

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 private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
ALAMEDA COUNTY COMMUNITY FOOD BANK

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 2599

City or town, state or province, country, and ZIP or foreign postal code  
OAKLAND, CA 946140599

**D** Employer identification number  
94-2960297

**E** Telephone number  
(510) 635-3663

**G** Gross receipts \$ 68,201,286

**F** Name and address of principal officer  
SUZAN BATESON  
PO BOX 2599  
OAKLAND, CA 946140599

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW ACCFB ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1985

**M** State of legal domicile CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
ALAMEDA COUNTY COMMUNITY FOOD BANK PASSIONATELY PURSUES A HUNGER-FREE COMMUNITY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	15
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	134
<b>6</b> Total number of volunteers (estimate if necessary)	22,955
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	64,180,423	65,790,541
<b>9</b> Program service revenue (Part VIII, line 2g)	656,105	783,262
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,876	242,943
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-136,439	5,347
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,871,965	66,822,093
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,856,016	44,648,338
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,815,791	9,660,818
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,377,732		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,688,550	9,396,994
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	66,360,357	63,706,150
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,488,392	3,115,943
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	22,823,719	26,307,417
<b>21</b> Total liabilities (Part X, line 26)	1,197,710	1,455,758
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	21,626,009	24,851,659

## 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: \*\*\*\*\* Date: 2020-01-27

SUZAN BATESON EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2020-01-27

Check  if self-employed PTIN: P00545829

Firm's name: ▶ MOSS ADAMS LLP Firm's EIN: ▶ 91-0189318

Firm's address: ▶ 10960 WILSHIRE BLVD SUITE 1100  
LOS ANGELES, CA 90024 Phone no: (310) 477-0450

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

ALAMEDA COUNTY COMMUNITY FOOD BANK PASSIONATELY PURSUES A HUNGER-FREE COMMUNITY

**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 \$ 54,413,939 including grants of \$ 44,648,338 ) (Revenue \$ 783,262 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,911,530 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 1,483,695 including grants of \$ ) (Revenue \$ )  
See Additional Data

(Code ) (Expenses \$ 1,523,881 including grants of \$ ) (Revenue \$ )

OTHER ADVOCACY, RESEARCH, COMMUNITY ENGAGEMENT THE FOOD BANK'S HUNGEREDUCATION AND ADVOCACY EFFORTS CONTINUE TO PROVIDE A VOICE FOR TENS OF THOUSANDS OF ALAMEDA COUNTY RESIDENTS WHO FACE FOOD INSECURITY THE FOOD BANK'S STAFF MEETS WITH LEGISLATORS, GRASSROOTS ANTI-HUNGER ADVOCATES, AND OTHER ADVOCACY PARTNERS REGULARLY THE PROGRAM PROMOTES POLICIES TO BENEFIT LOW-INCOME RESIDENTS SUCH AS ELIMINATING THE FINGERPRINTING REQUIREMENT FOR RECIPIENTS OF CALFRESH RESEARCH ACTIVITIES INCLUDE MEASURING FOOD INSECURITY AND MAPPING FOOD INSECURITY WITH OUR SERVICES TO HELP US STRATEGICALLY IMPROVE OUR SERVICES WHERE THEY ARE NEEDED MOST

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,523,881 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 59,333,045

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	35
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	134			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> 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? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> 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? . . . . .</p>			<b>7a</b>	Yes	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	Yes	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	Yes	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> 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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, CO, IL, MA, NJ, NV, NY, OH, OR, WA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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, address, and telephone number of the person who possesses the organization's books and records (AMY DONOVAN CHIEF FINANCIAL OFFICER 7900 EDGEWATER DRIVE OAKLAND, CA 94621 (510) 635-3663)





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	808,908		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	9,399,682		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	55,581,951		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		45,883,132		
	<b>h Total.</b> Add lines 1a-1f . . . . .		65,790,541		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> FOOD PURCHASE REVENUE		900099	1,050,033	1,050,033	
	<b>b</b> AGENCY MEMBERSHIP		900099	19,183	19,183	
	<b>c</b> AGENCY FREE CREDITS		900099	-285,954	-285,954	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .			783,262			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		241,927			241,927
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .			1,016		1,016
	<b>8a</b> Gross income from fundraising events (not including \$ 808,908 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	281,859			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	281,859			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b> RECYCLING INCOME		900099	3,447		3,447	
<b>b</b> MISCELLANEOUS INCOME		900099	1,900		1,900	
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			5,347			
<b>12 Total revenue.</b> See Instructions . . . . .			66,822,093	783,262	0	248,290

**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 or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	44,648,338	44,648,338		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	514,624	170,860	239,639	104,125
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	6,692,801	4,641,419	1,049,700	1,001,682
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	291,656	207,685	44,281	39,690
<b>9</b> Other employee benefits . . . . .	1,637,347	1,238,604	184,161	214,582
<b>10</b> Payroll taxes . . . . .	524,390	357,803	89,041	77,546
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	10,331		10,331	
<b>c</b> Accounting . . . . .	54,395		54,395	
<b>d</b> Lobbying . . . . .	51,291	51,291		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	656,497	546,659	13,033	96,805
<b>12</b> Advertising and promotion . . . . .	277,530	240,973		36,557
<b>13</b> Office expenses . . . . .	322,851	139,985	147,966	34,900
<b>14</b> Information technology . . . . .	492,003	283,980	47,046	160,977
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	293,931	283,213	5,738	4,980
<b>17</b> Travel . . . . .	80,572	49,474	15,019	16,079
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	59,287	33,753	13,324	12,210
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	687,336	609,258	38,606	39,472
<b>23</b> Insurance . . . . .	88,739	61,076	23,601	4,062
<b>24</b> 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.)				
<b>a</b> FOOD HANDLING AND PURCH	4,559,823	4,559,823		
<b>b</b> VEHICLES	688,657	688,657		
<b>c</b> RESOURCE DEVELOPMENT	509,194	27,412		481,782
<b>d</b> EQUIPMENT	243,169	228,169	15,000	
<b>e</b> All other expenses	321,388	264,613	4,492	52,283
<b>25</b> Total functional expenses. Add lines 1 through 24e	63,706,150	59,333,045	1,995,373	2,377,732
<b>26</b> 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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,509,971	<b>1</b>	513,088
	<b>2</b> Savings and temporary cash investments . . . . .	2,285,788	<b>2</b>	3,382,291
	<b>3</b> Pledges and grants receivable, net . . . . .	1,191,587	<b>3</b>	3,612,991
	<b>4</b> Accounts receivable, net . . . . .	50,105	<b>4</b>	84,656
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,391,315	<b>8</b>	2,310,191
	<b>9</b> Prepaid expenses and deferred charges . . . . .	227,039	<b>9</b>	295,386
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	16,349,006		
	<b>b</b> Less accumulated depreciation	6,014,371		
		10,400,216	<b>10c</b>	10,334,635
	<b>11</b> Investments—publicly traded securities . . . . .	4,767,698	<b>11</b>	5,774,179
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	22,823,719	<b>16</b>	26,307,417	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,112,071	<b>17</b>	1,414,095
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	85,639	<b>19</b>	41,663
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,197,710	<b>26</b>	1,455,758
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	20,622,697	<b>27</b>	21,708,826
	<b>28</b> Temporarily restricted net assets . . . . .	1,003,312	<b>28</b>	3,142,833
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	21,626,009	<b>33</b>	24,851,659	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	22,823,719	<b>34</b>	26,307,417	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	66,822,093
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	63,706,150
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,115,943
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,626,009
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	109,707
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,851,659

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2960297

**Name:** ALAMEDA COUNTY COMMUNITY FOOD BANK

Form 990 (2018)

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### Form 990, Part III, Line 4a:

FOOD DISTRIBUTION AS ALAMEDA COUNTY'S CENTRAL CLEARINGHOUSE FOR DONATED, SURPLUS AND PURCHASED FOOD FOR NONPROFIT AGENCIES, THE FOOD BANK DISTRIBUTED 32.4 MILLION POUNDS OF FOOD INCLUDING 16.4 MILLION POUNDS OF FRESH FRUITS AND VEGETABLES IN THE 2019 FISCAL YEAR (32.6 MILLION POUNDS OF FOOD INCLUDING 17.5 MILLION OF FRESH FRUITS AND VEGETABLES IN THE 2018 FISCAL YEAR) THE FOOD WAS PROCURED FROM PURCHASED FOOD, DONATIONS, GOVERNMENT, AND OUR FOOD RECOVERY PROGRAM THE FOOD BANK PRIMARILY DISTRIBUTES THIS FOOD THROUGH A NETWORK OF MORE THAN 200 STRATEGICALLY LOCATED MEMBER AGENCIES THE FOOD DISTRIBUTION PROGRAM ALSO INCLUDES PROGRAMS SUCH AS THE CHILDREN'S BACK PACK PROGRAM, COLLEGE AND UNIVERSITY PROGRAMS, AND OUR MOBILE AND SCHOOL PANTRIES IN FISCAL YEAR 2019, ACCFB'S DISTRIBUTED POUNDS DECREASED SLIGHTLY BY 1%, DUE IN PART TO LOWER FOOD DONATIONS AND MORE NUTRIENT DENSE FOODS SUCH AS LEAFY GREENS WHICH WEIGH LESS IN FISCAL YEAR 2018, FOOD DISTRIBUTION DECREASED 10.5% ACCFB DISTRIBUTES ALL DONATED AND GOVERNMENT PROCURED ITEMS FOR FREE AND CONTINUES TO SUBSIDIZE PURCHASED SHELF-STABLE ITEMS VOLUNTEER PROGRAM VOLUNTEERS PLAY AN EVOLVING ROLE IN OUR WORK FROM PACKAGING OF FRESH PRODUCE, BAGGING CHILDREN'S FOOD BAGS, AND SORTING DONATED FOOD TO HELPING IN A VARIETY OF SKILLS- AND PROFESSIONAL-BASED WAYS INCLUDING CONSULTING ON INVESTMENTS VOLUNTEERS ARE ALSO UTILIZED FOR THE HELPLINE, OFFICE ASSISTANCE, ADVOCACY, AND EVENTS DURING THE YEARS ENDED JUNE 30, 2019 AND 2018, VOLUNTEER HOURS WERE EQUIVALENT TO 52 FULL-TIME EMPLOYEES AND 58 FULL-TIME EMPLOYEES, RESPECTIVELY VOLUNTEER HOURS WERE 102,762 AND 112,667 FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY

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**Form 990, Part III, Line 4b:**

OUTREACH MULTILINGUAL OUTREACH INCLUDES THE FOOD HELPLINE, FOODNOW NET, COMIDA AHORA NET, AND CAL FRESH OUTREACH SINCE 1994, CALLERS TO THE HELPLINE HAVE BEEN ABLE TO RECEIVE A SAME-DAY BAG OF FOOD, OR HOT MEAL AT A LOCATION IN OR NEAR THEIR NEIGHBORHOOD THE CALFRESH (FORMERLY KNOWN AS FOOD STAMPS AND KNOWN NATIONWIDE AS SNAP) OUTREACH PROGRAM, SERVES AS THE BLUEPRINT FOR PROGRAMS ACROSS THE NATION THE FOOD BANK'S CALFRESH OUTREACH STAFF GUIDES ELIGIBLE COMMUNITY MEMBERS THROUGH THE APPLICATION PROCESS WORKING THROUGH THE ALAMEDA COUNTY SOCIAL SERVICES AGENCY APPLICATIONS SUBMITTED EQUALED 4,495 DURING THE YEAR ENDED JUNE 30, 2019 (4,826 IN 2018)

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**Form 990, Part III, Line 4c:**

AGENCY SERVICES THE FOOD BANK SUPPORTS ITS 200 MEMBER AGENCIES IN MANAGING GOVERNMENT FOOD PROGRAMS, SECURING GOVERNMENT FUNDING, AND ADHERING TO RELATED CONTRACTS THE FOOD BANK ASSISTS MEMBER AGENCIES IN FOOD SAFETY, EQUIPMENT PROCUREMENT, AND OTHER OPERATIONAL FUNCTIONS NUTRITION PROGRAMS - THE FOOD BANK SUPPORTS ITS MEMBER AGENCIES AND CLIENTS THROUGH NUTRITION EDUCATION SERVICES, WHICH ARE DESIGNED TO HELP MEMBER AGENCIES AND CLIENTS UTILIZE THE WIDE VARIETY OF PRODUCTS, INCLUDING FARM FRESH FRUITS AND VEGETABLES THAT ARE OFTEN NEW TO CLIENTS SERVICES INCLUDE EDUCATIONAL CLASSES, NUTRITION MATERIALS, RECIPES, COOKING CLASSES, AND TASTE TESTING DEMOS TO ENCOURAGE AND SUPPORT HEALTHFUL EATING NUTRITION EDUCATION SERVICES ALSO HELP CLIENTS MAXIMIZE THEIR OTHER FOOD RESOURCES TO BRING HEALTHY CHOICES TO THEIR FAMILIES

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
DAWN WILLOUGBY ..... BOARD CHAIR	1 00 ..... 0 00	X		X				0	0	0
BETH STRACHAN ..... BOARD VICE CHAIR	1 00 ..... 0 00	X		X				0	0	0
SAYED DARWISH ..... BOARD SECRETARY	1 00 ..... 0 00	X		X				0	0	0
ROBERT ANDERSEN ..... BOARD TREASURER	1 00 ..... 0 00	X		X				0	0	0
SARA WEBBER ..... BOARD NETWORK CHAIRPERSON	1 00 ..... 0 00	X						0	0	0
EDWARD TED MONK ..... BOARD PAST CHAIR	1 00 ..... 0 00	X						0	0	0
CHRIS GAITHER ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
CJ BHALLA ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
KRISTA LUCCHESI ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
CHUCK REINHARD ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
DANIELLE COLEMAN ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
IAN CASTILLE ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
ROBIN NEBEL ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
RUBEN CANEDO ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
TIFFANY BARBOUR ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
DOUGLAS ELEFANT ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
JENNIFER CABALQUINTO ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
JOEL DICKSON ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
JON FIELDMAN ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
TEENA MASSINGILL ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
SYDNEY FIRESTONE ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
JAN MARKWART ..... BOARD DIRECTOR (THRU 12/31/18)	1 00 ..... 0 00	X						0	0	0
SUZAN BATESON ..... EXECUTIVE DIRECTOR	37 50 ..... 0 00			X				265,516	0	40,961
AMY DONOVAN ..... CHIEF FINANCIAL OFFICER	37 50 ..... 0 00			X				161,767	0	29,303
BARBARA DARROW BLAKE ..... CHIEF DEVELOPMENT OFFICER	37 50 ..... 0 00					X		171,663	0	28,661
ALLISON PRATT ..... CHIEF STRATEGY AND PROGRAM	37 50 ..... 0 00					X		161,601	0	21,643
ERICK LOVDAHL ..... DIRECTOR OF OPERATIONS	37 50 ..... 0 00					X		140,007	0	24,304
SAM LAVANAWAY THRU 42619 ..... DIRECTOR OF IT	37 50 ..... 0 00					X		116,728	0	29,445
MINDY TRAN ..... DIRECTOR OF FINANCE	37 50 ..... 0 00					X		110,469	0	28,579

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number

94-2960297

**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 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	62,118,042	68,202,637	74,664,042	64,180,423	65,790,541	334,955,685
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	62,118,042	68,202,637	74,664,042	64,180,423	65,790,541	334,955,685
<b>5</b> 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)						126,761,360
<b>6 Public support.</b> Subtract line 5 from line 4						208,194,325

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	62,118,042	68,202,637	74,664,042	64,180,423	65,790,541	334,955,685
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,056	137,855	150,909	176,054	241,927	821,801
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,924	10,135	12,176	9,991	5,347	60,573
<b>11 Total support.</b> Add lines 7 through 10						335,838,059

**12** Gross receipts from related activities, etc (see instructions) **12** 3,436,158

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

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	61.990 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	60.390 %

**16a 33 1/3% support test—2018.** 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

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2960297

**Name:** ALAMEDA COUNTY COMMUNITY FOOD BANK

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ALAMEDA COUNTY COMMUNITY FOOD BANK	Employer identification number 94-2960297
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,649													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	45,642													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	51,291													
<b>d</b>	Other exempt purpose expenditures	61,805,403													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	61,856,694													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	24,945	30,661	54,852	51,291	161,749
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures			9,724	5,649	15,373

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
ALAMEDA COUNTY COMMUNITY FOOD BANK

**Employer identification number**  
94-2960297

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**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)?  Yes  No

**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" on Form 990, Part IV, line 8.

**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)** Revenue included on 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** Revenue included on 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" on 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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
<b>1a</b> Land . . . . .		2,540,575		2,540,575
<b>b</b> Buildings . . . . .		11,053,848	4,332,392	6,721,456
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,519,534	945,503	574,031
<b>e</b> Other . . . . .		1,235,049	736,476	498,573
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,334,635

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶

**2.** Liability for uncertain tax positions 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	67,257,993
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	109,707
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	326,193
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	435,900
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	66,822,093
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	66,822,093

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	64,032,343
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	326,193
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	326,193
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	63,706,150
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	63,706,150

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2960297

**Name:** ALAMEDA COUNTY COMMUNITY FOOD BANK

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOOD BANK IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES AND STATE FRANC HISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701D O F THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY US GAAP REQUIRE THE FOOD BANK MA NAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOOD BANK AND RECOGNIZE A TAX LIABILITY (O R ASSET), IF THE FOOD BANK HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY INTERNAL REVENUE SERVICE THE FOOD BANK'S EVALUATION ON JUNE 30, 2019 AND 2018, REVEALED NO TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS THE TAX RETURNS ON THE FOOD BANK ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES HOWEVER, THERE ARE CURRENTLY NO EXAMINATIONS IN PROG RESS OR PENDING

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS DIRECT EXPENSES 281,859 IN-KIND SERVICES 44,334

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS DIRECT EXPENSES 281,859 IN-KIND SERVICES 44,334

**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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
ALAMEDA COUNTY COMMUNITY FOOD BANK

**Employer identification number**  
94-2960297

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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			
KEVIN WALSH 2531 15TH STREET 1 SAN FRANCISCO, CA 94114	GRANT SOLICITATION VENDOR		No	1,918,000	50,430	1,867,570
GABRIEL GROUP DBA WORDS DATA AND IMAGES LLC 3190 RIDER TRAIL SOUTH EARTH CITY, MO 93045	DIRECT MAIL VENDOR		No	1,600,000	169,199	1,430,801
GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND, OR 97230	TELEMARKETING VENDOR		No	53,000	26,237	26,763
<b>Total</b>				3,571,000	245,866	3,325,134

**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

CA, CO, IL, MA, NJ, NV, NY, OH, OR, WA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>SAVOR THE SEASON</b> (event type)	<b>EMPTY BOWLS</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	919,291	171,476		1,090,767
<b>2</b>	Less Contributions . . . . .	673,412	135,496		808,908
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	245,879	35,980		281,859
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	3,278			3,278
	<b>7</b> Food and beverages . . . . .	55,596	730		56,326
	<b>8</b> Entertainment . . . . .	2,250			2,250
	<b>9</b> Other direct expenses . . . . .	184,755	35,250		220,005
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				0

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number  
94-2960297

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 178

3 Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOOD SAFETY TRAINING IS MANDATED AND PROVIDED ANNUALLY COMPLIANCE IS TRACKED ELECTRONICALLY EVERY MEMBER AGENCY RECEIVES AN ON-SITE MONITORING VISIT AT LEAST ONCE EVERY TWO YEARS THAT INCLUDES THE ASSESSMENT/TRAINING OF SAFE FOOD HANDLING PRACTICES, PROGRAM COMPLIANCE, NONDISCRIMINATION AND ETHICAL TREATMENT OF CLIENTS, RECEIPTS FOR FOOD RECEIVED, AND DISTRIBUTION RECORDS ALL AGENCIES ARE SCREENED AND MONITORED WHEN JOINING THE FOOD BANK VIA AN AGENCY APPLICATION, SIGNING AN AGENCY AGREEMENT, PROVIDING 501(C)(3) STATUS DOCUMENTATION, SAFE FOOD HANDLING TRAINING, AND AN ON-SITE MONITORING VISIT FOR AGENCIES RECEIVING GOVERNMENT GRANTS, WE REQUIRE ADDITIONAL CLIENT SERVED REPORTS ON A SPECIFIED BASIS AS WELL AS SPECIFIC MONITORING REQUIREMENTS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-2960297  
**Name:** ALAMEDA COUNTY COMMUNITY FOOD BANK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
13TH AVENUE CHURCH OF CHRIST 1300 E 24TH STREET OAKLAND, CA 94606	94-3057533	501(C)(3)		53,777	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ACTS FULL GOSPEL 1034 66TH AVE OAKLAND, CA 94621	94-2936983	501(C)(3)		74,511	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS PROJECT OF THE EAST BAY 1320 WEBSTER ST OAKLAND, CA 94612	94-3061583	501(C)(3)		29,476	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ALAMEDA FOOD BANK 1900 THAU WAY ALAMEDA, CA 94501	94-2878910	501(C)(3)		1,352,726	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 94577	94-1156840	501(C)(3)		105,148	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ALLEN TEMPLE BAPTIST CHURCH 1350 86TH AVE OAKLAND, CA 94621	94-1747125	501(C)(3)		137,638	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARIEL OUTREACH MISSION 8825 INTERNATIONAL BLVD OAKLAND, CA 94621	31-1687353	501(C)(3)		7,654	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ARROYO PANTRY 360 14TH ST SUITE 100 OAKLAND, CA 94612	23-7010426	501(C)(3)		28,992	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARSOLA'S HOUSE 8324 MACARTHUR BLVD OAKLAND, CA 94605	38-3783546	501(C)(3)		605,983	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BACCIMBC 2043 E 21ST ST OAKLAND, CA 94606	94-3292168	501(C)(3)		177,536	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BACS HEDCO WELLNESS CENTER 590 B ST HAYWARD, CA 94541	94-1708069	501(C)(3)		39,563	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BAY AREA AMERICAN INDIAN COUNCIL 581 BEVERLY AVE SAN LEANDRO, CA 94577	94-3248408	501(C)(3)		10,255	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAY COMMUNITY FELLOWSHIP - AKA -WORLD IMPACT INC 1015 CAMPBELL ST OAKLAND, CA 94607	94-1399289	501(C)(3)		31,311	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BERKELEY FOOD AND HOUSING PROJECT 2140 DWIGHT WAY BERKELEY, CA 94704	94-2979073	501(C)(3)		30,012	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKELEY FOOD NETWORK 1569 SOLANO AVE 243 BERKELEY, CA 94707	81-4942342	501(C)(3)		170,373	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BERKELEY FOOD PANTRY 1600 SACRAMENTO ST BERKELEY, CA 94702	94-6003752	501(C)(3)		337,208	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKELEY YOUTH ALTERNATIVES 1255 ALLSTON WAY BERKELEY, CA 94702	94-1711728	501(C)(3)		20,962	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BETHANY BAPTIST CHURCH 5400 ADELINE ST OAKLAND, CA 94608	94-2936781	501(C)(3)		26,580	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSS 711 HARRISON ST BERKELEY, CA 94710	51-0173390	501(C)(3)		201,075	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BROOKINS AME CHURCH 2201 73RD AVE OAKLAND, CA 94605	53-0204696	501(C)(3)		236,852	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUDDHIST TZU CHI FOUNDATION 620 INTERNATIONAL BLVD OAKLAND, CA 94606	94-2952782	501(C)(3)		85,518	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BUILDING FUTURES WOMEN & CHILDREN-MIDWAY SHELTER 1395 BANCROFT AVE 13 SAN LEANDRO, CA 94577	94-3100741	501(C)(3)		8,186	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAA-AGNES MEMORIAL 2372 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2575541	501(C)(3)		76,148	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CAL-PEP 2811 ADELINE ST OAKLAND, CA 94608	94-2971732	501(C)(3)		9,627	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRO DE SERVICIOS RESOURCE CENTER 33750 6TH STREET UNION CITY, CA 94587	94-2489691	501(C)(3)		577,467	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHILDREN HOSPITAL FAMILY HOUSE FAMILY CENTER 5222 DOVER ST OAKLAND, CA 94609	94-2909976	501(C)(3)		37,675	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST CENTERED MISSIONARY BAPTIST CHURCH 22979 MAUD AVE HAYWARD, CA 94541	94-3065760	501(C)(3)		38,978	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRISTIAN CHURCH HOMES 275 28TH STREET OAKLAND, CA 94611	94-6077407	501(C)(3)		137,015	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN TABERNACLE CHURCH 9330 WALNUT ST OAKLAND, CA 94603	94-2964929	501(C)(3)		287,331	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRISTIAN WOMEN SUPPORTING WOM 5345 WENTWORTH AVE OAKLAND, CA 94601	37-1426880	501(C)(3)		41,661	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCH OF THE LIVING GOD PG&T 819 37TH ST OAKLAND, CA 94608	23-7017127	501(C)(3)		29,321	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHURCH OF THE TRUE LIVING GOD 24150 HESPERIAN HAYWARD, CA 94545	46-3160413	501(C)(3)		98,632	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY TEAM MINISTRIES 722 WASHINGTON ST OAKLAND, CA 94607	94-1501265	501(C)(3)		117,648	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CIVICORPS 101 MYRTLE ST OAKLAND, CA 94607	94-2941068	501(C)(3)		15,861	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY OF GRACE ELMHURST BAPTIST CHURCH 380 ELMHURST ST HAYWARD, CA 94544	94-1384655	501(C)(3)		31,553	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
COMMUNITY OUTREACH PANTRY FOR EMERGENCIES (COPE) 2735 MACARTHUR BLVD OAKLAND, CA 94602	23-6393377	501(C)(3)		26,860	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY REFORMED CHURCH 457 CAPISTRANO DR OAKLAND, CA 94603	94-2941595	501(C)(3)		78,480	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CONTRA COSTA ARCASIAN FAMILY RESOURCE CENTER 2555 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2248390	501(C)(3)		39,164	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORINTHIAN BAPTIST CHURCH 928 CASTRO ST OAKLAND, CA 94607	74-3147445	501(C)(3)		33,004	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CORNERSTONE BAPTIST CHURCH 3535 - 38TH AVE OAKLAND, CA 94606	94-2692374	501(C)(3)		166,222	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROSSSTREETS NEIGHBORHOOD SERVICES - P 20600 JOHN DR CASTRO VALLEY, CA 94546	94-2221906	501(C)(3)		298,802	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CURA INC 4510 PERALTA BLVD FREMONT, CA 94536	23-7226897	501(C)(3)		97,065	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST SAN LEANDRO, CA 94577	94-3121699	501(C)(3)		339,469	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
DOROTHY DAY HOUSE 1931 CENTER ST BERKELEY, CA 94704	94-3158511	501(C)(3)		65,607	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOWNS MEMORIAL UNITED METHODIST CHURCH 6026 IDAHO ST OAKLAND, CA 94608	91-2016331	501(C)(3)		53,560	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST BAY ASIAN YOUTH CENTER 2025 E 12TH ST OAKLAND, CA 94606	94-2925799	501(C)(3)		36,138	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST BAY FOOD NOT BOMBS 2700 DWIGHT WAY BERKELEY, CA 94704	27-3466777	501(C)(3)		38,364	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST BAY KOREAN AMERICAN SENIOR SERVICES CENTER 1723 TELEGRAPH AVE OAKLAND, CA 94612	94-2813695	501(C)(3)		59,545	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST BAY TEEN CHALLENGE 2221 90TH AVE OAKLAND, CA 94603	77-0123596	501(C)(3)		106,275	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND BOXING ASSOCIATION 816 98TH AVE OAKLAND, CA 94603	94-2967981	501(C)(3)		123,459	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST OAKLAND COMMUNITY PROJECT 7515 INTERNATIONAL BLVD OAKLAND, CA 94621	94-3078181	501(C)(3)		84,210	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND MULTI-PURPOSE SENIOR CENTER 9255 EDES AVE OAKLAND, CA 94603	94-3092404	501(C)(3)		650,383	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST OAKLAND SWITCHBOARD 1909 - 73RD AVE OAKLAND, CA 94621	94-1716346	501(C)(3)		26,368	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ECAP 3610 SAN PABLO AVE EMERYVILLE, CA 94608	46-1492603	501(C)(3)		3,075,977	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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EDEN UNITED CHURCH OF CHRIST - FOOD FOR CHERRYLAND 21455 BIRCH STREET HAYWARD, CA 94541	94-6109091	501(C)(3)		116,742	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ELMHURST PRESBYTERIAN CHURCH 1332 98TH AVE OAKLAND, CA 94603	23-6393770	501(C)(3)		47,473	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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FACES OF THE EAST BAY 4130 TELEGRAPH AVENUE OAKLAND, CA 94609	94-3311246	501(C)(3)		26,010	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAITH LUTHERAN CHURCH OF CASTRO VALLEY 20080 REDWOOD RD CASTRO VALLEY, CA 94552	41-1568278	501(C)(3)		151,350	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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FAITH VISIONARY SERVICES 2680 64TH AVENUE OAKLAND, CA 94605	94-3399880	501(C)(3)		253,408	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAME-FIRST AME 530 37TH STREET OAKLAND, CA 94609	94-2751052	501(C)(3)		59,679	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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FAMILY BRIDGES 270 13TH STREET OAKLAND, CA 94612	94-1725018	501(C)(3)		316,096	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FEED MY SHEEP 8825 MACARTHUR BLVD OAKLAND, CA 94605	94-2495977	501(C)(3)		30,201	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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FOOD 2 GO CASTRO VALLEY UNITED METHODIST 19806 WISTERIA ST CASTRO VALLEY, CA 94645	94-6050062	501(C)(3)		256,347	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FOOD OF GOD 4 PEOPLE OF GOD 424 MONTE VISTA AVE OAKLAND, CA 94611	27-5348142	501(C)(3)		15,066	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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FREMONT SENIOR CENTER 40086 PASEO PADRE PKWY FREMONT, CA 94537	94-2978809	501(C)(3)		24,475	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FRIENDSHIP CHRISTIAN CHURCH GERALD AGEE MINISTRIES 1904 ADELINE AVE OAKLAND, CA 94607	93-1219544	501(C)(3)		41,225	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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GOD'S RESTING PLACE 3131 UNION STREET OAKLAND, CA 94608	73-1675990	501(C)(3)		181,020	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GOOD SHEPHERD EPISCOPAL CHURCH 1823 9TH STREET BERKELEY, CA 94710	94-1156840	501(C)(3)		107,511	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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GRACE BAPTIST CHURCH OAKLAND 705 - 98TH AVE OAKLAND, CA 94621	47-3650356	501(C)(3)		690,671	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GREATER BETHESDA CHURCH OF GOD IN CHRIST 5045 FOOTHILL BLVD OAKLAND, CA 94605	23-7002419	501(C)(3)		7,705	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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GREATER NEW BEGINNINGS YOUTH SERVICES 1625 FILBERT ST OAKLAND, CA 94607	94-3301988	501(C)(3)		10,109	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GREATER ST PAUL CHURCH 1827 MARTIN LUTHER KING JR WY OAKLAND, CA 94612	94-3234348	501(C)(3)		42,987	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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HALCYON BAPTIST CHURCH 2860 HALCYON DR SAN LEANDRO, CA 94578	94-1347058	501(C)(3)		321,063	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HARBOR HOUSE 1811 11TH AVE OAKLAND, CA 94606	23-7133986	501(C)(3)		138,057	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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HAVENSCOURT COMMUNITY CHURCH 1444 HAVENSCOURT BLVD OAKLAND, CA 94621	94-1422475	501(C)(3)		92,309	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HAYWARD CHURCH OF THE NAZARENE 26221 GADING RD HAYWARD, CA 94544	44-0552034	501(C)(3)		97,144	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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HAYWARD SEVENTH DAY ADVENTIST CHURCH 26400 GADING RD HAYWARD, CA 94544	52-0643036	501(C)(3)		126,952	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HAYWARD SPANISH SDA CHURCH 22117 MEEKLAND AVE HAYWARD, CA 94541	52-0643036	501(C)(3)		1,105,239	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HIV EDUCATION AND PREVENTION PROJECT THE 5323 FOOTHILL BLVD OAKLAND, CA 94601	94-3205535	501(C)(3)		49,227	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HOPE FOR THE HEART 22035 MEEKLAND AVE HAYWARD, CA 94541	26-3857074	501(C)(3)		972,563	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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HORIZON SERVICES CHERRY HILL 2035 FAIRMONT DR SAN LEANDRO, CA 94578	94-2365021	501(C)(3)		158,552	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
INTERFAITH SHARING INC 678 ENOS WAY LIVERMORE, CA 94551	94-3195165	501(C)(3)		341,637	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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INTERTRIBAL FRIENDSHIP HOUSE 523 INTERNATIONAL BLVD OAKLAND, CA 94606	94-3255070	501(C)(3)		13,628	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
JOSHUA CHRISTIAN CHURCH 793 WEST GRAND AVE OAKLAND, CA 94612	94-3251747	501(C)(3)		6,918	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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KINGDOM BUILDERS DREAM CENTER OAKLAND 7272 MACARTHUR BLVD OAKLAND, CA 94605	94-3388342	501(C)(3)		104,186	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LA FAMILIA - BANYAN 22671 3RD STREET HAYWARD, CA 94541	94-2297155	501(C)(3)		18,255	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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LAKE MERRITT UNITED METHODIST CHURCH 1330 LAKESHORE AVE OAKLAND, CA 94606	94-1156847	501(C)(3)		138,252	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LAST PHASE LOAVES AND FISH FOOD PROGRAM 1060 32ND STREET OAKLAND, CA 94608	30-0367748	501(C)(3)		3,179,800	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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LIBERTY HILL BAPTIST CHURCH 997 UNIVERSITY AVE BERKELEY, CA 94710	94-6108675	501(C)(3)		47,598	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LIFELONG MEDICAL CARE DELLUMS 510 21ST ST OAKLAND, CA 94612	94-2502308	501(C)(3)		176,322	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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LOS ROBLES APARTMENTS 32300 ALMADEN BLVD UNION CITY, CA 94587	68-0371125	501(C)(3)		23,003	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LOVE TEMPLE MISSIONARY BAPTIST CHURCH 8401 BIRCH STREET OAKLAND, CA 94621	94-3129755	501(C)(3)		15,966	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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LUTHERAN CHURCH OF THE CROSS 1744 UNIVERSITY AVE BERKELEY, CA 94703	41-1568278	501(C)(3)		5,911	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MA CENTER MOTHER'S KITCHEN 1802 FAIRVIEW ST BERKELEY, CA 94703	94-3044871	501(C)(3)		15,923	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MAGNOLIA WOMEN'S RECOVERY OAKLAND 682 BRIERGATE WAY HAYWARD, CA 94544	81-0603045	501(C)(3)		20,295	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MARKET STREET SDA CHURCH 900 34TH ST OAKLAND, CA 94608	52-0643036	501(C)(3)		30,155	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MARYLIN AVE SCHOOL 18 REASONS 800 MARYLIN AVE LIVERMORE, CA 94550	45-3059509	501(C)(3)		291,816	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MCGEE AVENUE BAPTIST CHURCH 1640 STUART ST BERKELEY, CA 94703	94-2184326	501(C)(3)		12,726	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MEALS ON WHEELS-BERKELEY 1900 6TH ST BERKELEY, CA 94710	94-2651065	501(C)(3)		10,356	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MERCY BROWN BAG PROGRAM 3431 FOOTHILL BLVD OAKLAND, CA 94601	94-1156579	501(C)(3)		2,034,464	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MERCY HOUSING-EDEN HOUSE APARTMENTS 1601 165TH AVE 115 SAN LEANDRO, CA 94578	68-0117340	501(C)(3)		39,815	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MISSION FOR THE HOMELESS INC 9202 INTERNATIONAL BLVD OAKLAND, CA 94603	46-0674496	501(C)(3)		165,275	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MORNING STAR CHURCH OF GOD IN CHRIST 821 WILLOW STREET OAKLAND, CA 94607	30-0605580	501(C)(3)		17,748	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MT ZION MISSIONARY BAPTIST CHURCH 1203 WILLOW ST OAKLAND, CA 94607	95-0162894	501(C)(3)		100,815	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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MULTICULTURAL INSTITUTE INC 1920 7TH STREET BERKELEY, CA 94710	91-1823468	501(C)(3)		66,496	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
NEW BIRTH CHRISTIAN MINISTRY 21144 MISSION BLVD HAYWARD, CA 94541	26-3718483	501(C)(3)		79,435	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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NEW LIFE & LOVE RECOVERY HOMES 1124 72ND AVE OAKLAND, CA 94621	94-3023512	501(C)(3)		66,612	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
OAKLAND CATHOLIC WORKER - P 4848 INTERNATIONAL BLVD OAKLAND, CA 94601	94-3088087	501(C)(3)		1,303,615	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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OAKLAND YOUTH ASPIRE 1651 ADELINE ST OAKLAND, CA 94607	26-2314554	501(C)(3)		7,690	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
OPEN HEART KITCHEN OF LIVERMORE 1111 E STANLEY BLVD LIVERMORE, CA 94550	94-3396038	501(C)(3)		227,038	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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OPERATION DIGNITY INC - HOUSE OF DIGNITY 2350 RAINBOW CT ALAMEDA, CA 94501	94-3176007	501(C)(3)		61,790	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PARADISE BAPTIST CHURCH 9670 EMPIRE RD OAKLAND, CA 94603	13-5563018	501(C)(3)		88,909	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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PHILLIPS TEMPLE CME CHURCH 3332 ADELINE STREET BERKELEY, CA 94703	58-1381196	501(C)(3)		135,778	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PRAISE FELLOWSHIP MINISTRIES 7711 MACARTHUR BLVD OAKLAND, CA 94605	94-3027868	501(C)(3)		11,988	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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PRAY 4 U EVANGELISTIC PRAYER OUTREACH MINISTRIES 2672 FRUITVALE AVENUE OAKLAND, CA 94601	41-2149728	501(C)(3)		18,851	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PREPARE THE TABLE 892 36TH STREET OAKLAND, CA 94608	23-7411459	501(C)(3)		16,627	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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PRESCOTT JOSEPH CENTER 920 PERALTA ST OAKLAND, CA 94607	94-3248535	501(C)(3)		2,906,855	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PROJECT ACCESS INC - AVE VISTA 3838 TURQUOISE WAY OAKLAND, CA 94609	33-0834635	501(C)(3)		44,191	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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PROJECT OPEN HAND FOOD BANK 1921 SAN PABLO AVE OAKLAND, CA 94612	94-3023551	501(C)(3)		51,744	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PROJECT OUTREACH 1256 71ST AVENUE OAKLAND, CA 94621	94-3048904	501(C)(3)		746,324	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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PROPHETIC TEACHER INTERCESSORY CHURCH 16490 KENT AVE SAN LORENZO, CA 94580	45-2912840	501(C)(3)		125,142	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
REDWOOD CHAPEL COMMUNITY CHURCH 19300 REDWOOD RD CASTRO VALLEY, CA 94546	94-1375798	501(C)(3)		30,801	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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REDWOOD GARDENS 2951 DERBY STREET BERKELEY, CA 94705	94-2892231	501(C)(3)		80,769	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
REFUGE COMMUNITY FOOD PANTRY 2001 73RD AVE OAKLAND, CA 94621	95-4242822	501(C)(3)		50,901	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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RESURRECTION GREEK ORTHODOX CHURCH 20104 CENTER STREET CASTRO VALLEY, CA 94546	94-2145422	501(C)(3)		36,921	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ROBERT ALLEN MERCY HOUSE NCCN 3300 SCHOOL STREET OAKLAND, CA 94602	94-6123474	501(C)(3)		481,375	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFE PASSAGES -AMERICORPS-VISTA 2101 35TH AVE OAKLAND, CA 94601	20-4535835	501(C)(3)		109,541	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SALVATION ARMY-HAYWARD 430 A STREET HAYWARD, CA 94541	94-1156347	501(C)(3)		202,639	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SALVATION ARMY-TRI CITIES 2794 GARDEN ST OAKLAND, CA 94601	94-1156347	501(C)(3)		277,115	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SAN LEANDRO COMMUNITY FOOD PANTRY 14235 BANCROFT AVE SAN LEANDRO, CA 94578	23-6393377	501(C)(3)		659,069	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SAN LORENZO FAMILY HELP CENTER 100 HACIENDA ST SAN LORENZO, CA 94580	30-0554038	501(C)(3)		912,527	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SECOND CHANCE INC - CENTRAL 6519 CENTRAL AVE NEWARK, CA 94560	94-2152575	501(C)(3)		19,783	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SEVENTH STEP FOUNDATION 475 MEDFORD AVENUE HAYWARD, CA 94541	94-1696338	501(C)(3)		24,255	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOCIETY OF ST VINCENT DE PAUL- ST LEANDER 474 W ESTUDILLO SAN LEANDRO, CA 94577	94-1156493	501(C)(3)		6,173	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOLID ROCK COGIC 5970 THORNTON AVE NEWARK, CA 94560	94-3332388	501(C)(3)		120,205	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOLIDARITY FELLOWSHIP 823 OLIVINA AVE LIVERMORE, CA 94551	94-3002415	501(C)(3)		29,808	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SOS MEALS ON WHEELS 2235 POLVOROSA DR SAN LEANDRO, CA 94577	94-1725204	501(C)(3)		128,404	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOUTH BERKELEY COMMUNITY CHURCH 1802 FAIRVIEW STREET BERKELEY, CA 94703	94-6109091	501(C)(3)		23,457	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SOUTH HAYWARD PARISH 27287 PATRICK AVE HAYWARD, CA 94544	94-2250549	501(C)(3)		1,343,833	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST ANNE CHURCH 32223 CABELLO STREET UNION CITY, CA 94587	94-1156493	501(C)(3)		8,045	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST AUGUSTINE'S EPISCOPAL CHURCH 525 29TH ST OAKLAND, CA 94609	94-1156840	501(C)(3)		15,938	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST BERNARD CATHOLIC CHURCH 1620 62ND AVENUE OAKLAND, CA 94621	53-0196617	501(C)(3)		60,112	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST COLUMBA SVDP 6401 SAN PABLO AVE OAKLAND, CA 94608	94-1156493	501(C)(3)		60,550	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST ELIZABETH FOOD PANTRY 1500 34TH AVE OAKLAND, CA 94601	94-2986482	501(C)(3)		288,759	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST JAMES EPISCOPAL CHURCH 1540 12TH AVENUE OAKLAND, CA 94606	94-1156840	501(C)(3)		94,543	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST LAWRENCE O'TOOLE 3725 HIGH STREET OAKLAND, CA 94619	53-0196617	501(C)(3)		20,529	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST LOUIS BERTRAND CHURCH 1410 100TH AVE OAKLAND, CA 94603	94-1156493	501(C)(3)		35,159	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST MARY'S CENTER 925 BROCKHURST ST OAKLAND, CA 94608	68-0172229	501(C)(3)		15,437	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST PAUL AME CHURCH 2024 ASHBY AVENUE BERKELEY, CA 94705	94-3088329	501(C)(3)		15,139	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST PAUL'S EPISCOPAL CHURCH 114 MONTECITO AVE OAKLAND, CA 94610	94-1156840	501(C)(3)		8,115	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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ST VINCENT DE PAUL DINING ROOM 675 23RD STREET OAKLAND, CA 94612	94-1156493	501(C)(3)		610,461	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST VINCENT'S DAY HOME INC 1086 8TH STREET OAKLAND, CA 946072697	94-2195766	501(C)(3)		35,465	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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STEW'S LOVE-N-CARE GROUP HOME 10419 FOOTHILL BLVD OAKLAND, CA 94605	94-3162591	501(C)(3)		9,245	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
STREET LEVEL HEALTH PROJECT 3125 EAST 15TH ST OAKLAND, CA 94601	56-2324355	501(C)(3)		115,441	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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SVDP - MISSION SAN JOSE FREMONT 43148 MISSION BLVD FREMONT, CA 94539	94-1156493	501(C)(3)		6,828	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SVDP-ST BENEDICT CONFERENCE 2245 82ND AVENUE OAKLAND, CA 94605	94-1156493	501(C)(3)		6,538	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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TABERNACLE MISSIONARY BAPTIST CHURCH 10115 EDES AVE OAKLAND, CA 94603	94-2733380	501(C)(3)		37,207	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TELEGRAPH COMMUNITY CENTER 5316 TELEGRAPH AVE OAKLAND, CA 94609	94-1347058	501(C)(3)		646,395	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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THE BRIDGE OF FAITH 27343 WHITMAN STREET HAYWARD, CA 94544	42-0727487	501(C)(3)		495,468	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
THE CHURCH BY THE SIDE OF THE ROAD 2108 RUSSELL STREET BERKELEY, CA 94705	94-6089524	501(C)(3)		14,931	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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THE NEW BRIDGE FOUNDATION INC 1820 SCENIC AVE BERKELEY, CA 94709	23-7131209	501(C)(3)		34,012	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
THE OAKLAND FOOD PANTRY 1666 7TH ST OAKLAND, CA 94607	80-0708680	501(C)(3)		119,286	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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THE WELL COMMUNITY OUTREACH 2333 NISSEN DR LIVERMORE, CA 94551	76-0722001	501(C)(3)		424,023	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TRI-CITY VOLUNTEERS 37350 JOSEPH STREET FREMONT, CA 94536	94-2217681	501(C)(3)		2,851,692	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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TRI-VALLEY HAVEN FOOD PANTRY 418 JUNCTION AVENUE LIVERMORE, CA 94550	94-2462357	501(C)(3)		528,092	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TURN ON TO AMERICA 80 HAMILTON PL OAKLAND, CA 94612	27-7110313	501(C)(3)		39,233	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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UNION CITY APOSTOLIC CHURCH 33700 ALVARADO NILES RD UNION CITY, CA 94587	95-6087955	501(C)(3)		529,004	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UNITED SMITH MEMORIAL CME CHURCH 28105 MISSION BLVD HAYWARD, CA 94544	58-1381196	501(C)(3)		43,516	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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UNITY OUTREACH MINISTRIES 1909 100TH AVE OAKLAND, CA 94603	47-0942044	501(C)(3)		41,253	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UPPER ROOM CHURCH 836 34TH STREET OAKLAND, CA 94608	94-3157373	501(C)(3)		19,000	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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VICTORY OUTREACH-MEN'S HOME 621 SCHAFER RD HAYWARD, CA 94544	95-2788459	501(C)(3)		73,814	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
VIETNAMESE AMERICAN COMMUNITY CENTER - EAST BAY 655 INTERNATIONAL BLVD OAKLAND, CA 94606	20-5358946	501(C)(3)		425,854	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

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VIOLA BLYTHE COMMUNITY SERVICE CENTER 37365 ASH STREET NEWARK, CA 94560	94-3122617	501(C)(3)		367,665	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
WINGS OF LOVE MARANATHA MINISTRIES 7007 MACARTHUR BLVD OAKLAND, CA 94605	68-0171700	501(C)(3)		48,004	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YA FLUNDER FOUNDATION WORD OF MOUTH FEEDING PRGM 8400 ENTERPRISE WAY BOX 125 OAKLAND, CA 94621	32-0095516	501(C)(3)		164,739	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
YOUTH LEARNING AND CULTURAL INSTITUTE 1642 FRUITVALE AVE OAKLAND, CA 94601	94-3251258	501(C)(3)		67,716	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH TOGETHER 12250 SKYLINE BOULEVARD OAKLAND, CA 94619	35-2201239	501(C)(3)		37,327	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ZION'S TABERNACLE CHURCH OF GOD IN CHRIST 2147 15TH AVE OAKLAND, CA 94606	56-3626908	501(C)(3)		535,350	FEEDING AMERICA - FMV	FOOD & EQUIPMENT	SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number  
94-2960297

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUZAN BATESON EXECUTIVE DIRECTOR	(i)	265,516 -----	0 -----	0 -----	13,734 -----	27,227 -----	306,477 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 AMY DONOVAN CHIEF FINANCIAL OFFICER	(i)	161,767 -----	0 -----	0 -----	9,091 -----	20,212 -----	191,070 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 BARBARA DARROW BLAKE CHIEF DEVELOPMENT OFFICER	(i)	171,663 -----	0 -----	0 -----	9,732 -----	18,929 -----	200,324 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 ALLISON PRATT CHIEF STRATEGY AND PROGRAM	(i)	161,601 -----	0 -----	0 -----	8,911 -----	12,732 -----	183,244 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 ERICK LOVDAHL DIRECTOR OF OPERATIONS	(i)	140,007 -----	0 -----	0 -----	8,030 -----	16,274 -----	164,311 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

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**Part III**    **Supplemental Information**

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number  
94-2960297

**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 . . . . .	X	1	11,695	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	50	379,406	FMV
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 . . . . .	X	270	45,338,243	FEEDING AMERICA
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( EVENTS ) . . . . .	X	388	113,363	FMV
26 Other ▶ ( MISC SUPPLIES ) . . . . .	X	20	40,424	FMV
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
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		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF FOOD CONTRIBUTIONS REPRESENTS THE NUMBER OF DONORS OF FOOD THE NUMBER OF ALL OTHER NONCASH CONTRIBUTIONS REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED
PART I, LINE 32B	AUTOS ARE DONATED TO CHARITABLE ADULT RIDES & SERVICES (CARS) VEHICLE PROGRAM, WHICH IS AN UNRELATED 501(C)(3) PUBLIC CHARITY CARS HANDLES ALL OF THE NECESSARY IRS PAPERWORK ON FOOD BANK'S BEHALF AND ISSUES THE 1098C FORMS TO DONORS CARS VEHICLE DONATION PROGRAM MERGED WITH V-DAC ON 10/1/18 AND GOING FORWARD WILL PROCESS PROCEED CHECKS

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number

94-2960297

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 22 SUPPLEMENTAL INFORMATION	THE \$3,115,943 INCREASE IN NET ASSETS INCLUDES \$2,139,521 OF DONATIONS RESTRICTED TO PROJECTS IN FUTURE YEARS AND \$916,510 INCREASE IN DONATED INVENTORY. DONATED COMMODITIES RECEIVED EQUALED \$45,338,242 AND DONATED COMMODITIES DISTRIBUTED EQUALED \$44,421,732, FOR AN INCREASE OF \$916,510 TO NET OPERATING INCOME. WITHOUT THE CHANGES IN DONATIONS RESTRICTED FOR FUTURE YEARS AND DONATED COMMODITIES, NET OPERATING INCOME EQUALED \$59,912.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE FOOD BANK'S PARTNER AGENCIES -- FOOD PANTRIES, SOUP KITCHENS, CHILD-CARE CENTERS, SENI OR CENTERS, AFTER-SCHOOL PROGRAMS AND OTHER COMMUNITY-BASED ORGANIZATIONS VOTE TO ELECT ME MBERS OF THE BOARD OF DIRECTORS PER THE ORGANIZATION'S BYLAWS THE FOOD BANK CAN ELECT UP TO 22 BOARD MEMBERS, A MINIMUM OF TWO MUST REPRESENT FOOD BANK NETWORK PARTNER/MEMBER AGEN CIES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE FOOD BANK'S PARTNER AGENCIES ELECT NEW MEMBERS TO THE BOARD AND TAKE ACTION REGARDING CHANGES TO BYLAWS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE CPA FIRM PREPARES THE TAX RETURN AND RELATED FILINGS THE TAX RETURN MUST BE REVIEWED BY THE EXECUTIVE DIRECTOR AND CFO AND IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW I N PARTICULAR, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING T HE TAX RETURN THE TAX RETURN IS THEN SIGNED BY AN OFFICER OF THE CORPORATION AND SUBMITTE D TO THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR FOR CONFLICTS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	PER THE FOOD BANK POLICIES, THE FOOD BANK WILL STRIVE TO BE A DESIRED EMPLOYER IN A COMPETITIVE MARKETPLACE. COMPENSATION GUIDELINES ARE REVIEWED BY THE OVERSIGHT COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY. THE AGGREGATE PERCENTAGE OF WAGE INCREASES FOR EACH FISCAL YEAR WILL BE APPROVED BY THE BOARD OF DIRECTORS THROUGH THE BUDGET PROCESS. WAGE GUIDELINES AND ANY WAGE CHANGES ARE REVIEWED AND APPROVED ON AN ONGOING BASIS BY THE EXECUTIVE DIRECTOR AND THE CFO. IT IS EXPECTED THAT THE WAGES FOR EACH POSITION WILL FALL WITHIN THE WAGE GUIDELINES AND WILL NOT EXCEED THE MAXIMUM SET FORTH FOR THE POSITION. SALARY GUIDELINES ARE DERIVED BASED ON SALARY DATA OF COMPARABLE ORGANIZATIONS AND JOB DUTIES AND ARE PROPOSED BY AN OUTSIDE CONSULTANT. DECISIONS TO CHANGE SALARIES INCLUDE CONSIDERATION OF THE EMPLOYEES' EXPERIENCE AND PERFORMANCE. WITH RESPECT TO THE EXECUTIVE DIRECTOR'S, CFO'S, AND KEY EMPLOYEES' SALARY SPECIFICALLY, THE BOARD REVIEWS THESE SALARIES ANNUALLY AND VOTES TO APPROVE SALARY CHANGES FOR THOSE POSITIONS. THE PROCESS PERFORMED BY MEMBERS OF THE BOARD OF DIRECTORS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABLE DATA FROM OTHER ORGANIZATIONS AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE FOOD BANK'S ARTICLES OF INCORPORATION, BYLAWS, MOST RECENT TAX RETURNS, AND MOST RECENT AUDIT REPORTS ARE AVAILABLE AT <a href="https://www.accfb.org/financials/">HTTPS //WWW ACCFB ORG/FINANCIALS/</a> THESE DOCUMENTS AND OTHERS INCLUDING CONFLICT OF INTEREST POLICY AND PRIOR YEAR'S TAX RETURNS AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AND VIA CHARITY NAVIGATOR <a href="http://WWW CHARITYNAVIGATOR ORG">WWW CHARITYNAVIGATOR ORG</a> AND GUIDESTAR