

**2009 Exempt Org. Return**  
prepared for:

**FIND Food Bank Inc.**  
68-615 Perez Road Suite 14B  
Cathedral City, CA 92235

**Lund & Guttry LLP**  
39700 Bob Hope Drive Ste 309  
Rancho Mirage, CA 92270

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

**2009**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

<p><b>B</b> Check if applicable:</p> <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	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> <b>FIND FOOD BANK INC.</b>                  68-615 PEREZ ROAD 14B                  CATHEDRAL CITY, CA 92235</p>	<p><b>D</b> Employer identification number                  33-0006007</p> <p><b>E</b> Telephone number                  (760) 328-3663</p> <p><b>F</b> Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.FINDFOODBANK.COM

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

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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

<b>R E V E N U E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	b Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b>	7a Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ _____)	<b>8</b>		
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	0.
<b>E X P E N S E S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b>	11 Benefits paid to or for members	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	13 Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	15 Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u> )	<b>16</b>	37,218.
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	37,218.
<b>A S S E T S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-37,218.
	<b>19</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	0.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	-37,218.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b> Cash, savings, and investments	<b>22</b>	
<b>23</b> Land and buildings	<b>23</b>	
<b>24</b> Other assets (describe ▶ <u>SEE STATEMENT 2</u> )	116,119.	78,901.
<b>25</b> Total assets	116,119.	78,901.
<b>26</b> Total liabilities (describe ▶ _____)	0.	0.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <u>DISTRIBUTION OF FOOD TO INDIVIDUALS IN NEED</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
28	<u>TO RECEIVE FOOD PRODUCTS THROUGH DONATIONS AND PURCHASES WITH DONATED FUNDS FOR DISTRIBUTUION THROUGH NETWORKS TO THE NEEDY, INFIRM, AGED AND INFANTS IN EASTERN RIVERSIDE COUNTY, CALIFORNIA.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	<b>Total program service expenses</b> (add lines 28a through 31a) ..... ▶	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
RICHARD ARROW 68-615 PEREZ ROAD #14B CAHEDRAL CITY, CA 92235-0041	CHAIRMAN 6.00	0.	0.	0.
APRIL BRADLEY 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	SECRETARY 6.00	0.	0.	0.
CARL LECHNER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	TREASURER 6.00	0.	0.	0.
MICHAEL BAUMSTARK 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
THERESA HOWELL 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
BELEN RODRIGUEZ 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID SKINNER 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
JIM WALKER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID PARADIGN 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	EXECUTIVE DIREC 40.00	0.	0.	0.
SAM HOOK 68-615 PEREZ ROAD CATHEDRAL CITY, CA 92235-0041	VICE PRESIDENT 40.00	0.	0.	0.
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 3

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

**42a** The organization's books are in care of ▶ DANIEL G. TENOLD Telephone no. ▶ 760 328 3663  
 Located at ▶ 68-615 PEREZ ROAD CATHEDRAL CITY, CA. ZIP + 4 ▶ 92235

		Yes	No
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X

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

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

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
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**f** Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
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-----		
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**d** Total number of other independent contractors each receiving over \$100,000 ..... ▶ \_\_\_\_\_

**Sign Here**

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.

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Signature of officer

▶ \_\_\_\_\_  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ GARY W. DACK Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LUND & GUTTRY LLP  
39700 BOB HOPE DRIVE STE 309  
RANCHO MIRAGE, CA 92270 EIN ▶ N/A

Phone no. ▶ (760) 568-2242

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



**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.')...	644,495.					644,495.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
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.....						0.
4 <b>Total.</b> Add lines 1-through 3....	644,495.	0.	0.	0.	0.	644,495.
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) ...						118,740.
6 <b>Public support.</b> Subtract line 5 from line 4.....						525,755.

**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.....	644,495.	0.	0.	0.	0.	644,495.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	1,512.					1,512.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
11 <b>Total support.</b> Add lines 7 through 10.....						646,007.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 <b>First five years.</b> 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..... ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f).....	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.....	15	%
16a <b>33-1/3 support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions .. ▶ <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . . .						
<b>2</b> 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. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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.



FIND FOOD BANK INC.

33-0006007

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

DEPRECIATION .....	\$ 37,218.
TOTAL	<u>\$ 37,218.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES.....	\$ 128,066.	\$ 99,793.
MACHINERY AND EQUIPMENT.....	3,187.	0.
MISCELLANEOUS.....	-15,134.	-20,892.
TOTAL	<u>\$ 116,119.</u>	<u>\$ 78,901.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

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

## FIND FOOD BANK INC.

33-0006007

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
5	SOFTWARE	7/01/02		7,657							7,657	7,657	S/L	3		0
6	COMPUTER EQUIPMENT	6/01/02		3,599							3,599	3,599	S/L	3		0
7	SOFTWARE	1/01/03		12,331							12,331	10,276	S/L	3		0
15	DELL COMPUTER (DAN'S)	11/21/05		1,617							1,617	1,617	S/L	3		0
16	DELL PRINTER (DAN'S)	6/14/06		591							591	591	S/L	3		0
TOTAL				25,795		0	0	0	0	0	25,795	23,740				0
AUTO / TRANSPORT EQUIPMENT																
9	TRUCK	12/31/04		15,000							15,000	13,500	S/L	5		1,500
12	FORD CLUB WAGON VAN	5/01/05		5,600							5,600	5,600	S/L	3		0
13	2000 FREIGHLINER	8/31/05		27,122							27,122	20,792	S/L	5		5,424
21	REFRIG TRUCK #1	11/30/07		54,692							54,692	17,319	S/L	5		10,938
22	REFRIG TRUCK #2	11/30/07		54,692							54,692	17,319	S/L	5		10,938
23	HUNI REFRIG TRUCK	9/30/07		7,500							7,500	2,625	S/L	5		1,500
24	2007 FORD FOCUS	4/30/09		16,984							16,984	566	S/L	5		3,397
TOTAL AUTO / TRANSPORT EQUIP				181,590		0	0	0	0	0	181,590	77,721				33,697
COMPUTER EQUIPMENT																
17	EXPANSIA WORKSATION	8/07/06		1,293							1,293	1,257	S/L	3		36
18	ETURNIA FILE SERVER	8/07/06		5,547							5,547	5,393	S/L	3		154
19	EXPANSIA WORKSTATION	9/13/06		1,293							1,293	1,221	S/L	3		72
20	EXPANSIA WORKSTATION	9/13/06		1,293							1,293	1,221	S/L	3		72
TOTAL COMPUTER EQUIPMENT				9,426		0	0	0	0	0	9,426	9,092				334

## FIND FOOD BANK INC.

33-0006007

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
10	AIR CONDITIONER	9/22/04		4,270							4,270	4,270	S/L	3		0
11	EVAPORATIVE COOLER	10/25/04		2,500							2,500	2,500	S/L	3		0
	TOTAL IMPROVEMENTS			6,770		0	0	0	0	0	6,770	6,770				0
MACHINERY AND EQUIPMENT																
1	FORK LIFT	4/01/98		15,122							15,122	15,122	S/L	5		0
2	FREEZER	1/01/99		21,989							21,989	21,989	S/L	7		0
3	WALK-IN COOLER	5/01/02		21,232							21,232	21,232	S/L	5		0
4	COPIER	1/01/02		754							754	754	S/L	3		0
8	TOYOTA FORK LIFT	3/09/05		23,892							23,892	20,705	S/L	5		3,187
14	NEC TELEPHONE SYSTEM	1/30/06		5,419							5,419	5,419	S/L	3		0
	TOTAL MACHINERY AND EQUIPME			88,408		0	0	0	0	0	88,408	85,221				3,187
	TOTAL DEPRECIATION			<u>311,989</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>311,989</u>	<u>202,544</u>				<u>37,218</u>
	GRAND TOTAL DEPRECIATION			<u>311,989</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>311,989</u>	<u>202,544</u>				<u>37,218</u>

California Exempt Organization Annual Information Return

Calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

A First Return Filed? [ ] Yes [X] No B Type of organization Exempt under Section 23701... D (insert letter) CORP # 1204780

Corporation/Organization Name FIND FOOD BANK INC. FEIN 33-0006007

Address 68-615 PEREZ ROAD #14B City CATHEDRAL CITY, CA 92235 State ZIP Code

C Amended Return? [ ] Yes [X] No D Are you a subordinate/affiliate in a group exemption? [ ] Yes [X] No a Is this a group filing for affiliates? [ ] Yes [X] No b If 'Yes,' enter the number of affiliates c Are all affiliates included? [X] Yes [ ] No d Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No e Federal Group Exemption Number f Is a roster of subordinates attached? [ ] Yes [X] No E Final return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized (attach explanation) F Check the box if the organization filed the following federal forms or schedule: 1 [ ] 990T 2 [ ] 990PF 3 [ ] (Schedule H) 990 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public

contributions, check box. See General Instruction F. No filing fee is required. [X] H Accounting method used... 1 [ ] Cash 2 [X] Accrual 3 [ ] Other I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. [ ] Yes [X] No J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. [ ] Yes [X] No K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No If 'Yes,' enter amount of gross receipts from nonmember sources \$ L Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No M Is the organization a Limited Liability Company? [ ] Yes [X] No N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 8.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-15). Balance due is 15.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only Preparer's signature: GARY W. DACK Date: Telephone: (760) 328-3663 Preparer's SSN/PTIN: P00626592 Firm's name: LUND & GUTRY LLP Address: 39700 BOB HOPE DRIVE STE 309 RANCHO MIRAGE, CA 92270 Telephone: (760) 568-2242

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<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	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	
<b>Expenses and Disbursements</b>	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... SEE STATEMENT. 1	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	37,218.
	17	Other. Attach schedule	●	17	
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	37,218.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash				●
2	Net accounts receivable				●
3	Net notes receivable. Attach schedule				●
4	Inventories				●
5	Federal and state government obligations				●
6	Investments in other bonds. Attach sch				●
7	Investments in stock. Attach schedule				●
8	Mortgage loans (number of loans _____)				●
9	Other investments. Attach schedule				●
10a	Depreciable assets	355,193.		355,193.	
b	Less accumulated depreciation	239,074.	116,119.	276,292.	78,901.
11	Land				●
12	Other assets. Attach schedule				●
13	<b>Total assets</b>		116,119.		78,901.
<b>Liabilities and net worth</b>					
14	Accounts payable				●
15	Contributions, gifts, or grants payable				●
16	Bonds and notes payable. Attach schedule				●
17	Mortgages payable				●
18	Other liabilities. Attach schedule				●
19	Capital stock or principle fund				●
20	Paid-in or capital surplus. Attach reconciliation				●
21	Retained earnings or income fund				●
22	<b>Total liabilities and net worth</b>				

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	-37,218.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.		-37,218.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8.		
10	<b>Net income per return.</b> Subtract line 9 from line 6.		-37,218.

# 2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>FIND FOOD BANK INC.</b>	California corporation number <b>1204780</b>
--	---

## Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	13	

## Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FORK LIFT	4/01/98	15,122.	15,122.	S/L	5		
FREEZER	1/01/99	21,989.	21,989.	S/L	7		
WALK-IN COOLER	5/01/02	21,232.	21,232.	S/L	5		
COPIER	1/01/02	754.	754.	S/L	3		
SOFTWARE	7/01/02	7,657.	7,657.	S/L	3		
COMPUTER EQUIPME	6/01/02	3,599.	3,599.	S/L	3		
SOFTWARE	1/01/03	12,331.	10,276.	S/L	3		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	37,218.

## Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	17
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

## Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22

# 2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>FIND FOOD BANK INC.</b>	California corporation number <b>1204780</b>
--	---

## Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	13	

## Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
TOYOTA FORK LIFT	3/09/05	23,892.	20,705.	S/L	5	3,187.	
TRUCK	12/31/04	15,000.	13,500.	S/L	5	1,500.	
AIR CONDITIONER	9/22/04	4,270.	4,270.	S/L	3		
EVAPORATIVE COOL	10/25/04	2,500.	2,500.	S/L	3		
FORD CLUB WAGON	5/01/05	5,600.	5,600.	S/L	3		
2000 FREIGHLINER	8/31/05	27,122.	20,792.	S/L	5	5,424.	
NEC TELEPHONE SY	1/30/06	5,419.	5,419.	S/L	3		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

## Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	17
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

## Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22

# 2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>FIND FOOD BANK INC.</b>	California corporation number <b>1204780</b>
--	---

## Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	13	

## Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DELL COMPUTER (D	11/21/05	1,617.	1,617.	S/L	3		
DELL PRINTER (DA	6/14/06	591.	591.	S/L	3		
EXPANSIA WORKSAT	8/07/06	1,293.	1,257.	S/L	3	36.	
ETURNIA FILE SER	8/07/06	5,547.	5,393.	S/L	3	154.	
EXPANSIA WORKSTA	9/13/06	1,293.	1,221.	S/L	3	72.	
EXPANSIA WORKSTA	9/13/06	1,293.	1,221.	S/L	3	72.	
REFRIG TRUCK #1	11/30/07	54,692.	17,319.	S/L	5	10,938.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

## Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	17
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

## Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....					20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....					21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....					22	

# 2009 Corporation Depreciation and Amortization

**3885**

Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>FIND FOOD BANK INC.</b>	California corporation number <b>1204780</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
REFRIG TRUCK #2	11/30/07	54,692.	17,319.	S/L	5	10,938.		
HUNI REFRIG TRUC	9/30/07	7,500.	2,625.	S/L	5	1,500.		
2007 FORD FOCUS	4/30/09	16,984.	566.	S/L	5	3,397.		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....							15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	17
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20	21				
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21	22				
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....	22					

## FIND FOOD BANK INC.

33-0006007

STATEMENT 1  
 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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD ARROW 68-615 PEREZ ROAD #14B CAHEDRAL CITY, CA 92235-0041	CHAIRMAN 6.00	\$ 0.	\$ 0.	\$ 0.
APRIL BRADLEY 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	SECRETARY 6.00	0.	0.	0.
CARL LECHNER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	TREASURER 6.00	0.	0.	0.
MICHAEL BAUMSTARK 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
THERESA HOWELL 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
BELEN RODRIGUEZ 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID SKINNER 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
JIM WALKER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID PARADIGN 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	EXECUTIVE DIREC 40.00	0.	0.	0.
SAM HOOK 68-615 PEREZ ROAD CATHEDRAL CITY, CA 92235-0041	VICE PRESIDENT 40.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>53603</u>  FIND FOOD BANK INC. <small>Name of Organization</small> 68-615 PEREZ ROAD 14B <small>Address (Number and Street)</small> CATHEDRAL CITY, CA 92235 <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1204780</u>  Federal Employer ID No. <u>33-0006007</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/09 ending 6/30/10) list:  
 Gross annual revenue \$ 0. Total assets \$ 78,901.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (760) 328-3663  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

<b>B</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.	<b>C</b> FIND FOOD BANK INC. 68-615 PEREZ ROAD 14B CATHEDRAL CITY, CA 92235	<b>D</b> Employer identification number 33-0006007
			<b>E</b> Telephone number (760) 328-3663
			<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.FINDFOODBANK.COM

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

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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

<b>R E V E N U E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	b Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b>	7a Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ _____)	<b>8</b>		
<b>9</b>	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	<b>9</b>	0.	
<b>E X P E N S E S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b>	11 Benefits paid to or for members	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	13 Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	15 Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u> )	<b>16</b>	37,218.
<b>17</b>	<b>17 Total expenses.</b> Add lines 10 through 16. ▶	<b>17</b>	37,218.	
<b>A S S E T S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-37,218.
	<b>19</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	0.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	<b>21</b>	-37,218.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b>	Cash, savings, and investments	<b>22</b>	
<b>23</b>	Land and buildings	<b>23</b>	
<b>24</b>	24 Other assets (describe ▶ <u>SEE STATEMENT 2</u> )	116,119.	78,901.
<b>25</b>	<b>25 Total assets</b>	116,119.	78,901.
<b>26</b>	26 Total liabilities (describe ▶ _____)	0.	0.
<b>27</b>	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0.	0.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <u>DISTRIBUTION OF FOOD TO INDIVIDUALS IN NEED</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b>	<u>TO RECEIVE FOOD PRODUCTS THROUGH DONATIONS AND PURCHASES WITH DONATED FUNDS FOR DISTRIBUTUION THROUGH NETWORKS TO THE NEEDY, INFIRM, AGED AND INFANTS IN EASTERN RIVERSIDE COUNTY, CALIFORNIA.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>
<b>29</b>	----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>
<b>30</b>	----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>
<b>31</b>	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
RICHARD ARROW 68-615 PEREZ ROAD #14B CAHEDRAL CITY, CA 92235-0041	CHAIRMAN 6.00	0.	0.	0.
APRIL BRADLEY 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	SECRETARY 6.00	0.	0.	0.
CARL LECHNER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	TREASURER 6.00	0.	0.	0.
MICHAEL BAUMSTARK 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
THERESA HOWELL 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
BELEN RODRIGUEZ 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID SKINNER 68-613 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
JIM WALKER 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	DIRECTOR 1.00	0.	0.	0.
DAVID PARADIGN 68-615 PEREZ ROAD #14B CATHEDRAL CITY, CA 92235-0041	EXECUTIVE DIREC 40.00	0.	0.	0.
SAM HOOK 68-615 PEREZ ROAD CATHEDRAL CITY, CA 92235-0041	VICE PRESIDENT 40.00	0.	0.	0.
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 3

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

**42a** The organization's books are in care of ▶ DANIEL G. TENOLD Telephone no. ▶ 760 328 3663  
 Located at ▶ 68-615 PEREZ ROAD CATHEDRAL CITY, CA. ZIP + 4 ▶ 92235

		Yes	No
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X

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

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

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000 ..... ▶ \_\_\_\_\_

**Sign Here**

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 Date \_\_\_\_\_

▶ \_\_\_\_\_ Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ <b>GARY W. DACK</b>	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) ▶ <b>N/A</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>LUND &amp; GUTTRY LLP</b> <b>39700 BOB HOPE DRIVE STE 309</b> <b>RANCHO MIRAGE, CA 92270</b>	EIN ▶ <b>N/A</b>	Phone no. ▶ <b>(760) 568-2242</b>	

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



**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.')...	644,495.					644,495.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
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.....						0.
4 <b>Total.</b> Add lines 1-through 3....	644,495.	0.	0.	0.	0.	644,495.
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) ...						118,740.
6 <b>Public support.</b> Subtract line 5 from line 4.....						525,755.

**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.....	644,495.	0.	0.	0.	0.	644,495.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	1,512.					1,512.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
11 <b>Total support.</b> Add lines 7 through 10.....						646,007.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 <b>First five years.</b> 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..... ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f).....	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.....	15	%
16a <b>33-1/3 support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions .. ▶ <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . . .						
<b>2</b> 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. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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.



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

DEPRECIATION .....	\$ 37,218.
TOTAL	<u>\$ 37,218.</u>

**STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES.....	\$ 128,066.	\$ 99,793.
MACHINERY AND EQUIPMENT.....	3,187.	0.
MISCELLANEOUS.....	-15,134.	-20,892.
TOTAL	<u>\$ 116,119.</u>	<u>\$ 78,901.</u>

**STATEMENT 3  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

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

## FIND FOOD BANK INC.

33-0006007

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
5	SOFTWARE	7/01/02		7,657							7,657	7,657	S/L	3		0
6	COMPUTER EQUIPMENT	6/01/02		3,599							3,599	3,599	S/L	3		0
7	SOFTWARE	1/01/03		12,331							12,331	10,276	S/L	3		0
15	DELL COMPUTER (DAN'S)	11/21/05		1,617							1,617	1,617	S/L	3		0
16	DELL PRINTER (DAN'S)	6/14/06		591							591	591	S/L	3		0
TOTAL				25,795		0	0	0	0	0	25,795	23,740				0
AUTO / TRANSPORT EQUIPMENT																
9	TRUCK	12/31/04		15,000							15,000	13,500	S/L	5		1,500
12	FORD CLUB WAGON VAN	5/01/05		5,600							5,600	5,600	S/L	3		0
13	2000 FREIGHLINER	8/31/05		27,122							27,122	20,792	S/L	5		5,424
21	REFRIG TRUCK #1	11/30/07		54,692							54,692	17,319	S/L	5		10,938
22	REFRIG TRUCK #2	11/30/07		54,692							54,692	17,319	S/L	5		10,938
23	HUNI REFRIG TRUCK	9/30/07		7,500							7,500	2,625	S/L	5		1,500
24	2007 FORD FOCUS	4/30/09		16,984							16,984	566	S/L	5		3,397
TOTAL AUTO / TRANSPORT EQUIP				181,590		0	0	0	0	0	181,590	77,721				33,697
COMPUTER EQUIPMENT																
17	EXPANSIA WORKSATION	8/07/06		1,293							1,293	1,257	S/L	3		36
18	ETURNIA FILE SERVER	8/07/06		5,547							5,547	5,393	S/L	3		154
19	EXPANSIA WORKSTATION	9/13/06		1,293							1,293	1,221	S/L	3		72
20	EXPANSIA WORKSTATION	9/13/06		1,293							1,293	1,221	S/L	3		72
TOTAL COMPUTER EQUIPMENT				9,426		0	0	0	0	0	9,426	9,092				334

## FIND FOOD BANK INC.

33-0006007

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
10	AIR CONDITIONER	9/22/04		4,270							4,270	4,270	S/L	3		0
11	EVAPORATIVE COOLER	10/25/04		2,500							2,500	2,500	S/L	3		0
	TOTAL IMPROVEMENTS			6,770		0	0	0	0	0	6,770	6,770				0
MACHINERY AND EQUIPMENT																
1	FORK LIFT	4/01/98		15,122							15,122	15,122	S/L	5		0
2	FREEZER	1/01/99		21,989							21,989	21,989	S/L	7		0
3	WALK-IN COOLER	5/01/02		21,232							21,232	21,232	S/L	5		0
4	COPIER	1/01/02		754							754	754	S/L	3		0
8	TOYOTA FORK LIFT	3/09/05		23,892							23,892	20,705	S/L	5		3,187
14	NEC TELEPHONE SYSTEM	1/30/06		5,419							5,419	5,419	S/L	3		0
	TOTAL MACHINERY AND EQUIPME			88,408		0	0	0	0	0	88,408	85,221				3,187
	TOTAL DEPRECIATION			<u>311,989</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>311,989</u>	<u>202,544</u>				<u>37,218</u>
	GRAND TOTAL DEPRECIATION			<u>311,989</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>311,989</u>	<u>202,544</u>				<u>37,218</u>