	1,914.		58,742.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b	276.	651.	55,901.	1,914.		58,742.
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)	2,425.					2,425.
13	Total support (Add lines 9, 10c, 11, and 12)	1245145.	1320774.	2120232.	2364758.	2008951.	9059860.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here					_	▶□
	ction C. Computation of Publ				<del>_</del> .	14-1	00 22 2
	Public support percentage for 2009 (			column (f))		15	99.32 %
16					<del>.</del>	16	99.86 %
	ction D. Computation of Inve					<del></del>	<u> </u>
17	Investment income percentage for 20			ne 13, column (f))		17	.65 %
18	Investment income percentage from				46	18	.03 %
19:	a 33 1/3% support tests - 2009. If the						
	more than 33 1/3%, check this box a	•	_				. ►\X
ı	o 33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						<b>▶</b> ⊢
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			00 or 990-EZ) 2009

### SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section !	501(c)(4), (5), or (6) organizat	ions: Complete Part III			
Name of org			·	Emp	loyer identification number
	COMMUNI	TY ALLIANCE WITH	FAMILY FAR	MERS	94-2914745
Part I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 of	organization.
1 Provide	a description of the organiz	ation's direct and indirect politic	cal campaign activities	ın Part IV	
2 Politica	l expenditures			▶ 9	S
3 Volunte	er hours				
			<del></del>		
Part I-B	Complete if the org	anization is exempt und	der section 501(c)		
1 Enter th	ne amount of any excise tax	incurred by the organization un	der section 4955	▶\$	S
		incurred by organization manag		5 ▶ 9	<u> </u>
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					Yes No
4a Was a correction made?					└─ Yes └─ No
	" describe in Part IV.		Jan	avent postion EM	(-)(0)
Part I-C		anization is exempt un			
-	• •	by the filing organization for se	· ·		<u> </u>
2 Enter th	ne amount of the filing organ	zation's funds contributed to o	ther organizations for s	section 527	
•	function activities			▶ \$	<u> </u>
		Add lines 1 and 2 Enter here		L,	•
		4400 P.O. Southerner			Yes No
	filing organization file Form	•	NN -6 -11t 507 -	-141	
		nployer identification number (E he amount paid from the filing (			
		vered to a separate political org			
		I, provide information in Part IV		oparate begregated faria of	a pointed denoir committee
(, , , , ,		<del></del>		(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
				funds If none, enter -0-	
					delivered to a separate political organization
					If none, enter -0-
	<u> </u>				<del>-</del>
			-		
	- · · · · · · · · · · · · · · · · · · ·				
				<del></del>	

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 (	COMMUNITY A	LLIANCE WIT	H FAMILY FA	RMERS 94-	2914745 Page 2
Part II-A Complete if the organ		pt under section	501(c)(3) and file	d Form 5/68	
(election under section		atad araun			<u> </u>
A Check In f the filing organization			suono onniu		
	on Lobbying Expend	d "limited control" provi	sions apply	(a) Filing organization's	(b) Affiliated group totals
(The term "expendit				totals	iotais
1a Total lobbying expenditures to influe	nce public opinion (a	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	-	(direct lebbying)	-	<del></del>	"
d Other exempt purpose expenditures		•		·	
e Total exempt purpose expenditures	(add lines 1c and 1d)		_		
f Lobbying nontaxable amount. Enter			columns		
If the amount on line 1e, column (a) or (		ying nontaxable amou	_ : 1		
Not over \$500,000	-	ne amount on line 1e.			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)		_	<u> </u>	
h Subtract line 1g from line 1a. If zero	or less, enter -0-		Ĺ		
i Subtract line 1f from line 1c If zero of	or less, enter -0-		L		
j If there is an amount other than zero	on either line 1h or li	ne 1ı, dıd the organızat	ion file Form 4720		
reporting section 4911 tax for this ye	ear?				Yes N
	tions that made a se	raging Period Under S ection 501(h) election instructions for lines	do not have to comp		
	Lobbying Expen	ditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	193,086.	159,996.	0.	. <u>-</u>	353,082
b Lobbying ceiling amount (150% of line 2a, column(e))					529,623
c Total lobbying expenditures	16,662.	9,481.	0.		26,143
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

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Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 COMMUNITY ALLIANCE WITH FAMILY FARMERS 94-2914745 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	Amount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	_
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	_
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	
c Media advertisements? d Mailings to members, legislators, or the public? E Publications, or published or broadcast statements?	
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?	
e Publications, or published or broadcast statements?	
	6,465.
4. Cuanta ta athau augumentana fau labhuran augmanan	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	7,200.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
i Other activities? If "Yes," describe in Part IV	10 665
j Total. Add lines 1c through 1i	13,665.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<del></del>
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	1
Ye	s No
Were substantially all (90% or more) dues received nondeductible by members?	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?    Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members	erea 
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	_
expenses for which the section 527(f) tax was paid).	
a Current year	
b Carryover from last year	
c Total 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	
5 Taxable amount of lobbying and political expenditures (see instructions) 5	
Part IV Supplemental Information	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i Also, comfor any additional information.	plete this part

Schedule C (Form 990 or 990-EZ) 2009
932043 02-04-10

### Schedule D

(Form 990)

1 2

7

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 Open to Public Inspection

**Employer identification number** 

Name of the organization

COMMUNITY ALLIANCE WITH FAMILY FARMERS 94-2914745 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) \_\_ Yes and section 170(h)(4)(B)(ii)? 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.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

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

Schedule D (Form 990) 2009

		TY ALLIANC						4 - 29			
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, c	or Othe	<u>or Simila</u>	<u>r Asse</u>	ts (cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the t	following tha	at are a si	gnificant u	se of its	collectio	n item	S
	(check all that apply)										
а	Public exhibition	d	ıЩ∟	an or excl	nange progr	ams					
b	Scholarly research	е	· 🗀 ભ	:her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizati	on's exe	mpt purpos	se in Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, hist	oncal treas	sures, or oth	er simılar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No_
Par	t IV Escrow and Custodial Arran		ete if orgai	nization an	swered "Ye	s" to Forr	m 990, Par	t IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other as	sets not	ıncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tal	ble:							
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						_1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV										
Pai	t V Endowment Funds. Complete	f the organization ar	swered "\	es" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs								ļ		
f	Administrative expenses										
g	End of year balance								L		
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for t	he organiza	ation			
	by.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization:								3b		
4	Describe in Part XIV the intended uses of the						_				
Pai	rt VI Investments - Land, Building	<del>-                                    </del>				ı					
	Description of investment	(a) Cost or o basis (investi		• •	or other (other)		ccumulated preciation	d l	(d) Boo	k valu	ə 
1a	Land										
b	Buildings			_							
С	Leasehold improvements										
d	Equipment			20	1,985.		163,84	3.	3	8,1	<u>42.</u>
е	Other						· ·				
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0(c))				3	8,1	42.

Schedule D (Form 990) 2009 COMMUNITY	ALLIANCE WITH	FAMILY F	ARMERS	94-2914745 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value			of valuation. year market value
Financial derivatives .				
Closely-held equity interests	325,576	. Cost		
Other				
				<u></u>
<del></del>	<del> </del>	<del> </del>		
	<del></del>	<del> </del>	<u></u>	<del></del>
		-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	325,576			
Part VIII Investments - Program Related.				
(a) Description of investment type	(b) Book value			l of valuation. year market value
		<del></del>		
		<u> </u>		<del></del>
		<del></del>		
	<del></del>	<del>-</del>	_ <del></del>	<del></del> .
		-		·
Tetal (Cal /h) must equal Form 000 Part V and (P) line 12 )		<del></del>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, II				
	a) Description			(b) Book value
		<u> </u>		
			<u> </u>	
	<del></del>			
	<del></del>		<del>-</del> -	- <del></del>
			<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)			<b>•</b>
Part X Other Liabilities. See Form 990, Part	X, line 25		. <u>-</u>	
1. (a) Description of liability		(b) Amount		
Federal income taxes				
		<del></del>		
		· <del></del>		
			_	
			_	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25 )			
2. FIN 48 Footnote. In Part XIV, provide the text of the		n's financial statem	ents that report	ts the organization's liability for
uncertain tax positions under FIN 48.		<del></del>	<del> </del>	Schodulo D /Ea 000) 000
02-01-10				Schedule D (Form 990) 200

	t XI Reconciliation of Change in Net Assets from Form 990 to				2914745 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5		<del>-</del>	
6	Investment expenses		6			
7	Prior period adjustments		7	· · · · · · · · · · · · · · · · · · ·	<del></del>	
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			
	t XII Reconciliation of Revenue per Audited Financial Statemer			Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	_2a		JI		
b	Donated services and use of facilities	2b		]		
c	Recoveries of prior year grants	2c		<u>.</u>		
d	Other (Describe in Part XIV.)	2d		]		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIV)	4b		- 1		
C	Add lines 4a and 4b			4c		
5 <b>D</b> a	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  TXIII Reconciliation of Expenses per Audited Financial Statement	nte Witl	Evnences ne	5 Cotus	ria.	
	Total expenses and losses per audited financial statements	TILS WILL	I Expenses per		111	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			1		_
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	<del></del>	1		
c	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d		1		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV.)	4b		<b>」</b>		
c	Add lines 4a and 4b			4c		
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  It XIV Supplemental Information			5		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	. lines 1a a	nd 4. Part IV. lines	1b and 2	b. Part V. line	4: Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					.,
-						
_				-		
			-		<del></del>	

### SCHEDULE O

(Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMUNITY ALLIANCE WITH FAMILY FARMERS

Employer identification number 9.4 - 2.91.4.7.4.5

COMMONITY MEDITATION WITH THEFT THE TRANSPORT OF THE PARTY OF THE PART
Form 990, Part I, Line 1, Description of Organization Mission:
FOR THE LAND, SUSTAINS LOCAL ECONOMIES, AND PROMOTES SOCIAL JUSTICE
Form 990, Part III, Line 4b, Program Service Accomplishments:
sell at the local farmers market. Some of these teenagers continued to
work on the farms over the summer, providing invaluable labor for the
farmers while exploring agriculture as a career. Coupled with the
education programs are efforts to provide technical assistance in local
food purchasing for school food service, creating a market for
family-farmed produce in schools. In 2009, we worked with CAFF,s local
food systems team and over 20 school food service directors to bring
fresh local produce from over 50 family farms into their school
cafeterias,
Form 990, Part III, Line 4c, Program Service Accomplishments:
<u>Twitter</u>
-Opened the Bay Area Growers Collaborative Hub in November, 2009
-Signed 12 distributors to buy produce from small farmers through
the Hub
Form 990, Part VI, Section B, line 11: A copy of the Form 990 is reviewed
by the Board prior to filing.
Dy the Board prior to reside
Form 990, Part VI, Section B, Line 12c: Annually, all directors and key
employees complete an affirmation and disclosure disclosing affiliations
that could result in a conflict of interest or related compliance.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

### SCHEDULE O

### **Supplemental Information to Form 990**

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	COMMUNITY ALLIANCE WITH FAMILY FARMERS	Employer identification number 94-2914745
Form 990, Part	VI, Section B, Line 15a: An independent of	compensation
committee revi	ews compensation of key employees.	
Form 990, Part	VI, Section C, Line 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCU	MENTS, CONFLICT OF INTEREST POLICY, AND FI	NANCIAL STATEMENTS
AVAILABLE TO T	HE PUBLIC UPON REQUEST.	
		· · · · · · · · · · · · · · · · · · ·

Schedule R (Form 990) 2009 COMMUNITY ALLIANCE WITH COMMUNITY ALLIANCE WITH 2009 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling 94-2914745 entity entity 46,641. FAMILY FARMERS FAMILY FARMERS Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  $\boldsymbol{\varepsilon}$ End-of-year assets status (if section Public charity 501(c)(3)) 501(C) (3) <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 157,947 Exempt Code Total income ਰ See separate instructions. Related Organizations and Unrelated Partnerships Legal domicile (state or **Identification of Disregarded Entities** (Complete if the organization answered ∣Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) foreign country) COMMUNITY ALLIANCE WITH FAMILY FARMERS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SALE OF LOCAL FARM PRODUCE Attach to Form 990. SDUCATIONAL PROGRAMS ON Primary activity Primary activity CONDUCT RESEARCH AND COLTON 94-2914785, P.O. Box 383, Davis, CA 95617 Sustainable Cotton Project - 77-0402577 California Growers Collaborative LLC Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization DAVIS, CA 95617 Department of the Treasury Internal Revenue Service P.O. Box 363 SCHEDULE R (Form 990) Part II Part

94-2914745

Page 2

Schedule R (Form 990) 2009 COMMUNITY ALLIANCE WITH FAMILY FARMERS

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner?	×	elated	Percentage ownership	90) 2009
Code V-UBI amount in box 20 of Schedule	N/A	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	Share of Per assets assets	Schedule R (Form 990) 2009
(h) Disproportion- ate allocations?	2 ×	pecause it h		Sch
(g) Share of end-of-year a assets	46,641,	art IV, line 34 l	b, Share of total	
	157,947.	o Form 990, P.	(d) Type of entity (C corp. S corp, or trust)	
(f) Share of total income		red "Yes" to	(d) Direct controlling entity	
(e) Predominant income (related, unrelated, excluded from tax under		ation answe		
Predomi (related excluded f	RELATED	the organiz	Legal domicile (state or foreign country)	m
(d) Direct controlling entity	COMMUNITY ALLIANCE WITH FAMILY FARMERS	Complete if		<b>78</b>
I	COMMUNITY ALLIANCE ' FAMILY FAI	or Trust (	Primary activity	
(c) Legal domicite (state or foreign foreign)	85	poration (		
		able as a Cor		
(b) Primary activity	PRODUCE	anizations Tax	z -	
(a) Name, address, and EIN of related organization	CALIFORNIA GROWERS COLLABORATIVE - 94-2914785, P.O. BOX 363, DAVIS, CA SI 95617 P	Part IV Identification of Related Organizations Taxable as a Corporation or Itust during the tax year	(a) Name, address, and EIN of related organization	932162 02-04-10

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Part V

94-2914745

Schedule R (Form 990) 2009 COMMUNITY ALLIANCE WITH FAMILY FARMERS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investingent partnerships

that was not a related organization. See instructions regarding exclusion for certain investifient parties inps	Usion for certain investment partie						
(a)	<b>(</b> 2)	<u>©</u>	9	(e)		6	Ē
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	partner?
		country)	Yes No		Yes	(Form 1055)	Yes No
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						Schedule R (Form 990) 2009	n 990) 2009

932164 02-04-10

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Current Year Deduction	Ization Deduction
Current Sec 179	nmercial Revrta
Accumulated Depreciation	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation	, Section 179, Sal
Reduction In Basis	• ITO
Bus % Excl	
Unadjusted Cost Or Basis	(D) - Asset disposed
No.	(D) - As
File	
Method	
Date Acquired	
Description	
Asset	928102 06-24-09

Form'8868 (Rev. 4-2009)		Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ЭX	X			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868			
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies	needed)			
Type or Name of Exempt Organization	Emp	loyer identification number			
COMMUNITY ALLIANCE WITH FAMILY FARMERS	9	4-2914745			
Number, street, and room or suite no. If a P.O. box, see instructions due date for filing the P.O. BOX 363	For I	RS use only			
return See Instructions DAVIS, CA 95617					
Check type of return to be filed (File a separate application for each return)  X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
WILLIAM BURNETTE  • The books are in the care of ▶ P.O. Box 363 - Davis, CA 95617  Telephone No ▶ 530-756-8518  • 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 box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an additional 3-month extension of time until November 15, 2010  • For calendar year 2009, or other tax year beginning and ending If this tax year is for less than 12 months, check reason Initial return Final return  • State in detail why you need the extension Tax return is in process	s is fo	r the whole group, check this the extension is for			
8a 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	8a	\$			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	s			
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	60	3			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s N/A			
Signature and Verification		47,44			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.  Signature   CPA		f my knowledge and belief,  8 - 11 - 2010			

Form 8868 (Rev. 4-2009)