

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13**

23-7111782

YOLO FOOD BANK

Net Asset / Fund Balance at Beginning of Year 1,358,542

Revenue

Contributions	<u>5,912,779</u>	
Program service revenue	<u>100,772</u>	
Investment income	<u>5,333</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>354,115</u>	
Direct expenses	<u>57,412</u>	
Net income	<u>296,703</u>	
Other income	<u>296,703</u>	
Total revenue		<u>6,315,587</u>

Expenses

Program services	<u>5,828,181</u>	
Management and general	<u>131,435</u>	
Fundraising		
Total expenses		<u>5,959,616</u>
Excess / (deficit)		<u>355,971</u>

Other changes 1,358,542

Net Asset / Fund Balance at End of Year 1,714,513

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>6,315,587</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>5,959,616</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,417,417</u>	<u>2,723,813</u>	
Liabilities	<u>58,875</u>	<u>1,009,300</u>	
Net assets	<u><u>1,358,542</u></u>	<u><u>1,714,513</u></u>	<u><u>355,971</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/18/14
 Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13

2012

Do not send to the IRS. Keep for your records.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

YOLO FOOD BANK

Employer identification number

23-7111782

Name and title of officer

**KEVIN SANCHEZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	6,315,587
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Joseph Skowron, CPA to enter my PIN 61684 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **02/12/14**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94157161684

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } JOSEPH M. SKOWRON, CPA Date } _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **YOLO FOOD BANK**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1244 FORTNA AVENUE
 City, town or post office, state, and ZIP code
WOODLAND CA 95776

D Employer identification number: **23-7111782**

E Telephone number: **530-668-0690**

F Name and address of principal officer:
KEVIN SANCHEZ
1244 FORTNA AVENUE
WOODLAND CA 95776

G Gross receipts \$: **6,372,999**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **www.yolofoodbank.org/**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1971** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE YOLO FOOD BANK IS THE SOLE FOOD BANK FOR YOLO COUNTY, CA. THEY RECEIVE CONTRIBUTIONS FROM USDA, PRIVATE DONATIONS, AND OTHERS TO PROVIDE FOOD TO CHARITABLE ORGANIZATIONS WHICH DISTRIBUTE THIS FOOD TO THOSE IN NEED.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	26
	6 Total number of volunteers (estimate if necessary)	422
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 4,949,726 Current Year: 5,912,779
	9 Program service revenue (Part VIII, line 2g)	205,807 100,772
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,594 5,333
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	325,010 296,703
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,482,137 6,315,587
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	618,398 562,798
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,778,520 5,396,818	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,396,918 5,959,616	
19 Revenue less expenses. Subtract line 18 from line 12	85,219 355,971	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,417,417 End of Year: 2,723,813
	21 Total liabilities (Part X, line 26)	58,875 1,009,300
	22 Net assets or fund balances. Subtract line 21 from line 20	1,358,542 1,714,513

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **KEVIN SANCHEZ** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOSEPH M. SKOWRON, CPA** Preparer's signature: **JOSEPH M. SKOWRON, CPA** Date: **02/12/14** Check if self-employed PTIN: **P01260817**

Firm's name: **Joseph Skowron, CPA** Firm's EIN: }
 Firm's address: **225 30th St Suite 301 Sacramento, CA 95816-6958** Phone no.: **916-498-1040**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE YOLO FOOD BANK IS THE SOLE FOOD BANK FOR YOLO COUNTY, CA. THEY RECEIVE CONTRIBUTIONS FROM USDA, PRIVATE DONATIONS, AND OTHERS TO PROVIDE FOOD TO CHARITABLE ORGANIZATIONS WHICH DISTRIBUTE THIS FOOD TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **5,828,181** including grants of \$) (Revenue \$)

YOLO FOOD BANK DISTRIBUTED APPROXIMATELY 3,000,000 POUNDS OF FOOD TO THE NEEDY IN YOLO COUNTY CA DURING THE FISCAL YEAR.

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

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

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

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

4e Total program service expenses **u 5,828,181**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u KEVIN SANCHEZ** **1244 FORTNA AVE**
WOODLAND **CA 95776** **530-668-0690**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LLOYD KNOX, PHD DIRECTOR	0.00 0.00	X						0	0	0
(2) TERRI LABRIOLA VICE PRESIDENT	0.00 0.00	X						0	0	0
(3) TOM RICHARDSON PRESIDENT	0.00 0.00	X						0	0	0
(4) JIM DURST TREASURER	0.00 0.00	X						0	0	0
(5) TOM MULLER SECRETARY	0.00 0.00	X						0	0	0
(6) KARI FRY DIRECTOR	0.00 0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,896				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,842,883				
	g Noncash contributions included in lines 1a-1f: \$		5,152,084				
	h Total. Add lines 1a-1f	u	5,912,779				
	Program Service Revenue	2a FOOD SALES PROGRAM	Busn. Code	90,686	90,686		
b MISCELLANEOUS			10,086	10,086			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	100,772				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	5,333	5,333		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
		d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	354,115				
		b Less: direct expenses	b	57,412			
		c Net income or (loss) from fundraising events	u	296,703			296,703
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u	6,315,587	106,105	0	296,703		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,000		65,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	434,044	413,044	21,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,645	14,604	3,041	
10 Payroll taxes	46,109	38,163	7,946	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,233	3,819	7,414	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	25,959	21,947	4,012	
14 Information technology				
15 Royalties				
16 Occupancy	56,225	50,603	5,622	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,379	34,888	4,491	
23 Insurance	17,417	15,675	1,742	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN-KIND FOOD DISTRIBUTION	4,898,641	4,898,641		
b FOOD PROGRAM PURCHASES	157,413	157,413		
c SUPPLIES	44,955	40,460	4,495	
d COMMUNITY RELATIONS	33,406	33,406		
e All other expenses	112,190	105,518	6,672	
25 Total functional expenses. Add lines 1 through 24e	5,959,616	5,828,181	131,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	39,263	1	44,340	
	2	Savings and temporary cash investments	381,970	2	159,259	
	3	Pledges and grants receivable, net	37,721	3	32,431	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	527,659	8	782,061	
	9	Prepaid expenses and deferred charges	2,186	9	4,106	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,109,236		
	b	Less: accumulated depreciation	10b	407,620	10c	1,701,616
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,025	15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,417,417	16	2,723,813		
Liabilities	17	Accounts payable and accrued expenses	58,875	17	60,550	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	948,750	
	26	Total liabilities. Add lines 17 through 25	58,875	26	1,009,300	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,358,542	27	1,714,513	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	1,358,542	33	1,714,513		
34	Total liabilities and net assets/fund balances	1,417,417	34	2,723,813		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,315,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,959,616
3	Revenue less expenses. Subtract line 2 from line 1	3	355,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,358,542
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,714,513

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						23,815,795

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,105	6,348	1,965	1,594	5,333	22,345
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					354,115	354,115
11 Total support. Add lines 7 through 10						24,192,255
12 Gross receipts from related activities, etc. (see instructions)					12	106,105
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.44 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,282,717		1,282,717
c Leasehold improvements		359,942	134,305	225,637
d Equipment		460,230	268,961	191,269
e Other		6,347	4,354	1,993
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		u		1,701,616

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MORTGAGE PAYABLE	948,750
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 948,750

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GIVING CAMPAIGN</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	354,115		354,115
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	354,115		354,115
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	57,412		57,412
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				296,703

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Yes % No	Yes % No	Yes % No		
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

YOLO FOOD BANK

Employer identification number
23-7111782

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (FOOD)	X	1	5,152,084	AVG COMPOSITE PRICE/LB
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

YOLO FOOD BANK

Employer identification number

23-7111782

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

YOLO FOOD BANK

Identifying number

23-7111782

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	383

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	38,996
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	39,379
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

23-7111782

Federal Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
117	CAMPER SHELL	5/28/08	2,500		X	1,250	5 HY S/L	2,000	250
118	CHAIRS	6/30/98	239			239	7 HY S/L	239	0
119	FILE CABINETS	12/31/04	1,358		X	679	7 HY S/L	1,358	0
120	LEASEHOLD IMPROVEMENTS	2/28/01	4,395			4,395	5 HY S/L	4,395	0
121	INSULATION	2/07/02	11,591		X	8,114	5 HY S/L	11,591	0
122	DOOR INSTALLATION	4/26/02	2,385		X	1,669	5 HY S/L	2,385	0
123	BUTTERFIELD LIGHT	8/08/02	3,587		X	2,511	5 HY S/L	3,587	0
124	BUILDING PERMIT	6/26/03	236		X	118	7 HY S/L	221	0
125	CLEANING & SORTING ROOM	6/16/04	41,282		X	26,834	20 HY S/L	14,448	1,342
126	OFFICE/WAREHOUSE REMODEL	5/07/08	114,735		X	90,831	20 HY S/L	23,904	4,542
127	FORKLIFT	4/24/01	23,636			23,636	7 HY S/L	23,636	0
128	PRINTER	12/01/00	538			538	5 HY S/L	538	0
129	W/H LIGHTING	9/26/01	2,602		X	1,821	5 HY S/L	2,602	0
130	EQUIPMENT	9/01/89	175			175	5 HY S/L	175	0
131	PALLET JACK	12/01/91	509			509	7 HY S/L	509	0
132	FREEZER	11/01/95	6,120			6,120	7 HY S/L	6,120	0
133	FORKLIFT	10/01/96	12,900			12,900	7 HY S/L	12,900	0
134	CARRRIER & EQUIPMENT	6/30/98	1,904			1,904	7 HY S/L	1,632	0
135	FREEZER	5/30/99	38,973			38,973	5 HY S/L	38,973	0
136	CART, HAMPER, BINS	6/30/00	761			761	5 HY S/L	761	0
137	SCALE	3/26/02	2,140		X	1,498	5 HY S/L	2,140	0
138	ATR REFRIGERATION	7/19/02	4,485		X	3,139	5 HY S/L	4,485	0
139	ATR FEFRIGERATION	8/08/02	4,025		X	2,817	5 HY S/L	3,925	0
140	XEROX PRINTER	7/28/04	2,019		X	1,009	5 HY S/L	2,019	0
141	SCANNER	8/31/04	409		X	204	5 HY S/L	409	0
142	TRUCK	11/08/01	64,894		X	45,426	5 HY S/L	62,731	0
143	VAN	7/31/03	18,177		X	9,088	5 HY S/L	18,177	0
144	DODGE SPRINTER TRUCK	12/08/05	29,000			29,000	5 HY S/L	29,000	0
145	HP COMPUTER	8/11/04	1,154		X	577	5 HY S/L	1,154	0
147	DELL SERVER	10/31/04	2,318		X	1,159	5 HY S/L	2,318	0
148	HP COMPUTER	12/06/04	605		X	302	5 HY S/L	605	0
149	PREVIEW MONITOR	12/06/04	301		X	150	5 HY S/L	301	0
150	ENVISION MONITOR	12/26/04	599		X	299	5 HY S/L	599	0
151	SHARP MONITOR	1/29/05	471			471	5 HY S/L	462	0
152	MONITOR	7/19/05	156			156	5 HY S/L	156	0
153	PRINTER	2/28/07	1,130			1,130	5 HY S/L	1,092	0
154	CABINET IN VAN	9/30/06	1,447			1,447	5 HY S/L	1,447	0
155	FORKLIFT	6/01/07	1,076			1,076	5 HY S/L	919	0
156	FREEZER	12/19/06	25,103			25,103	10 HY S/L	13,805	2,510
157	TELEPHONE SYSTEM	4/14/08	6,011		X	3,005	5 HY S/L	5,109	601
158	EXTERIOR COVER	7/08/08	3,794		X	2,467	10 HY S/L	1,327	247
159	PANTRY FIXTURES	12/31/08	4,750		X	2,375	7 HY S/L	2,375	339
160	LEASEHOLD IMPROV KITCHEN	6/30/10	60,510		X	43,222	7 HY S/L	17,288	6,174
161	LEASEHOLD IMPROV STORE	6/30/10	100,144		X	80,116	10 HY S/L	20,028	8,012
162	TRUCK COSTS	6/30/10	8,080		X	5,771	7 HY S/L	2,309	824
163	DESK FOR VOLUNTEERS	6/30/10	109		X	77	7 HY S/L	32	11
164	PALLET JACK ELECTRIC	6/30/10	4,459		X	3,185	7 HY S/L	1,274	454
165	PROJECTOR CONFERENCEROOM	6/30/10	3,139		X	2,242	7 HY S/L	897	320
166	ZERO ZONE Q&F	9/03/10	8,995		X	7,068	7 HY S/L	1,927	1,010
167	COMCASH POS SYS	9/03/10	9,854		X	7,742	7 HY S/L	2,112	1,106
168	PALLET JACK	9/07/10	4,187		X	3,290	7 HY S/L	897	470
169	PALLET JACK	9/21/10	4,680		X	3,677	7 HY S/L	1,003	524
170	FREEZER	11/02/10	92,584		X	83,326	15 HY S/L	9,258	5,555
171	PRODUCE CRIPER	4/13/10	9,318		X	6,654	7 HY S/L	2,664	951
172	FORKLIFT 9597KF	11/10/11	28,296		X	26,276	7 HY S/L	2,020	3,754
			<u>778,845</u>			<u>628,521</u>		<u>368,238</u>	<u>38,996</u>
Other Depreciation:									
146	FORKLIFTFC4545-50	5/30/13	32,150			32,150	7 MO S/L	0	383
	Total Other Depreciation		<u>32,150</u>			<u>32,150</u>		<u>0</u>	<u>383</u>
	Total ACRS and Other Depreciation		<u>32,150</u>			<u>32,150</u>		<u>0</u>	<u>383</u>

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		810,995			660,671		368,238	39,379
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>810,995</u>			<u>660,671</u>		<u>368,238</u>	<u>39,379</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
117	CAMPER SHELL	5/28/08	2,500	2,500	2,250	250	250	0
118	CHAIRS	6/30/98	239	239	239	0	0	0
119	FILE CABINETS	12/31/04	1,358	1,358	1,358	0	0	0
120	LEASEHOLD IMPROVEMENTS	2/28/01	4,395	4,395	4,395	0	0	0
121	INSULATION	2/07/02	11,591	11,591	11,591	0	0	0
122	DOOR INSTALLATION	4/26/02	2,385	2,385	2,385	0	0	0
123	BUTTERFIELD LIGHT	8/08/02	3,587	3,587	3,587	0	0	0
124	BUILDING PERMIT	6/26/03	236	236	236	0	0	0
125	CLEANING & SORTING ROOM	6/16/04	41,282	41,282	17,545	2,064	1,342	-722
126	OFFICE/WAREHOUSE REMODEL	5/07/08	114,735	114,735	25,815	5,737	4,542	-1,195
127	FORKLIFT	4/24/01	23,636	23,636	23,636	0	0	0
128	PRINTER	12/01/00	538	538	538	0	0	0
129	W/H LIGHTING	9/26/01	2,602	2,602	2,602	0	0	0
130	EQUIPMENT	9/01/89	175	175	175	0	0	0
131	PALLET JACK	12/01/91	509	509	509	0	0	0
132	FREEZER	11/01/95	6,120	6,120	6,120	0	0	0
133	FORKLIFT	10/01/96	12,900	12,900	12,900	0	0	0
134	CARRRIER & EQUIPMENT	6/30/98	1,904	1,904	1,904	0	0	0
135	FREEZER	5/30/99	38,973	38,973	38,973	0	0	0
136	CART, HAMPER, BINS	6/30/00	761	761	761	0	0	0
137	SCALE	3/26/02	2,140	2,140	2,140	0	0	0
138	ATR REFRIGERATION	7/19/02	4,485	4,485	4,485	0	0	0
139	ATR FEFRIGERATION	8/08/02	4,025	4,025	4,025	0	0	0
140	XEROX PRINTER	7/28/04	2,019	2,019	2,019	0	0	0
141	SCANNER	8/31/04	409	409	409	0	0	0
142	TRUCK	11/08/01	64,894	64,894	64,894	0	0	0
143	VAN	7/31/03	18,177	18,177	18,177	0	0	0
144	DODGE SPRINTER TRUCK	12/08/05	29,000	29,000	29,000	0	0	0
145	HP COMPUTER	8/11/04	1,154	1,154	1,154	0	0	0
147	DELL SERVER	10/31/04	2,318	2,318	2,318	0	0	0
148	HP COMPUTER	12/06/04	605	605	605	0	0	0
149	PREVIEW MONITOR	12/06/04	301	301	301	0	0	0
150	ENVISION MONITOR	12/26/04	599	599	599	0	0	0
151	SHARP MONITOR	1/29/05	471	471	471	0	0	0
152	MONITOR	7/19/05	156	156	156	0	0	0
153	PRINTER	2/28/07	1,130	1,130	1,130	0	0	0
154	CABINET IN VAN	9/30/06	1,447	1,447	1,447	0	0	0
155	FORKLIFT	6/01/07	1,076	1,076	1,076	0	0	0
156	FREEZER	12/19/06	25,103	25,103	13,807	2,510	2,510	0
157	TELEPHONE SYSTEM	4/14/08	6,011	6,011	5,410	601	601	0
158	EXTERIOR COVER	7/08/08	3,794	3,794	1,328	379	247	-132
159	PANTRY FIXTURES	12/31/08	4,750	4,750	2,375	679	339	-340
160	LEASEHOLD IMPROV KITCHEN	6/30/10	60,510	60,510	21,611	8,644	6,174	-2,470
161	LEASEHOLD IMPROV STORE	6/30/10	100,144	100,144	25,036	10,014	8,012	-2,002
162	TRUCK COSTS	6/30/10	8,080	8,080	2,886	1,154	824	-330
163	DESK FOR VOLUNTEERS	6/30/10	109	109	39	16	11	-5
164	PALLET JACK ELECTRIC	6/30/10	4,459	4,459	1,593	637	454	-183
165	PROJECTOR CONFERENCEROOM	6/30/10	3,139	3,139	1,121	449	320	-129
166	ZERO ZONE Q&F	9/03/10	8,995	8,995	1,928	1,285	1,010	-275
167	COMCASH POS SYS	9/03/10	9,854	9,854	2,112	1,407	1,106	-301
168	PALLET JACK	9/07/10	4,187	4,187	897	598	470	-128
169	PALLET JACK	9/21/10	4,680	4,680	1,003	668	524	-144
170	FREEZER	11/02/10	92,584	92,584	9,258	6,173	5,555	-618
171	PRODUCE CRIPER	4/13/10	9,318	9,318	3,328	1,331	951	-380
172	FORKLIFT 9597KF	11/10/11	28,296	28,296	2,021	4,042	3,754	-288
			<u>778,845</u>	<u>778,845</u>	<u>387,678</u>	<u>48,638</u>	<u>38,996</u>	<u>-9,642</u>
Other Depreciation:								
146	FORKLIFTFC4545-50	5/30/13	32,150	32,150	0	383	383	0
	Total Other Depreciation		<u>32,150</u>	<u>32,150</u>	<u>0</u>	<u>383</u>	<u>383</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>32,150</u>	<u>32,150</u>	<u>0</u>	<u>383</u>	<u>383</u>	<u>0</u>

CA Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>CA Prior</u>	<u>CA Current</u>	<u>Federal Current</u>	<u>Difference Fed - CA</u>
	Grand Totals		810,995	810,995	387,678	49,021	39,379	-9,642
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>810,995</u>	<u>810,995</u>	<u>387,678</u>	<u>49,021</u>	<u>39,379</u>	<u>-9,642</u>

23-7111782

AMT Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
117	CAMPER SHELL	5/28/08	0			0	0 HY	0	0
118	CHAIRS	6/30/98	0			0	0 HY	0	0
119	FILE CABINETS	12/31/04	0			0	0 HY	0	0
120	LEASEHOLD IMPROVEMENTS	2/28/01	0			0	0 HY	0	0
121	INSULATION	2/07/02	0			0	0 HY	0	0
122	DOOR INSTALLATION	4/26/02	0			0	0 HY	0	0
123	BUTTERFIELD LIGHT	8/08/02	0			0	0 HY	0	0
124	BUILDING PERMIT	6/26/03	0			0	0 HY	0	0
125	CLEANING & SORTING ROOM	6/16/04	0			0	0 HY	0	0
126	OFFICE/WAREHOUSE REMODEL	5/07/08	0			0	0 HY	0	0
127	FORKLIFT	4/24/01	0			0	0 HY	0	0
128	PRINTER	12/01/00	0			0	0 HY	0	0
129	W/H LIGHTING	9/26/01	0			0	0 HY	0	0
130	EQUIPMENT	9/01/89	0			0	0 HY	0	0
131	PALLET JACK	12/01/91	0			0	0 HY	0	0
132	FREEZER	11/01/95	0			0	0 HY	0	0
133	FORKLIFT	10/01/96	0			0	0 HY	0	0
134	CARRRIER & EQUIPMENT	6/30/98	0			0	0 HY	0	0
135	FREEZER	5/30/99	0			0	0 HY	0	0
136	CART, HAMPER, BINS	6/30/00	0			0	0 HY	0	0
137	SCALE	3/26/02	0			0	0 HY	0	0
138	ATR REFRIGERATION	7/19/02	0			0	0 HY	0	0
139	ATR FEFRIGERATION	8/08/02	0			0	0 HY	0	0
140	XEROX PRINTER	7/28/04	0			0	0 HY	0	0
141	SCANNER	8/31/04	0			0	0 HY	0	0
142	TRUCK	11/08/01	0			0	0 HY	0	0
143	VAN	7/31/03	0			0	0 HY	0	0
144	DODGE SPRINTER TRUCK	12/08/05	0			0	0 HY	0	0
145	HP COMPUTER	8/11/04	0			0	0 HY	0	0
146	FORKLIFTFC4545-50	5/30/13	32,150			32,150	7 MO S/L	0	383
147	DELL SERVER	10/31/04	0			0	0 HY	0	0
148	HP COMPUTER	12/06/04	0			0	0 HY	0	0
149	PREVIEW MONITOR	12/06/04	0			0	0 HY	0	0
150	ENVISION MONITOR	12/26/04	0			0	0 HY	0	0
151	SHARP MONITOR	1/29/05	0			0	0 HY	0	0
152	MONITOR	7/19/05	0			0	0 HY	0	0
153	PRINTER	2/28/07	0			0	0 HY	0	0
154	CABINET IN VAN	9/30/06	0			0	0 HY	0	0
155	FORKLIFT	6/01/07	0			0	0 HY	0	0
156	FREEZER	12/19/06	0			0	0 HY	0	0
157	TELEPHONE SYSTEM	4/14/08	0			0	0 HY	0	0
158	EXTERIOR COVER	7/08/08	0			0	0 HY	0	0
159	PANTRY FIXTURES	12/31/08	0			0	0 HY	0	0
160	LEASEHOLD IMPROV KITCHEN	6/30/10	0			0	0 HY	0	0
161	LEASEHOLD IMPROV STORE	6/30/10	0			0	0 HY	0	0
162	TRUCK COSTS	6/30/10	0			0	0 HY	0	0
163	DESK FOR VOLUNTEERS	6/30/10	0			0	0 HY	0	0
164	PALLET JACK ELECTRIC	6/30/10	0			0	0 HY	0	0
165	PROJECTOR CONFERENCEROOM	6/30/10	0			0	0 HY	0	0
166	ZERO ZONE Q&F	9/03/10	0			0	0 HY	0	0
167	COMCASH POS SYS	9/03/10	0			0	0 HY	0	0
168	PALLET JACK	9/07/10	0			0	0 HY	0	0
169	PALLET JACK	9/21/10	0			0	0 HY	0	0
170	FREEZER	11/02/10	0			0	0 HY	0	0
171	PRODUCE CRIPER	4/13/10	0			0	0 HY	0	0
172	FORKLIFT 9597KF	11/10/11	0			0	0 HY	0	0
	Total Other Depreciation		<u>32,150</u>			<u>32,150</u>		<u>0</u>	<u>383</u>
	Total ACRS and Other Depreciation		<u>32,150</u>			<u>32,150</u>		<u>0</u>	<u>383</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		32,150			32,150		0	383
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u><u>32,150</u></u>			<u><u>32,150</u></u>		<u><u>0</u></u>	<u><u>383</u></u>

23-7111782

Bonus Depreciation Report

FYE: 6/30/2013

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
117	CAMPER SHELL	5/28/08	2,500		0	0	1,250	1,250
119	FILE CABINETS	12/31/04	1,358		0	0	679	679
121	INSULATION	2/07/02	11,591		0	0	3,477	8,114
122	DOOR INSTALLATION	4/26/02	2,385		0	0	716	1,669
123	BUTTERFIELD LIGHT	8/08/02	3,587		0	0	1,076	2,511
124	BUILDING PERMIT	6/26/03	236		0	0	118	118
125	CLEANING & SORTING ROOM	6/16/04	41,282		0	0	14,448	26,834
126	OFFICE/WAREHOUSE REMODEL	5/07/08	114,735		0	0	23,904	90,831
129	W/H LIGHTING	9/26/01	2,602		0	0	781	1,821
137	SCALE	3/26/02	2,140		0	0	642	1,498
138	ATR REFRIGERATION	7/19/02	4,485		0	0	1,346	3,139
139	ATR FEFRIGERATION	8/08/02	4,025		0	0	1,208	2,817
140	XEROX PRINTER	7/28/04	2,019		0	0	1,010	1,009
141	SCANNER	8/31/04	409		0	0	205	204
142	TRUCK	11/08/01	64,894		0	0	19,468	45,426
143	VAN	7/31/03	18,177		0	0	9,089	9,088
145	HP COMPUTER	8/11/04	1,154		0	0	577	577
147	DELL SERVER	10/31/04	2,318		0	0	1,159	1,159
148	HP COMPUTER	12/06/04	605		0	0	303	302
149	PREVIEW MONITOR	12/06/04	301		0	0	151	150
150	ENVISION MONITOR	12/26/04	599		0	0	300	299
157	TELEPHONE SYSTEM	4/14/08	6,011		0	0	3,006	3,005
158	EXTERIOR COVER	7/08/08	3,794		0	0	1,327	2,467
159	PANTRY FIXTURES	12/31/08	4,750		0	0	2,375	2,375
160	LEASEHOLD IMPROV KITCHEN	6/30/10	60,510		0	0	17,288	43,222
161	LEASEHOLD IMPROV STORE	6/30/10	100,144		0	0	20,028	80,116
162	TRUCK COSTS	6/30/10	8,080		0	0	2,309	5,771
163	DESK FOR VOLUNTEERS	6/30/10	109		0	0	32	77
164	PALLET JACK ELECTRIC	6/30/10	4,459		0	0	1,274	3,185
165	PROJECTOR CONFERENCEROOM	6/30/10	3,139		0	0	897	2,242
166	ZERO ZONE Q&F	9/03/10	8,995		0	0	1,927	7,068
167	COMCASH POS SYS	9/03/10	9,854		0	0	2,112	7,742
168	PALLET JACK	9/07/10	4,187		0	0	897	3,290
169	PALLET JACK	9/21/10	4,680		0	0	1,003	3,677
170	FREEZER	11/02/10	92,584		0	0	9,258	83,326
171	PRODUCE CRIPER	4/13/10	9,318		0	0	2,664	6,654
172	FORKLIFT 9597KF	11/10/11	28,296		0	0	2,020	26,276
	Form 990, Page 1		<u>630,312</u>		<u>0</u>	<u>0</u>	<u>150,324</u>	<u>479,988</u>
	Grand Total		<u>630,312</u>		<u>0</u>	<u>0</u>	<u>150,324</u>	<u>479,988</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
117	CAMPER SHELL	5/28/08	2,500	0	0
118	CHAIRS	6/30/98	239	0	0
119	FILE CABINETS	12/31/04	1,358	0	0
120	LEASEHOLD IMPROVEMENTS	2/28/01	4,395	0	0
121	INSULATION	2/07/02	11,591	0	0
122	DOOR INSTALLATION	4/26/02	2,385	0	0
123	BUTTERFIELD LIGHT	8/08/02	3,587	0	0
124	BUILDING PERMIT	6/26/03	236	0	0
125	CLEANING & SORTING ROOM	6/16/04	41,282	1,274	0
126	OFFICE/WAREHOUSE REMODEL	5/07/08	114,735	4,314	0
127	FORKLIFT	4/24/01	23,636	0	0
128	PRINTER	12/01/00	538	0	0
129	W/H LIGHTING	9/26/01	2,602	0	0
130	EQUIPMENT	9/01/89	175	0	0
131	PALLET JACK	12/01/91	509	0	0
132	FREEZER	11/01/95	6,120	0	0
133	FORKLIFT	10/01/96	12,900	0	0
134	CARRRIER & EQUIPMENT	6/30/98	1,904	0	0
135	FREEZER	5/30/99	38,973	0	0
136	CART, HAMPER, BINS	6/30/00	761	0	0
137	SCALE	3/26/02	2,140	0	0
138	ATR REFRIGERATION	7/19/02	4,485	0	0
139	ATR FEFRIGERATION	8/08/02	4,025	0	0
140	XEROX PRINTER	7/28/04	2,019	0	0
141	SCANNER	8/31/04	409	0	0
142	TRUCK	11/08/01	64,894	0	0
143	VAN	7/31/03	18,177	0	0
144	DODGE SPRINTER TRUCK	12/08/05	29,000	0	0
145	HP COMPUTER	8/11/04	1,154	0	0
147	DELL SERVER	10/31/04	2,318	0	0
148	HP COMPUTER	12/06/04	605	0	0
149	PREVIEW MONITOR	12/06/04	301	0	0
150	ENVISION MONITOR	12/26/04	599	0	0
151	SHARP MONITOR	1/29/05	471	0	0
152	MONITOR	7/19/05	156	0	0
153	PRINTER	2/28/07	1,130	0	0
154	CABINET IN VAN	9/30/06	1,447	0	0
155	FORKLIFT	6/01/07	1,076	0	0
156	FREEZER	12/19/06	25,103	2,511	0
157	TELEPHONE SYSTEM	4/14/08	6,011	0	0
158	EXTERIOR COVER	7/08/08	3,794	222	0
159	PANTRY FIXTURES	12/31/08	4,750	340	0
160	LEASEHOLD IMPROV KITCHEN	6/30/10	60,510	5,293	0
161	LEASEHOLD IMPROV STORE	6/30/10	100,144	7,210	0
162	TRUCK COSTS	6/30/10	8,080	707	0
163	DESK FOR VOLUNTEERS	6/30/10	109	9	0
164	PALLET JACK ELECTRIC	6/30/10	4,459	390	0
165	PROJECTOR CONFERENCEROOM	6/30/10	3,139	275	0
166	ZERO ZONE Q&F	9/03/10	8,995	865	0
167	COMCASH POS SYS	9/03/10	9,854	948	0
168	PALLET JACK	9/07/10	4,187	403	0
169	PALLET JACK	9/21/10	4,680	450	0
170	FREEZER	11/02/10	92,584	5,185	0
171	PRODUCE CRIPER	4/13/10	9,318	814	0
172	FORKLIFT 9597KF	11/10/11	28,296	3,217	0
			<u>778,845</u>	<u>34,427</u>	<u>0</u>

Other Depreciation:

146	FORKLIFTFC4545-50	5/30/13	32,150	4,593	4,593
	Total Other Depreciation		<u>32,150</u>	<u>4,593</u>	<u>4,593</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>32,150</u>	<u>4,593</u>	<u>4,593</u>
	Grand Totals		<u>810,995</u>	<u>39,020</u>	<u>4,593</u>

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
117	CAMPER SHELL	5/28/08	2,500	0
118	CHAIRS	6/30/98	239	0
119	FILE CABINETS	12/31/04	1,358	0
120	LEASEHOLD IMPROVEMENTS	2/28/01	4,395	0
121	INSULATION	2/07/02	11,591	0
122	DOOR INSTALLATION	4/26/02	2,385	0
123	BUTTERFIELD LIGHT	8/08/02	3,587	0
124	BUILDING PERMIT	6/26/03	236	0
125	CLEANING & SORTING ROOM	6/16/04	41,282	2,064
126	OFFICE/WAREHOUSE REMODEL	5/07/08	114,735	5,737
127	FORKLIFT	4/24/01	23,636	0
128	PRINTER	12/01/00	538	0
129	W/H LIGHTING	9/26/01	2,602	0
130	EQUIPMENT	9/01/89	175	0
131	PALLET JACK	12/01/91	509	0
132	FREEZER	11/01/95	6,120	0
133	FORKLIFT	10/01/96	12,900	0
134	CARRRIER & EQUIPMENT	6/30/98	1,904	0
135	FREEZER	5/30/99	38,973	0
136	CART, HAMPER, BINS	6/30/00	761	0
137	SCALE	3/26/02	2,140	0
138	ATR REFRIGERATION	7/19/02	4,485	0
139	ATR FEFRIGERATION	8/08/02	4,025	0
140	XEROX PRINTER	7/28/04	2,019	0
141	SCANNER	8/31/04	409	0
142	TRUCK	11/08/01	64,894	0
143	VAN	7/31/03	18,177	0
144	DODGE SPRINTER TRUCK	12/08/05	29,000	0
145	HP COMPUTER	8/11/04	1,154	0
147	DELL SERVER	10/31/04	2,318	0
148	HP COMPUTER	12/06/04	605	0
149	PREVIEW MONITOR	12/06/04	301	0
150	ENVISION MONITOR	12/26/04	599	0
151	SHARP MONITOR	1/29/05	471	0
152	MONITOR	7/19/05	156	0
153	PRINTER	2/28/07	1,130	0
154	CABINET IN VAN	9/30/06	1,447	0
155	FORKLIFT	6/01/07	1,076	0
156	FREEZER	12/19/06	25,103	2,510
157	TELEPHONE SYSTEM	4/14/08	6,011	0
158	EXTERIOR COVER	7/08/08	3,794	380
159	PANTRY FIXTURES	12/31/08	4,750	678
160	LEASEHOLD IMPROV KITCHEN	6/30/10	60,510	8,644
161	LEASEHOLD IMPROV STORE	6/30/10	100,144	10,015
162	TRUCK COSTS	6/30/10	8,080	1,154
163	DESK FOR VOLUNTEERS	6/30/10	109	15
164	PALLET JACK ELECTRIC	6/30/10	4,459	637
165	PROJECTOR CONFERENCEROOM	6/30/10	3,139	448
166	ZERO ZONE Q&F	9/03/10	8,995	1,285
167	COMCASH POS SYS	9/03/10	9,854	1,408
168	PALLET JACK	9/07/10	4,187	598
169	PALLET JACK	9/21/10	4,680	669
170	FREEZER	11/02/10	92,584	6,172
171	PRODUCE CRIPER	4/13/10	9,318	1,331
172	FORKLIFT 9597K	11/10/11	28,296	4,043
			<u>778,845</u>	<u>47,788</u>

Other Depreciation:

146	FORKLIFTFC4545-50	5/30/13	<u>32,150</u>	<u>4,593</u>
	Total Other Depreciation		<u>32,150</u>	<u>4,593</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
	Total ACRS and Other Depreciation		<u>32,150</u>	<u>4,593</u>
	Grand Totals		<u>810,995</u>	<u>52,381</u>

Form 990	Two Year Comparison Report	2011 & 2012
For calendar year 2012, or tax year beginning 07/01/12 , ending 06/30/13		

Name

Taxpayer Identification Number

YOLO FOOD BANK**23-7111782**

		2011	2012	Differences
Revenue	1. Contributions, gifts, grants	4,949,726	5,842,883	893,157
	2. Membership dues and assessments			
	3. Government contributions and grants		69,896	69,896
	4. Program service revenue	205,807	100,772	-105,035
	5. Investment income	1,594	5,333	3,739
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		296,703	296,703
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	325,010		-325,010
	12. Total revenue. Add lines 1 through 11	5,482,137	6,315,587	833,450
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	65,000	65,000	
	16. Salaries, other compensation, and employee benefits	553,398	497,798	-55,600
	17. Professional fundraising fees			
	18. Other professional fees		11,233	11,233
	19. Occupancy, rent, utilities, and maintenance		56,225	56,225
	20. Depreciation and Depletion		39,379	39,379
	21. Other expenses	4,778,520	5,289,981	511,461
	22. Total expenses. Add lines 13 through 21	5,396,918	5,959,616	562,698
	23. Excess or (Deficit). Subtract line 22 from line 12	85,219	355,971	270,752
Other Information	24. Total exempt function revenue	5,482,137	6,315,587	833,450
	25. Total unrelated revenue			
	26. Total excludable revenue		296,703	296,703
	27. Total assets	1,417,417	2,723,813	1,306,396
	28. Total liabilities	58,875	1,009,300	950,425
	29. Retained earnings	1,358,542	1,714,513	355,971
	30. Number of voting members of governing body	5	6	
	31. Number of independent voting members of governing body	5	6	
32. Number of employees	14	26		
33. Number of volunteers		422		

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Taxable Interest	\$ 5,333					
Total	<u>\$ 5,333</u>					

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
UTILITIES	\$ 30,365	\$ 27,329	\$ 3,036	\$
TRANSPORTATION	28,944	28,944		
MAINTENANCE & REPAIRS	24,445	22,001	2,444	
CONTRACT LABOR	11,600	11,600		
TELEPHONE	6,627	5,964	663	
STAFF DEVELOPMENT	5,288	4,759	529	
LICENSING AND PERMITS	4,921	4,921		
Total	<u>\$ 112,190</u>	<u>\$ 105,518</u>	<u>\$ 6,672</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GRANT COMMODITIES	\$ 69,896
GRANTS AND AWARDS	337,383
INKIND FOOD DONATIONS	5,152,084
CONTRIBUTIONS	278,662
SPECIAL EVENTS	74,754
Total	<u>\$ 5,912,779</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
GIVING CAMPAIGN	\$ 354,115
Total	<u>\$ 354,115</u>

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
FOOD SALES PROGRAM	\$ 90,686
MISCELLANEOUS	10,086
Taxable Interest	5,333
Total	<u>\$ 106,105</u>

Form 199 Return SummaryFor calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13****23-7111782****YOLO FOOD BANK**

Gross sales / receipts	<u>460,220</u>	
Dues from members	<u>5,912,779</u>	
Contributions / grants	<u>6,026,670</u>	
Total costs		
Expenses	<u>6,026,670</u>	
Excess / (deficit)		<u><u>346,329</u></u>
Filing fee	<u>10</u>	
Total payments	<u></u>	
Penalties and interest	<u></u>	
Use tax	<u></u>	
Balance due		<u>10</u>
Refund		<u><u></u></u>

	Balance Sheet		
	Beginning	Ending	Differences
Assets	<u>1,417,417</u>	<u>2,723,813</u>	
Liabilities	<u>58,875</u>	<u>1,009,304</u>	
Net assets	<u><u>1,358,542</u></u>	<u><u>1,714,509</u></u>	<u><u>355,967</u></u>

Miscellaneous Information

Amended return

Return / extended due date 06/16/14

MAIL TO:

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

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

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.

State Charity Registration Number _____ YOLO FOOD BANK <hr/> Name of Organization 1244 FORTNA AVENUE <hr/> Address (Number and Street) WOODLAND CA 95776 <hr/> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0625251</u> Federal Employer I.D. No. <u>23-7111782</u>																					
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																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Less than \$25,000</td> <td>0</td> </tr> <tr> <td>Between \$25,000 and \$100,000</td> <td>\$25</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Less than \$25,000	0	Between \$25,000 and \$100,000	\$25	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$100,001 and \$250,000</td> <td>\$50</td> </tr> <tr> <td>Between \$250,001 and \$1 million</td> <td>\$75</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$100,001 and \$250,000	\$50	Between \$250,001 and \$1 million	\$75	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$1,000,001 and \$10 million</td> <td>\$150</td> </tr> <tr> <td>Between \$10,000,001 and \$50 million</td> <td>\$225</td> </tr> <tr> <td>Greater than \$50 million</td> <td>\$300</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$1,000,001 and \$10 million	\$150	Between \$10,000,001 and \$50 million	\$225	Greater than \$50 million	\$300
Gross Annual Revenue	Fee																					
Less than \$25,000	0																					
Between \$25,000 and \$100,000	\$25																					
Gross Annual Revenue	Fee																					
Between \$100,001 and \$250,000	\$50																					
Between \$250,001 and \$1 million	\$75																					
Gross Annual Revenue	Fee																					
Between \$1,000,001 and \$10 million	\$150																					
Between \$10,000,001 and \$50 million	\$225																					
Greater than \$50 million	\$300																					
PART A - ACTIVITIES For your most recent full accounting period (beginning <u>07/01/12</u> ending <u>06/30/13</u>) list: Gross annual revenue \$ <u>6,315,587</u> Total assets \$ <u>2,723,813</u>																						
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?		X																				
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		X																				
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X																				
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.		X																				
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.		X																				
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.		X																				
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.		X																				
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.		X																				
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X																					
Organization's area code and telephone number <u>530-668-0690</u>																						
Organization's e-mail address <u>KEVIN@YOLOFOODBANK.ORG</u>																						
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	<u>KEVIN SANCHEZ</u> Printed Name	<u>EXECUTIVE DIRECTOR</u> Title																				
		_____ Date																				

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
YOLO FOOD BANK

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1244 FORTNA AVENUE

City, town or post office, state, and ZIP code
WOODLAND CA 95776

D Employer identification number
23-7111782

E Telephone number
530-668-0690

G Gross receipts \$ **6,372,999**

F Name and address of principal officer:
KEVIN SANCHEZ
1244 FORTNA AVENUE
WOODLAND CA 95776

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u www.yolofoodbank.org/**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1971** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE YOLO FOOD BANK IS THE SOLE FOOD BANK FOR YOLO COUNTY, CA. THEY RECEIVE CONTRIBUTIONS FROM USDA, PRIVATE DONATIONS, AND OTHERS TO PROVIDE FOOD TO CHARITABLE ORGANIZATIONS WHICH DISTRIBUTE THIS FOOD TO THOSE IN NEED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	26	
	6 Total number of volunteers (estimate if necessary)	422	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,949,726	5,912,779
	9 Program service revenue (Part VIII, line 2g)	205,807	100,772
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,594	5,333
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	325,010	296,703
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,482,137	6,315,587
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	618,398	562,798
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,778,520	5,396,818
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,396,918	5,959,616	
19 Revenue less expenses. Subtract line 18 from line 12	85,219	355,971	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,417,417	2,723,813
	21 Total liabilities (Part X, line 26)	58,875	1,009,300
	22 Net assets or fund balances. Subtract line 21 from line 20	1,358,542	1,714,513

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **KEVIN SANCHEZ** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOSEPH M. SKOWRON, CPA** Preparer's signature: **JOSEPH M. SKOWRON, CPA** Date: **02/12/14** Check if self-employed PTIN: **P01260817**

Firm's name: **Joseph Skowron, CPA** Firm's EIN: **916-498-1040**

Firm's address: **225 30th St Suite 301 Sacramento, CA 95816-6958** Phone no. **916-498-1040**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE YOLO FOOD BANK IS THE SOLE FOOD BANK FOR YOLO COUNTY, CA. THEY RECEIVE CONTRIBUTIONS FROM USDA, PRIVATE DONATIONS, AND OTHERS TO PROVIDE FOOD TO CHARITABLE ORGANIZATIONS WHICH DISTRIBUTE THIS FOOD TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **5,828,181** including grants of \$) (Revenue \$)
YOLO FOOD BANK DISTRIBUTED APPROXIMATELY 3,000,000 POUNDS OF FOOD TO THE NEEDY IN YOLO COUNTY CA DURING THE FISCAL YEAR.

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

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

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

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

4e Total program service expenses **u 5,828,181**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u KEVIN SANCHEZ** **1244 FORTNA AVE**
WOODLAND **CA 95776** **530-668-0690**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LLOYD KNOX, PHD DIRECTOR	0.00 0.00	X						0	0	0
(2) TERRI LABRIOLA VICE PRESIDENT	0.00 0.00	X						0	0	0
(3) TOM RICHARDSON PRESIDENT	0.00 0.00	X						0	0	0
(4) JIM DURST TREASURER	0.00 0.00	X						0	0	0
(5) TOM MULLER SECRETARY	0.00 0.00	X						0	0	0
(6) KARI FRY DIRECTOR	0.00 0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,896				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,842,883				
	g Noncash contributions included in lines 1a-1f: \$		5,152,084				
	h Total. Add lines 1a-1f	u	5,912,779				
	Program Service Revenue	2a FOOD SALES PROGRAM	Busn. Code	90,686	90,686		
b MISCELLANEOUS			10,086	10,086			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	100,772				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	5,333	5,333		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	354,115					
	b Less: direct expenses	b	57,412				
	c Net income or (loss) from fundraising events	u	296,703			296,703	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u	6,315,587	106,105	0	296,703		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,000		65,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	434,044	413,044	21,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,645	14,604	3,041	
10 Payroll taxes	46,109	38,163	7,946	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,233	3,819	7,414	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	25,959	21,947	4,012	
14 Information technology				
15 Royalties				
16 Occupancy	56,225	50,603	5,622	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,379	34,888	4,491	
23 Insurance	17,417	15,675	1,742	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN-KIND FOOD DISTRIBUTION	4,898,641	4,898,641		
b FOOD PROGRAM PURCHASES	157,413	157,413		
c SUPPLIES	44,955	40,460	4,495	
d COMMUNITY RELATIONS	33,406	33,406		
e All other expenses	112,190	105,518	6,672	
25 Total functional expenses. Add lines 1 through 24e	5,959,616	5,828,181	131,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	39,263	1	44,340	
	2	Savings and temporary cash investments	381,970	2	159,259	
	3	Pledges and grants receivable, net	37,721	3	32,431	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	527,659	8	782,061	
	9	Prepaid expenses and deferred charges	2,186	9	4,106	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,109,236		
	b	Less: accumulated depreciation	10b	407,620	10c	1,701,616
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,025	15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,417,417	16	2,723,813		
Liabilities	17	Accounts payable and accrued expenses	58,875	17	60,550	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	948,750	
	26	Total liabilities. Add lines 17 through 25	58,875	26	1,009,300	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,358,542	27	1,714,513	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	1,358,542	33	1,714,513		
34	Total liabilities and net assets/fund balances	1,417,417	34	2,723,813		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,315,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,959,616
3	Revenue less expenses. Subtract line 2 from line 1	3	355,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,358,542
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,714,513

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						23,815,795

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,569,248	4,398,306	4,985,736	4,949,726	5,912,779	23,815,795
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,105	6,348	1,965	1,594	5,333	22,345
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					354,115	354,115
11 Total support. Add lines 7 through 10						24,192,255
12 Gross receipts from related activities, etc. (see instructions)					12	106,105
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.44 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,282,717		1,282,717
c Leasehold improvements		359,942	134,305	225,637
d Equipment		460,230	268,961	191,269
e Other		6,347	4,354	1,993
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		u		1,701,616

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MORTGAGE PAYABLE	948,750
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 948,750

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

YOLO FOOD BANK

Employer identification number

23-7111782

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GIVING CAMPAIGN (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	354,115		354,115
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	354,115		354,115
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	57,412		57,412
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				296,703

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Yes % No	Yes % No	Yes % No		
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
U Attach to Form 990.

Name of the organization

YOLO FOOD BANK

Employer identification number
23-7111782

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (FOOD)	X	1	5,152,084	AVG COMPOSITE PRICE/LB
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

YOLO FOOD BANK

Employer identification number

23-7111782

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2012 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year - See instructions. Calendar Year - File and Pay by March 15, 2013. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

CALIFORNIA FORM

2012

Payment Voucher for Corps and Exempt Orgs e-filed Returns

3586 (e-file)

0625251 YOLO 23-7111782 000000000000 12 FORM 3 TYB 07-01-12 TYE 06-30-13

YOLO FOOD BANK 1244 FORTNA AVENUE WOODLAND CA 95776

530-668-0690

TOTAL PAYMENT AMT 10.

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2012

199

Calendar Year 2012 or fiscal year beginning 07/01/12, and ending 06/30/13

Corporation/Organization Name YOLO FOOD BANK		California corporation number 0625251
Address (suite, room, or PMB no.) 1244 FORTNA AVENUE		FEIN 23-7111782
City WOODLAND	State CA	ZIP Code 95776

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: _____

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

F Federal return filed?
 (1) 990T (2) 990(PF) (3) Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No
 If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____

I 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? Yes No
 If "Yes," explain, and attach copies of revised documents.

J 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)? **N/A** Yes No
 If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____

L 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. No filing fee is required. Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	460,220	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	5,912,779	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	6,372,999	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	6,372,999	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,026,670	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	346,329	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Total payments	12		00
	13 Penalties and Interest. See General Instruction J	13		00
	14 Use tax. See General Instruction K	14		00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from result	15		10

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.

Signature of officer u	Title EXECUTIVE DIRECTOR	Date	Telephone 530-668-0690
Preparer's signature u JOSEPH M. SKOWRON, CPA	Date 02/12/14	Check if self-employed u <input checked="" type="checkbox"/>	PTIN P01260817
Firm's name (or yours, if self-employed) and address u Joseph Skowron, CPA 225 30th St Suite 301 Sacramento, CA 95816-6958			FEIN Telephone 916-498-1040

May the FTB discuss this return with the preparer shown above? See instructions Yes No

YOLO FOOD BANK

23-7111782

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	100,772	00	
	2	Interest	•	2	5,333	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule See Statement 1	•	7	354,115	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	460,220	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule See Statement 2	•	11	65,000	00	
	12	Other salaries and wages	•	12	434,044	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	56,225	00
		16	Depreciation and depletion (See instructions)	•	16	49,021	00
		17	Other Expenses and Disbursements. Attach schedule. See Statement 3	•	17	5,422,380	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,026,670	00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		421,233	•	203,599
2 Net accounts receivable		37,721	•	32,431
3 Net notes receivable			•	
4 Inventories		527,659	•	782,061
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	794,369		2,109,236	
b Less accumulated depreciation	(367,776)	426,593	(407,620)	1,701,616
11 Land			•	
12 Other assets. Stmt 4		4,211	•	4,106
13 Total assets		1,417,417		2,723,813
Liabilities and net worth				
14 Accounts payable		58,875	•	60,550
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				948,750
19 Capital stock or principle fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		1,358,542	•	1,714,513
22 Total liabilities and net worth		1,417,417		2,723,813

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	•	346,329	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. Attach schedule	•	
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. Subtract line 9 from line 6		346,329
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		346,329				

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
GIVING CAMPAIGN	\$ <u>354,115</u>
Total	\$ <u><u>354,115</u></u>

California Statements

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
LLOYD KNOX, PHD	WOODLAND	CA	1244 FORTNA AVE 95776	DIRECTOR		
TERRI LABRIOLA	WOODLAND	CA	1244 FORTNA AVENUE 95776	VICE PRESIDENT		
TOM RICHARDSON	WOODLAND	CA	1244 FORTNA AVENUE 95776	PRESIDENT		
JIM DURST	WOODLAND	CA	1244 FORTNA AVENUE 95776	TREASURER		
TOM MULLER	WOODLAND	CA	1244 FORTNA AVENUE 95776	SECRETARY		
KEVIN SANCHEZ	WOODLAND	CA	1244 FORTNA AVENUE 95776	EXECUTIVE DIRECTOR	40.00	65,000
KARI FRY	WOODLAND	CA	1244 FORTNA AVENUE 95776	DIRECTOR		
Total						65,000

California Statements

Statement 3 - Form 199, Part II, Line 17 - Other Expenses

<u>Description</u>	<u>Amount</u>
	\$
GIVING CAMPAIGN	54,274
	3,138
EMPLOYEE BENEFITS	1,772
Payroll taxes	46,109
Accounting	11,233
IN-KIND FOOD DISTRIBUTION	4,898,641
FOOD PROGRAM PURCHASES	157,413
MAINTENANCE & REPAIRS	24,445
COMMUNITY RELATIONS	33,406
Insurance	17,417
WORKERS COMPENSATION	15,873
PRINTING AND REPRODUCTION	25,959
LICENSING AND PERMITS	4,921
STAFF DEVELOPMENT	5,288
SUPPLIES	44,955
TELEPHONE	6,627
TRANSPORTATION	28,944
UTILITIES	30,365
CONTRACT LABOR	11,600
Total	<u>\$ 5,422,380</u>

Statement 4 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
	\$	\$
Prepaid Expenses	2,025	4,106
	2,186	
Total	<u>\$ 4,211</u>	<u>\$ 4,106</u>

Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
MORTGAGE PAYABLE	\$	948,750
Total	<u>\$ 0</u>	<u>\$ 948,750</u>

TAXABLE YEAR

2012

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **Form 199**

Corporation name

YOLO FOOD BANK

California corporation number

0625251

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
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)
6		(c) Elected cost
7	7 Listed property (elected IRC Section 179 cost)	7
8	8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8
9	9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10	10 Carryover of disallowed deduction from prior taxable years	10
11	11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12
13	13 Carryover of disallowed deduction to 2013. 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

(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
14	See Statement 1					49,021	
15	15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	49,021

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	49,021
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

(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 instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	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	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
FORKLIFTFC4545-50	5/30/13	\$ 32,150	\$	S/L	7.00	\$ 383	\$
CAMPER SHELL	5/28/08	2,500	2,250	MACRS	5	250	
CLEANING & SORTING ROOM	6/16/04	41,282	17,545	MACRS	20	2,064	
OFFICE/WAREHOUSE REMODEL	5/07/08	114,735	25,815	MACRS	20	5,737	
FREEZER	12/19/06	25,103	13,807	MACRS	10	2,510	
TELEPHONE SYSTEM	4/14/08	6,011	5,410	MACRS	5	601	
EXTERIOR COVER	7/08/08	3,794	1,328	MACRS	10	379	
PANTRY FIXTURES	12/31/08	4,750	2,375	MACRS	7	679	
LEASEHOLD IMPROV KITCHEN	6/30/10	60,510	21,611	MACRS	7	8,644	
LEASEHOLD IMPROV STORE	6/30/10	100,144	25,036	MACRS	10	10,014	
TRUCK COSTS	6/30/10	8,080	2,886	MACRS	7	1,154	
DESK FOR VOLUNTEERS	6/30/10	109	39	MACRS	7	16	
PALLET JACK ELECTRIC	6/30/10	4,459	1,593	MACRS	7	637	
PROJECTOR CONFERENCEROOM	6/30/10	3,139	1,121	MACRS	7	449	
ZERO ZONE Q&F	9/03/10	8,995	1,928	MACRS	7	1,285	
COMCASH POS SYS	9/03/10	9,854	2,112	MACRS	7	1,407	
PALLET JACK	9/07/10	4,187	897	MACRS	7	598	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II - Depreciation Detail Information (continued)

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
PALLET JACK	9/21/10	\$ 4,680	\$ 1,003	MACRS	7	\$ 668	\$
FREEZER	11/02/10	92,584	9,258	MACRS	15	6,173	
PRODUCE CRIPER	4/13/10	9,318	3,328	MACRS	7	1,331	
FORKLIFT 9597KF	11/10/11	28,296	2,021	MACRS	7	4,042	
Total		<u>\$ 564,680</u>	<u>\$ 141,363</u>			<u>\$ 49,021</u>	<u>\$ 0</u>