

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)
Corporation/Organization name: ALLIANCE FOR FOOD AND FARMING, INC.
California corporation number: 2001945
FEIN: 77-0438244
Street address (suite or room): P. O. BOX 2747
City: WATSONVILLE
State: CA
Zip code: 95077

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return?
E Check accounting method: 1 X Cash
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-16).

Sign Here: Declaration of preparer. Signature of officer: SECRETARY/TREASURER. Title: SECRETARY/TREASURER. Date: (831) 786-1666. Telephone: (831) 786-1666. PTIN: P01596055. Firm's FEIN: 95-0858589. Telephone: (831) 724-2441.
Paid Preparer's Use Only: Preparer's signature: KIMBRA SAID, CPA. Firm's name: HUTCHINSON AND BLOODGOOD LLP. Address: 579 AUTO CENTER DRIVE, WATSONVILLE, CA 95076.
May the FTB discuss this return with the preparer shown above? See instructions. X Yes

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	96,000.
<b>Expenses and Disbursements</b>	8	<b>Total gross sales or receipts from other sources.</b> Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	96,000.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule	●	17	324,041.
	18	<b>Total expenses and disbursements.</b> Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	324,041.

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		62,099.	●	57,158.
2 Net accounts receivable			●	
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10a Depreciable assets				
b Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule			●	
13 <b>Total assets</b>		62,099.		57,158.
<b>Liabilities and net worth</b>				
14 Accounts payable			●	
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		62,099.	●	57,158.
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund			●	
22 <b>Total liabilities and net worth</b>		62,099.		57,158.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	-4,941.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6	●	-4,941.
6	<b>Total.</b> Add line 1 through line 5	●	-4,941.				

Schedule B (Form 990)

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)( 5 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA STRAWBERRY COMMISSION ----- PO BOX 269 ----- WATSONVILLE, CA 95077 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA TABLE GRAPE COMMISSION ----- 392 W. FALLBROOK, STE. 101 ----- FRESNO, CA 93711 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA CARROT ADVISORY BD ----- 531-D NORTH ALTA AVE ----- DINUBA, CA 93618 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PRODUCE MARKETING ASSOCIATION ----- PO BOX 6036 ----- NEWARK, DE 19714 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WESTERN GROWERS ASSN ----- 15525 SAND CANYON ----- IRVINE, CA 92618 -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TAYLOR FARMS ----- PO BOX 1649 ----- SALINAS, CA 93902 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA FRUIT & VEGETABLE ASSN PO BOX 948153 MAITLAND, FL 32794	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US APPLE ASSOCIATION 8233 OLD COURTHOUSE RD STE 200 VIENNA, VA 22182	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	US Highbush Blueberry Council 81 BLUE RAVINE RD, #110 FOLSOM, CA 95630	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CALIFORNIA CITRUS MUTUAL 512 N. KAWEAH EXETER, CA 93221	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NORTHWEST HORTICULTURAL COUNCIL 105 S. 18TH STREET, STE 105 YAKIMA, WA 98901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	USA POTATO BOARD 3675 WYNKOOP ST. DENVER, CO 80216	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CALIFORNIA FRESH FRUIT ASSN ----- 7647 N. FRESNO ST, STE 103 ----- FRESNO, CA 93720 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CALIFORNIA GIANT ----- PO BOX 1359 ----- WATSONVILLE, CA 95077 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CALIFORNIA AVOCADO COMMISSION ----- 12 MAUCHLY, STE. L ----- IRVINE, CA 92618 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CALIFORNIA CITRUS QUALITY COUNCIL ----- 853 LINCOLN WAY, STE 206 ----- AUBURN, CA 95603 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	FLORIDA DEPARTMENT OF CITRUS ----- PO BOX 9010 ----- BARTOW, FL 33831 -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	INTERNATIONAL FRESH PRODUCE ASSC. ----- 1500 CASHO MILL RD ----- NEWARK, DE 19711 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

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

PROGRAM SERVICE REVENUE..... \$ 96,000.  
TOTAL \$ 96,000.

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

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KATE TYNAN 105 SOUTH 18TH ST, ST 105 YAKIMA, WA 98901	CHAIRMAN 1.00	\$ 0.	\$ 0.	\$ 0.
CORY LUNDE 15525 SAND CANYON AVE IRVINE, CA 92618	DIRECTOR 1.00	0.	0.	0.
BLAIR RICHARDSON 3675 WYNKOOP ST. DENVER, CO 80216	DIRECTOR 1.00	0.	0.	0.
TERESA THORNE P.O. BOX 2747 WATSONVILLE, CA 95077	EXECUTIVE DIREC 1.00	0.	0.	0.
AMANDA GRIFFIN 81 BLUE RAVINE RD, #110 FOLSOM, CA 95630	DIRECTOR 1.00	0.	0.	0.
IAN LEMAY 7647 N. FRESNO ST, STE 103 FRESNO, CA 93720	VICE CHAIR 1.00	0.	0.	0.
ZAK KARLEN 531 D N. ALTA AVE DINUBA, CA 93618	DIRECTOR 1.00	0.	0.	0.
LAUREN SCOTT 1500 CASHO MILL ROAD NEWARK, DE 19711	DIRECTOR 1.00	0.	0.	0.
TRACY GRONDINE 7600 LEESBURG PIKE, STE 400 E. FALLS CHURCH, VA 22043	DIRECTOR 1.00	0.	0.	0.
ALYSSA HOUTBY 512 N. KAWEAH AVE EXETER, CA 93221	DIRECTOR 1.00	0.	0.	0.

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KYLA OBERMAN PO BOX 1359 WATSONVILLE, CA 95077	SEC/TREASURER 1.00	\$ 0.	\$ 0.	0.
JIM MORRIS 4382 SE INTERNATIONAL WAY, A MILWAUKIE, OR 97222	DIRECTOR 1.00	0.	0.	0.
RICK TOMLINSON PO BOX 269 WATSONVILLE, CA 95076	DIRECTOR 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	0.

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

ACCOUNTING FEES.....	\$ 675.
ADVERTISING AND PROMOTION.....	344.
INSURANCE.....	2,435.
MANAGEMENT FEES.....	154,000.
OFFICE EXPENSES.....	8,299.
SPECIAL PROJECTS EXPENSES.....	158,288.
TOTAL	\$ 324,041.