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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the **2009** calendar year, or tax year beginning **Oct 1**, 2009, and ending **Sep 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Child Development Nutrition Program, Inc. Number and street (or P O box if mail is not delivered to street addr) Room/suite 303 Julia City, town or country State ZIP code + 4 Houston TX 77022	D Employer Identification Number 76-0325105 E Telephone number (713) 329-9522 G Gross receipts \$ 886,459.
F Name and address of principal officer Emilda Navarro 303 Julia Houston TX 78701		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: N/A K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of Formation 1990 M State of legal domicile TX	

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Child Care Food Nutrition Program				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5	Total number of employees (Part V, line 2a)	5		
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross unrelated business revenue from Part VIII, I column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	8	Contributions and grants (Part VIII, line 1h)	885,471.	886,459.	
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	885,471.	886,459.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	753,202.	769,195.	
	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)	81,623.	93,297.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25)			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	51,265.	36,286.		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	886,090.	898,778.		
19	Revenue less expenses. Subtract line 18 from line 12	-619.	-12,319.		
Net Assets or Fund Balance	20	Total assets (Part X, line 16)	91,975.	79,450.	
	21	Total liabilities (Part X, line 26)	88,001.	87,795.	
	22	Net assets or fund balances Subtract line 21 from line 20	3,974.	-8,345.	

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.				
Sign Here	Signature of officer: <i>Emilda Navarro</i>		Date: 8-3-11	
	Type or print name and title: Emilda Navarro			
Paid Preparer's Use Only	Preparer's signature: <i>Marvin R. Clement</i>	Date: 07/24/11	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions): P00420285
	Firm's name (or yours if self-employed), address, and ZIP + 4: Marvin R. Clement, CPA 1085 CR 328 Milano TX 76556	EIN: (832) 876-4872		
	Phone no: (832) 876-4872			

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Child Care Food Nutrition Program

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 898,778. including grants of \$ 0.) (Revenue \$ 0.)

Taxpayer is a contractor with the Texas Department of Agriculture in the non-profit Child & Adult Food Care Program (CACFP) whereby it performs charitable and educational nutritional service through reimbursing registered day care providers for meals served to children primarily in low income areas with large numbers of working mothers. Approximately 1020 children were benefited by the program.

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

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

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 898,778.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
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		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, 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		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2009)

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	0		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
3b			
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)?		X
4a			
4b	If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
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?		X
6a			
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7b			
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
7h	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?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9a			
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12b			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a The governing body?	X	
8b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a The organization's CEO, Executive Director, or top management official		X
15b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ Hugo Navarro 18602 Candle View Spring TX 77388 (281) 850-7093

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	769,195.	769,195.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,202.	45,631.	24,571.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,288.	17,288.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,807.	4,176.	1,631.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,750.	6,875.	6,875.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	5,865.	2,933.	2,932.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,361.	681.	680.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	752.	0.	752.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0.	0.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Rent	7,200.	3,600.	3,600.	0.
b Telephone	7,358.	3,679.	3,679.	0.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	898,778.	854,058.	44,720.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	0.	1	2,791.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	68,560.	3	68,301.
	4	Accounts receivable, net	23,415.	4	5,958.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	2,400.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	91,975.	16	79,450.	
LIABILITIES	17	Accounts payable and accrued expenses	86,396.	17	86,190.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	1,605.	22	1,605.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	88,001.	26	87,795.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	3,974.	27	-8,345.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	3,974.	33	-8,345.	
34	Total liabilities and net assets/fund balances.	91,975.	34	79,450.	

BAA

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

BAA

Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,023,996.	974,927.	938,548.	885,471.	886,459.	4,709,401.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	1,023,996.	974,927.	938,548.	885,471.	886,459.	4,709,401.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,709,401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,023,996.	974,927.	938,548.	885,471.	886,459.	4,709,401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						4,709,401.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

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.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: **Child Development Nutrition Program, Inc.** Employer identification number: **76-0325105**

Part II Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part III Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Emilda Navarro Advance funds	X		5,154.	1,605.		X		X		X
Rosanna Balesteros Wages advance		X	1,400.	0.		X		X		X
Total				▶ \$	1,605.					

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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.

Open to Public
Inspection

Name of the organization

Employer identification number

Child Development Nutrition Program, Inc.

76-0325105

Pt VI-A, Line 2 **MOTHER AND DAUGHTER**

Pt VI-A, Line 3 **HIRED OUTSIDE ACCOUNTING WORK**

Pt VI-A, Line 8a **ANNUAL MINUTES TAKEN**

Pt VI-B, Line 11A **COPIES GIVEN TO MEMBERS**

Pt VI-C, Line 19 **AVAILABLE UPON WRITTEN REQUEST**

Pt VI-A, Line 8b **NO OVERSIGHT COMMITTEE**

Supporting Statement of:

Sch I, page 2/Smart Wks No. Recipients-1

Description	Amount
See Attached Schedule	101
Total	<u>101</u>

Supporting Statement of:

Sch I, page 2/Smart Wks Cash Grant Amt-1

Description	Amount
See Attached Schedule	769,195.
Total	<u>769,195.</u>

FORM 990 - EXEMPT ORGANIZATION TAX RETURN
SCHEDULE I PAGE 2, PART III (GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS)
PAID TO SUBRECIPIENTS, REGISTERED DAYCARE PROVIDERS OF FOOD

NAME OF SUBRECIPIENT	ADDRESS	AMOUNT
AGUILAR MARIA	14818 HIRAM CLARK HOUSTON, TX	77053 6,581
AGUILAR MARIA DE L	7139 SHADY MOSS HOUSTON, TX	77049 9,129
AGUILUZ NATALLY	6410 BOSLEY HOUSTON, TX	77084 7,932
ANDRUS CAROL	1227 PILOT POINT HOUSTON, TX	77038 7,282
APARICIO SONIA	1502 GLASHOLM DR HOUSTON, TX	77073 5,758
ARIZA SARA	10881 RICHMOND #207 HOUSTON, TX	77042 9,432
ARMIJO MARIA	1020 KINGSWREATH ELPASO, TX	79907 3,448
ARMENDARIZ PATRICIA	1044 RICHARD ELPASO, TX	79900 9,715
AVILES JUVENTINA	1313 MARTIN HOUSTON, TX	77018 3,323
BALDERRAMA DOLORES	9456 LE SABRE EL PASO, TX	79907 6,870
BANKS ANGELA	19623 GREEN CHASE LANE HOUSTON, TX	77073 5,414
BARRERA ENDELIA	2818 KATHERINE STAFFORD, TX	77477 7,029
BARRERA JUANA	8010 BAUMAN HOUSTON, TX	77022 11,717
BARRERA WILMA	1511 5TH STREET #513 MISSOURI, TX	77489 7,317
BENAVIDES IRMA	333 GUS RALLIS EL PASO, TX	79932 11,664
BENITEZ MARIA	5710 GLENMONT #37 HOUSTON, TX	77081 9,415
BOOKER MONICA	8638 WHITCASTLE HOUSTON, TX	77088 14,068
BRANCH GLORIA	11427 LEMOND DR HOUSTON, TX	77016 11,785
BRAVO ELIZABETH	12373 WELLINGTON PARK HOUSTON, TX	77072 11,400
BREWER LISA	833 ST. MARTIN CORPUS CHRISTI, TX	78418 6,903
BRYANT VERA	6936 FINCH HOUSTON, TX	77028 7,976
BURNNETT WANDREA	14818 HIRAM CLARK HOUSTON, TX	77053 6,621
CAIN HAZEL	7319 KNOX HOUSTON, TX	77088 753
CAMPOS SAN JUANITA	LOT #29 MONTERREY DRIVE ALAMO, TX	78516 18,148
CARRILLO GREGORIA	3902 IDALLIA EL PASO, TX	79930 10,367
CARVER MARINA	2 1/2 MILE N TAYLOR RD MISSION, TX	78572 6,695
CASTELLANO IRIS	790 BATESWOOD 14 HOUSTON, TX	77079 4,124
CASTRO NORMA	10201 HARWIN #211 HOUSTON, TX	77036 6,301
CONTRERAS NATHALIE	19619 COZZY CABBIN KATY, TX	77449 14,252
CORONADO CYNTHIA	2915 FRANKLIN AVENUE EDINBURG, TX	78539 1,998
COTTREL JEANETTE	3005 REDWOOD MCALLEN, TX	78501 14,014
CRUZ DOROTHEA	1313 8TH ST ROSENBERG, TX	77471 7,937
DAROSA RITA	18347 CAPE LOOK OUT WAY HUMBLE, TX	77346 3,453
DELEON GRACIELA	3522 PINEMEADOW HOUSTON, TX	77039 4,717
DURAN MARTHA	6618 MONTAUK HOUSTON, TX	77084 8,163
DURON IRENE	5984 HAYSTACK LANE ELPASO, TX	79932 2,073
ELEBUTE DESOLA	14550 FONMEADOW HOUSTON, TX	77035 12,028
FLORES DIGNA	1906 MONARCH HALLOW KATY, TX	77449 10,133
FRANKLIN BARBARA	7329 BIGWOOD HOUSTON, TX	77016 3,374
GALVAN SANDRA	8810 MOULD DRIVE PHARR, TX	78577 7,168
GARCIA ELIZABETH	7429 WEST LAMBUTH DEER PARK, TX	77536 1,184
GARCIA ERMINA	3930 GRAPEVINE HOUSTON, TX	77045 9,932
GARCIA LAURA	4021 WOODRIVER DR #80 CORPUS CHRISTI, TX	78410 7,459
GARCIA PAULA	12360 RICHMOND 917 HOUSTON, TX	77082 5,340
GOMEZ ROXANA	811 THREADNEEDLE HOUSTON, TX	77079 3,979
GRANDE LUCIA	6060 GULFTON #2106 HOUSTON, TX	77081 4,184

FORM 990 - EXEMPT ORGANIZATION TAX RETURN
SCHEDULE I PAGE 2, PART III (GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS)
PAID TO SUBRECIPIENTS, REGISTERED DAYCARE PROVIDERS OF FOOD

NAME OF SUBRECIPIENT		ADDRESS			AMOUNT
GUERRA	CLAUDIA	108 W GUERRA	PHARR, TX	78577	12,879
HALL	ANA	1712 CRESDALE #2	HOUSTON, TX	77080	6,871
HARDY	CHERYL	1431 TARBERRY	HOUSTON, TX	77088	9,316
HAWKINS	MELBA	11939 SILVER ISLAND	HOUSTON, TX	77067	10,872
HERNANDEZ	CHRISTINA	2101 18TH STREET	GALENA PARK, TX	77547	10,288
HERNANDEZ	MARIA	110 E SUNNYSIDE	HOUSTON, TX	77076	392
HERNANDEZ	LIDIA	7910 BAUMAN	HOUSTON, TX	77022	9,121
JAIME	MARIA	7224 WESTOVER DR	EL PASO, TX	79912	7,207
KIMBLE	SEILA	8635 WHITE CASTLE	HOUSTON, TX	77088	10,654
LABORICO	AIDA	7912 FORD	HOUSTON, TX	77012	6,069
LAGUNA	MARIA	21111 RIVERSIDE RIDGE LN	KATY, TX	77449	1,839
LAVERGNE	IDA	3211 SHELLDRAKE WAY	BAYTOWN, TX	77521	10,973
LEON	MORIMA	16718 ESPINOZA DR.	HOUSTON, TX	77083	6,990
LICEA	MARCELA	10881 RICHMOND #1315	HOUSTON, TX	77042	7,862
LLANAS	MARIA E	5500 EL CAMINO DEL REY	HOUSTON, TX	77081	6,838
MARTINEZ	AMINTA	P O.BOX 475	ELSA, TX	78543	8,639
MEDELLIN	ONEIDA	1314 10TH ST	ALENA PARK, TX	77547	8,026
MEDINA	ANNA GLENDA	19854 LAUREL TRAIL	CYPRESS, TX	77433	14,108
MENDEZ	BLANCA	3414 MAYMIST DR	KATY, TX	77449	1,104
MENDOZA	ALEJANDRA	8777 CATHEDRAL	ELPASO, TX	79907	11,530
MINOR	MARIA	12822 FERN FOREST DRIVE	HOUSTON, TX	77044	9,838
MONTES	VICTORIA A.	10180 TRINIDAD	EL PASO, TX	79925	6,918
MORALES	PATRICIA	2326 HILLSHIRE	DEER PARK, TX	77536	9,397
NANCE	JAMES	509 COTTAGE	HOUSTON, TX	77009	4,473
OLIVA	JACINTA	5710 GLENMONT #162	HOUSTON, TX	77081	6,496
PALMA	CONSUELO	507 COWAN	PASADENA, TX	77506	6,921
PENDARVIS	TAMI	902 ST GREGORY	CORPUS CHRISTI, TX	78418	12,984
PEREZ	YOLANDA	5601 WESTWARD #21	HOUSTON, TX	77081	9,827
PERRETT	MARIA	RT. 1 BOX 585	FRESNO, TX	77545	4,688
PERRETT	MARIANA	9518 MASTERS	MANVEL, TX	77578	2,967
PONCE	GUADALUPE	10131 SPRINGWOOD	EL PASO, TX	79925	11,137
PONCE	MARIA	10131 SPRINGWOOD	EL PASO, TX	79925	11,747
REALZOLA	LORENZA	805 EL ARCO	EL PASO, TX	79907	6,647
RIASCOS	EDUVIGES	8722 BEAU MONDE DR	HOUSTON, TX	77098	9,725
RINCON	BERTHA	2317 PITTSBURG	EL PASO, TX	79930	8,710
RIVERA	MARIA	2016 18TH ST	GALENA PARK, TX	77547	8,328
ROJAS	SILVIA H	7814 SALGE	HOUSTON, TX	77040	7,364
SAENZ	MARIA	3833 BROOKLANE	CORPUS CHRISTI, TX	78410	7,177
SALAZAR	PAULA	509 AVENUE F	SINTON, TX	78387	8,437
SALGADO	IRMA	9818 RUSTIC ROCK RD	LAPORTE, TX	77571	5,490
SANDOVAL	DILCIA	8104 BAUMAN #B	HOUSTON, TX	77022	6,614
SARTAIN	GILDA	19422 FLETCHER WAY DR	HOUSTON, TX	77073	6,926
SCOTT	BARBARA	6708 SAINT AUGUSTINE	HOUSTON, TX	77021	1,817
SOTUYO	IRMA	2804 N. 26TH	MCALLEN, TX	78501	4,375
TERRAZAS	PATRICIA	9337 LOUVRE	EL PASO, TX	79936	6,070
THOMAS	DOROTHY	5515 A FARLEY DR	HOUSTON, TX	77032	8,963

CHILD DEVELOPMENT NUTRITION PROGRAM, INC.

EIN 76-0325105
FYE 9/30/2010

FORM 990 - EXEMPT ORGANIZATION TAX RETURN
SCHEDULE I PAGE 2, PART III (GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS)
PAID TO SUBRECIPIENTS, REGISTERED DAYCARE PROVIDERS OF FOOD

NAME OF SUBRECIPIENT		ADDRESS		AMOUNT	
TUBBS	GLORIA	9814 CHEEVES	HOUSTON, TX	77016	9,898
VARGAS	MARIA	2712 S 28TH	MCALLEN, TX	78503	12,134
VASQUEZ	ANGELA	2202 WOODLAND SPRINGS	HOUSTON, TX	77077	7,833
VASQUEZ	MARIA	1735 BUGLE RUN DRIVE	KATY, TX	77449	3,372
VELASQUEZ	ROSALVA	10881 RICHMOND #1315	HOUSTON, TX	77042	2,913
VERDIN	PATRICIA	3423 HIDDEN CREEK DR	SUGAR LAND, TX	77479	2,509
VILLAREAL	DELMY	527 FIRNAT	HOUSTON, TX	77022	6,476
WILLIAMS	DALFENIA MARIA	10910 MAPLE LEAF	HOUSTON, TX	77016	6,872
TOTAL					\$769,195