

Armanino Advisory LLC  
2700 Camino Ramon  
Suite 350  
San Ramon, CA 94583-5004  
925 790 2600 main  
925 790 2601 fax  
armanino.com



April 23, 2025

Food Bank of Contra Costa and Solano  
4010 Nelson Avenue  
Concord, CA 94520  
Attention: Caitlin Sly, President & CEO

Dear Caitlin:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2025.

**CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

**CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before May 15, 2025 to:

Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check or money order for \$1,000, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

**PUBLIC DISCLOSURE COPY OF Form 990 :**

An additional copy of Form 990 is enclosed for your use in making a copy available for public inspection.

We appreciate this opportunity to provide you with our services. Please let us know if you have any questions.



An independent firm  
associated with Moore  
Global Network Limited

Very truly yours,

Armanino Advisory LLC

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions.  FOOD BANK OF CONTRA COSTA AND SOLANO	Taxpayer identification number (TIN)  94-2418054
	Number, street, and room or suite no. If a P.O. box, see instructions. 4010 NELSON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONCORD, CA 94520	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of ROTH JOHNSON, DIRECTOR OF FINANCE  
4010 NELSON AVENUE - CONCORD, CA 94520-1200

Telephone No. 925-771-1308 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_\_ or  
 tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Return of Organization Exempt From Income Tax

Form 990

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 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: FOOD BANK OF CONTRA COSTA AND SOLANO
D Employer identification number: 94-2418054
E Telephone number: (925) 676-7543
G Gross receipts \$: 156,966,364.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.FOODBANKCCS.ORG
K Form of organization: Corporation
L Year of formation: 1975
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: CAITLIN SLY, PRESIDENT & CEO
Preparer: MATTHEW PETROSKI
Firm: ARMANINO ADVISORY LLC

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOOD BANK OF CONTRA COSTA AND SOLANO (FOOD BANK) WAS INCORPORATED ON JULY 28, 1975. THE FOOD BANK WAS ESTABLISHED IN ORDER TO EFFICIENTLY GATHER, WAREHOUSE, AND DISTRIBUTE FOOD PRODUCTS TO CONTRA COSTA COUNTY CHARITIES MEETING EMERGENCY FOOD (CONTINUED ON SCH O)

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 [X] 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 [X] 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 \$ 53,839,455. including grants of \$ 46,225,082. ) (Revenue \$ 1,654,879. ) PANTRY/SOUP KITCHENS PROGRAM - THIS PROGRAM PROVIDES FOOD TO LOCAL NONPROFIT AGENCIES THAT PROVIDE FOOD BASKETS AND HOT MEALS TO PEOPLE IN NEED IN CONTRA COSTA AND SOLANO COUNTIES.

4b (Code: ) (Expenses \$ 46,089,394. including grants of \$ 45,753,568. ) (Revenue \$ 99,185. ) NOR/CLUSTER PROGRAM AND OTHER FOOD BANKS - THE FOOD BANK OF CONTRA COSTA AND SOLANO HAS THE RESPONSIBILITY FOR DISTRIBUTING FOOD TO COLLABORATING FOOD BANKS IN NORTHERN CALIFORNIA AND NEVADA THROUGH THE "CLUSTER" DISTRIBUTION SYSTEM ENCOURAGED BY OUR NATIONAL NETWORK. IN ADDITION, THE FOOD BANK SHARES FOOD WITH LOCAL FOOD BANKS IN THE BAY AREA/NORTHERN CALIFORNIA AREA IN ORDER TO INCREASE THE AMOUNT AND VARIETY OF FOOD AVAILABLE TO THE FOOD BANK AND OTHER PARTNERS.

4c (Code: ) (Expenses \$ 49,121,564. including grants of \$ 33,442,238. ) (Revenue \$ 314,053. ) NON MAJOR PROGRAMS CONSIST OF THE FOLLOWING: COMMUNITY PRODUCE PROGRAM - THIS PROGRAM DISTRIBUTES FRESH FRUITS AND VEGETABLES TO LOW INCOME NEIGHBORHOODS THROUGHOUT CONTRA COSTA AND SOLANO COUNTIES. TWO REFRIGERATED TRUCKS SERVE AS MOBILE DISTRIBUTION VEHICLES AND TOGETHER MAKE 100 STOPS PER MONTH. SCHOOL PANTRY PROGRAM - THIS PROGRAM PROVIDES SHELF-STABLE FOOD ITEMS TO HIGH SCHOOLS AND MIDDLE SCHOOLS WHERE 50% OR MORE OF THE STUDENTS RECEIVE FREE OR REDUCED PRICE LUNCHES. (SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 149,050,413.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
ROTH JOHNSON, DIRECTOR OF FINANCE - 925-771-1308
4010 NELSON AVENUE, CONCORD, CA 94520-1200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAITLIN SLY PRESIDENT & CEO (START 3/24)	40.00			X				0.	0.	0.
(2) JOEL SJOSTROM PRESIDENT & CEO (THRU 07/23)	40.00			X				317,191.	0.	16,760.
(3) KIM CASTANEDA VP OF DEV/COM	40.00				X			182,293.	0.	14,685.
(4) BRIAN MORROW VP OF FINANCE	40.00			X				181,254.	0.	14,814.
(5) JENNIFER SCHAEFFER DIRECTOR OF PROGRAMS	40.00					X		163,222.	0.	17,628.
(6) THUY DINH DIRECTOR OF MARKETING & CO	40.00					X		135,978.	0.	12,644.
(7) JENNIFER COSTA LEADERSHIP GIFTS MANAGER	40.00					X		129,570.	0.	18,400.
(8) ALEC WILEY IT MANAGER	40.00					X		128,565.	0.	13,073.
(9) DARWIN BOSEN OPERATIONS DIRECTOR	40.00					X		121,875.	0.	18,028.
(10) ROTH JOHNSON DIRECTOR OF FINANCE (START 3/23)	40.00			X				99,279.	0.	5,471.
(11) JILL STEELE CHAIR	1.00	X		X				0.	0.	0.
(12) MARK GUNDACKER VICE CHAIR	1.00	X		X				0.	0.	0.
(13) TANYA POWELL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(14) FAHEEMAH ARCEMENT BOARD MEMBER	1.00	X						0.	0.	0.
(15) TODD BERRYHILL BOARD MEMBER	1.00	X						0.	0.	0.
(16) JENNY BERTEN BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAN BIRKHAUSER BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) BILL BURKE BOARD MEMBER	1.00	X					0.	0.	0.	
(19) KEVA DEAN BOARD MEMBER	1.00	X					0.	0.	0.	
(20) ANDREA GARCIA BOARD MEMBER	1.00	X					0.	0.	0.	
(21) BRUCE HIRONAKA BOARD MEMBER	1.00	X					0.	0.	0.	
(22) MELISSA JONES BOARD MEMBER (THRU 06/24)	1.00	X					0.	0.	0.	
(23) TERESA MAKAREWICZ BOARD MEMBER	1.00	X					0.	0.	0.	
(24) MELISSA MANKE FIMBRES BOARD MEMBER (THRU 07/23)	1.00	X					0.	0.	0.	
(25) RYAN MISASI BOARD MEMBER	1.00	X					0.	0.	0.	
(26) BRUCE PHELPS BOARD MEMBER (THRU 06/24)	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							1,459,227.	0.	131,503.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,459,227.	0.	131,503.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEWPORT ONE 21 RAILROAD AVE, DUXBURY, MA 02332	FUNDRAISING SERVICES	569,358.
ONE HAT ONE HAND LLC 1335 YOSEMITE AVE, SAN FRANCISCO, CA 94124	WORKPLACE DESIGN CONSULTING	374,922.
RKD GROUP P.O. BOX 843595, DALLAS, TX 75284	FUNDRAISING SERVICES	301,591.
LEVERAGE IT CONSULTING, 2020 HURLEY WAY SUITE 265, SACRAMENTO, CA 95825	IT CONSULTING AND SERVICES	250,600.
E-SHIELD SYSTEMS P.O. BOX 2334, SAN RAMON, CA 94583	IT CONSULTING AND SERVICES	136,020.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	16,556.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	87,499.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,843,561.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	132,965,524.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 124,596,089.				
	<b>h Total.</b> Add lines 1a-1f .....		153,913,140.				
<b>Program Service Revenue</b>	<b>2 a</b> FOOD SALES	<b>Business Code</b>					
		624210	2,001,868.	2,001,868.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		2,001,868.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		728,908.			728,908.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	15,345.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	15,345.					
<b>d</b> Net gain or (loss) .....		15,345.			15,345.		
<b>8 a</b> Gross income from fundraising events (not including \$ 87,499. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		181,690.				
			62,977.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....		118,713.			118,713.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISC INCOME	<b>Business Code</b>					
		900099	125,413.	66,249.		59,164.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		125,413.					
<b>12 Total revenue.</b> See instructions .....		156,903,387.	2,068,117.	0.	922,130.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,743,085.	11,743,085.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	113,677,803.	113,677,803.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	542,915.		279,258.	263,657.
<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 .....	8,487,370.	6,813,086.	696,326.	977,958.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,668.	134,997.	15,775.	20,896.
<b>9</b> Other employee benefits .....	1,994,154.	1,715,841.	134,103.	144,210.
<b>10</b> Payroll taxes .....	737,105.	568,127.	70,567.	98,411.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	26,504.		26,504.	
<b>c</b> Accounting .....	71,625.		71,625.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	637,255.			637,255.
<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 Sch O.)	1,345,789.	767,653.	166,813.	411,323.
<b>12</b> Advertising and promotion .....	235,929.	116,533.	193.	119,203.
<b>13</b> Office expenses .....	820,402.	574,119.	87,890.	158,393.
<b>14</b> Information technology .....	484,934.	386,615.	28,045.	70,274.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,505,610.	1,452,085.	28,218.	25,307.
<b>17</b> Travel .....	880,925.	842,520.	18,154.	20,251.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,686,502.	1,553,860.	46,644.	85,998.
<b>23</b> Insurance .....	108,940.	71,639.	17,235.	20,066.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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 PURCHASES	5,490,491.	5,490,491.		
<b>b</b> FOOD ACQUISITION EXPENS	2,425,524.	2,425,524.		
<b>c</b> WAREHOUSE SUPPLIES	344,509.	340,793.	1,307.	2,409.
<b>d</b> EQUIPMENT	306,301.	277,351.	13,760.	15,190.
<b>e</b> All other expenses	266,485.	98,291.	107,721.	60,473.
<b>25</b> Total functional expenses. Add lines 1 through 24e	153,991,825.	149,050,413.	1,810,138.	3,131,274.
<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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,523,099.	<b>1</b>	1,381,687.
	<b>2</b> Savings and temporary cash investments .....	14,735,751.	<b>2</b>	13,403,014.
	<b>3</b> Pledges and grants receivable, net .....	1,527,777.	<b>3</b>	2,373,090.
	<b>4</b> Accounts receivable, net .....	59,779.	<b>4</b>	212,749.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,969,660.	<b>8</b>	7,891,833.
	<b>9</b> Prepaid expenses and deferred charges .....	619,579.	<b>9</b>	840,875.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,307,518.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,147,139.	8,756,993.	<b>10c</b> 11,160,379.
	<b>11</b> Investments - publicly traded securities .....	84,281.	<b>11</b>	93,949.
	<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 .....	7,073,364.	<b>15</b>	5,751,907.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	41,350,283.	<b>16</b>	43,109,483.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,031,852.	<b>17</b>	1,603,800.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	6,528,477.	<b>25</b>	5,794,538.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,560,329.	<b>26</b>	7,398,338.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	32,154,096.	<b>27</b>	34,618,946.
	<b>28</b> Net assets with donor restrictions .....	635,858.	<b>28</b>	1,092,199.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	32,789,954.	<b>32</b>	35,711,145.
<b>33</b> Total liabilities and net assets/fund balances .....	41,350,283.	<b>33</b>	43,109,483.	

**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>	156,903,387.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	153,991,825.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,911,562.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,789,954.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,629.
<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 on 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 32, column (B))	<b>10</b>	35,711,145.

**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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

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

Form **990** (2023)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	99,947,858.	124,152,462.	113,606,018.	132,247,928.	153,913,140.	623,867,406.
<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 .....	99,947,858.	124,152,462.	113,606,018.	132,247,928.	153,913,140.	623,867,406.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						623,867,406.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	99,947,858.	124,152,462.	113,606,018.	132,247,928.	153,913,140.	623,867,406.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	192,712.	77,523.	34,638.	570,773.	728,908.	1,604,554.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	39,964.	218,911.	184,715.		118,713.	562,303.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			139,079.	110,607.	125,413.	375,099.
<b>11 Total support.</b> Add lines 7 through 10						626,409,362.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,387,698.

**13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.59 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.65 %

**16a 33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).</i>		
<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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1  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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)

Name of organization  FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number  94-2418054
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  744 P STREET  SACRAMENTO, CA 95814	\$ 12,713,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number  94-2418054
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	USDA FOOD _____ _____ _____	\$ 11,617,856.	06/30/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number  94-2418054
--	--

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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 instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **FOOD BANK OF CONTRA COSTA AND SOLANO** Employer identification number **94-2418054**

**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
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<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 (for example, recreation or education)  Preservation of a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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? .....

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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
1a Beginning of year balance	84,281.	85,860.	17,989,370.	3,899,848.	2,495,653.
b Contributions					
c Net investment earnings, gains, and losses	11,651.	7,488.	425,511.	14,089,522.	1,404,195.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,983.	9,067.			
f Administrative expenses					
g End of year balance	93,949.	84,281.	18,414,881.	17,989,370.	3,899,848.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 80.4700 %
  - c Term endowment 19.5300 %
- 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:
- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/>            | <input type="checkbox"/> |
- 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
1a Land		500,237.		500,237.
b Buildings		5,933,192.	2,861,682.	3,071,510.
c Leasehold improvements		2,782,058.	713,924.	2,068,134.
d Equipment		9,656,718.	5,571,533.	4,085,185.
e Other		1,435,313.		1,435,313.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,160,379.

**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> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) RENT AND OTHER DEPOSITS	170,521.
(2) OPERATING LEASE RIGHT-OF-USE ASSETS	5,475,138.
(3) FINANCE LEASE RIGHT-OF-USE ASSETS	106,248.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,751,907.

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	5,628,325.
(3) FINANCE LEASE LIABILITY	140,004.
(4) DEFERRED REVENUE	26,209.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,794,538.

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 FASB 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>	157,080,691.
<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>	9,629.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	104,698.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	62,977.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	177,304.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	156,903,387.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<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>	156,903,387.

**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>	154,159,500.
<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>	104,698.
<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>	62,977.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	167,675.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	153,991,825.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<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>	153,991,825.

**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.

PART V, LINE 4:

THE FOOD BANK'S ENDOWMENTS CONSIST OF THE LAUREL RESOURCE ENDOWMENT FUND

AND THE CHERIE HOWARD ENDOWMENT FUND, WHICH WERE ESTABLISHED TO GENERATE

INCOME, AS RESTRICTED BY THE DONORS. THE LAUREL RESOURCES ENDOWMENT FUND

REQUIRES THE PRINCIPAL BE INVESTED IN PERPETUITY, AND THE INCOME BE USED

FOR THE FOOD BANK'S OPERATIONS. THE CHERIE HOWARD ENDOWMENT FUND REQUIRES

THE PRINCIPAL AND INCOME BE USED FOR FOOD BANK OPERATIONS EQUALLY OVER A

TWENTY-FIVE YEAR PERIOD BEGINNING JANUARY 1, 2004.

THE ENDOWMENT FUND BALANCE REPORTED ON PRIOR YEAR COLUMNS INCLUDED

UNRESTRICTED NET ASSETS, WHICH ARE NOT PART OF THE ENDOWMENTS. THEY ARE

EXCLUDED FROM CURRENT YEAR REPORTING.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL POSITIONS TAKEN BY THE FOOD BANK IN ITS FEDERAL AND

STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE

SUSTAINED UPON EXAMINATION.

THE FOOD BANK'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2023, 2022,

AND 2021 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES,

GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE FOOD BANK'S STATE

RETURNS FOR THE YEARS ENDED JUNE 30, 2023, 2022, 2021, AND 2020 COULD BE

SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR

YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS 62,977.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENTS 62,977.



**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) Total events (add col. (a) through col. (c))
		GALA 2024	EMPTY BOWLS	NONE	
		(event type)	(event type)	(total number)	
1	Gross receipts .....	209,420.	59,769.		269,189.
2	Less: Contributions .....	69,723.	17,776.		87,499.
3	Gross income (line 1 minus line 2) .....	139,697.	41,993.		181,690.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....	5,000.	5,960.	10,960.
	6	Rent/facility costs .....	5,000.	2,499.	7,499.
	7	Food and beverages .....	30,134.	2,759.	32,893.
	8	Entertainment .....	5,800.		5,800.
	9	Other direct expenses .....	5,825.		5,825.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				118,713.

**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))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	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
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	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:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKG GROUP

(I) ADDRESS OF FUNDRAISER: 7130 S 29TH STREET, STE B, LINCOLN, NE 68516



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **FOOD BANK OF CONTRA COSTA AND SOLANO** Employer identification number **94-2418054**

**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.

<b>1 (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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ANCHOR OF LIFE 2707 17TH STREET SAN PABLO, CA 94806	44-0612817	501(C)(3)	3,879.	218,138.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
BAY AREA COMMUNITY RESOURCES 171 CARLOS DR. SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	9,000.	0.			DISTRIBUTE MORE FOOD
BAY AREA RESCUE MISSION 200 MACDONALD AVE. RICHMOND, CA 94801	94-6124054	501(C)(3)	8,000.	0.			DISTRIBUTE MORE FOOD
BRENTWOOD UNITED METHODIST CHURCH 218 PINE ST. BRENTWOOD, CA 94513	94-1722942	501(C)(3)	4,671.	225,170.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
CONCORD INTERNATIONAL SDA 1655 WEST STREET. CONCORD, CA 94521	68-0182770	501(C)(3)	4,103.	225,810.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FAMILY WORSHIP CENTER 1200 TAYLOR RD BETHEL ISLAND, CA 94511	94-2267401	501(C)(3)	2,300.	105,634.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **56.**

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) 2023**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST FAMILY LIFE CENTER 224 LINDA VISTA AVE PITTSBURG, CA 94565	68-0005132	501(C)(3)	1,233.	4,715.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
GENESIS CHURCH 1800 WOODLAND DR ANTIOCH, CA 94509	47-3083154	501(C)(3)	5,399.	173,238.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
GRIP (GREATER RICHMOND INTERFAITH PROGRAM) - 165 22ND STREET - RICHMOND, CA 94801	23-7169239	501(C)(3)	1,500.	6,522.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
GOOD SHEPHERD LUTHERAN CHURCH 4000 CLAYTON RD. CONCORD, CA 94521	41-1568278	501(C)(3)	9,034.	0.			DISTRIBUTE MORE FOOD
LOAVES & FISHES OF CONTRA COSTA 835 FERRY ST. MARTINEZ, CA 94553	68-0018077	501(C)(3)	17,493.	175,491.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	41-2111171	501(C)(3)	11,000.	1,331,163.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
NEW COVENTANT CHURCH 6080 BETHEL ISLAND RD. BETHEL ISLAND, CA 94511	68-0005132	501(C)(3)	5,154.	328,533.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
NEW GETHSAMANE COGIC 2100 ROOSEVELT AVE. RICHMOND, CA 94801	23-7002419	501(C)(3)	10,224.	0.			DISTRIBUTE MORE FOOD
PARKHAVEN BAPTIST CHURCH-REFUGE 1187 MEADOW LANE CONCORD, CA 94520	94-1347058	501(C)(3)	5,357.	218,956.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND EMERGENCY FOOD PANTRY 2369 BARRETT AVE. RICHMOND, CA 94804	68-0106944	501(C)(3)	14,431.	745,002.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
THE SALVATION ARMY CONCORD 3950 CLAYTON RD. CONCORD, CA 94521	13-5562351	501(C)(3)	2,000.	217,124.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
SHOWERS OF BLESSINGS 2220 A ST. ANTIOCH, CA 94509	81-2842693	501(C)(3)	19,647.	447,159.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
SUPPORT LIFE FOUNDATION 3349 INTERNATIONAL BLVD. OAKLAND, CA 94601	47-1675693	501(C)(3)	4,000.	256,553.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
ST. ANNE CONFERENCE SVDP 2800 CAMINO DIABLO BYRON, CA 94514	13-5562362	501(C)(3)	4,112.	278,649.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
ST. BONAVENTURES 5562 CLAYTON ROAD CONCORD, CA 94521	13-5562362	501(C)(3)	6,000.	0.			DISTRIBUTE MORE FOOD
ST. CALLISTUS CONFERENCE 3580 SAN PABLO DAM RD. EL SOBRANTE, CA 94803	13-5562362	501(C)(3)	6,879.	0.			DISTRIBUTE MORE FOOD
THE BAY CHURCH BRENTWOOD 2200 VENTURA DR. BRENTWOOD, CA 94513	44-0577787	501(C)(3)	12,225.	0.			DISTRIBUTE MORE FOOD
TEAM JESUS OUTREACH MINISTRIES 3541 GARROW DR. ANTIOCH, CA 94509	83-2657239	501(C)(3)	13,715.	569,320.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS EMPOWERMENT GROUP 1638 FAIRGROUNDS DRIVE VALLEJO, CA 94589	86-2375111	501(C)(3)	2,578.	134,918.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
CORNERSTONE CHURCH 185 W. CHERRY ST. DIXON, CA 95620	68-0268912	501(C)(3)	1,500.	67,201.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
DIVINE GUIDANCE OUTREACH 210 LOCUST DRIVE VALLEJO, CA 94591	45-1499347	501(C)(3)	0.	32,634.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FAIRFIELD CITY CHURCH 743 E. TABOR AVE. FAIRFIELD, CA 94533	95-6093397	501(C)(3)	6,846.	0.			DISTRIBUTE MORE FOOD
FAITH FOOD FRIDAY'S 826 SOLANO AVE VALLEJO, CA 94590	68-0306365	501(C)(3)	22,564.	0.			DISTRIBUTE MORE FOOD
FIRST BAPTIST OF VALLEJO 2025 SONOMA BLVD. VALLEJO, CA 94590	13-5563018	501(C)(3)	1,500.	34,294.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FAIRFIELD COMMUNITY ACTION NB 416 UNION AVE. FAIRFIELD, CA 94533	68-0041385	501(C)(3)	9,926.	0.			DISTRIBUTE MORE FOOD
FOOD IS FREE SOLANO 900 FAIRGROUNDS DR VALLEJO, CA 94589	87-4697111	501(C)(3)	13,000.	964,524.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
MOUNT CALVARY BAPTIST CHURCH 1735 ENTERPRISE DRIVE #3 FAIRFIELD, CA 94533	68-0008759	501(C)(3)	7,110.	0.			DISTRIBUTE MORE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKWAY PLAZA 188 E. ALASKA AVE. FAIRFIELD, CA 94533	94-1653023	501(C)(3)	1,000.	63,479.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
REBUILDING TOGETHER SOLANO 2800 GEORGIA STREET VALLEJO, CA 94591	80-0473076	501(C)(3)	30,993.	0.			DISTRIBUTE MORE FOOD
RIO VISTA MINISTRY 1105 A AIRPORT RD. RIO VISTA, CA 94571	20-4315642	501(C)(3)	1,987.	89,344.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
SAMOAN CHRISTIAN FELLOWSHIP 1200 WESTERN ST. #F FAIRFIELD, CA 94533	48-0577787	501(C)(3)	6,000.	0.			DISTRIBUTE MORE FOOD
THE SALVATION ARMY VALLEJO 630 TUOLUMNE STREET VALLEJO, CA 94590	94-1156347	501(C)(3)	3,000.	214,345.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
ST. BASIL 1225 TUOLUMNE ST. VALLEJO, CA 94590	13-5562362	501(C)(3)	5,227.	0.			DISTRIBUTE MORE FOOD
ST. MARK'S LUTHERAN CHURCH 1600 UNION AVENUE FAIRFIELD, CA 94533	41-1568278	501(C)(3)	7,260.	0.			DISTRIBUTE MORE FOOD
TRUE LOVE BAPTIST CHURCH 1956 PENNSYLVANIA AVE FAIRFIELD, CA 94533	94-1156347	501(C)(3)	500.	66,172.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FIRST BAPTIST CHURCH OF VACAVILLE 1127 DAVIS ST. VACAVILLE, CA 95687	94-2395728	501(C)(3)	4,000.	62,960.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VACAVILLE STOREHOUSE 1146 E MONTE VISTA AVE VACAVILLE, CA 95688	20-0891922	501(C)(3)	23,296.	2,188,327.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
TRUE NORTH HOUSING ALLIANCE 101 SILVER DOLLAR WAY CHICO, CA 95928	68-0440819	501(C)(3)	6,000.	0.			DISTRIBUTE MORE FOOD
WILLIAMS COMMUNITY CHURCH 315 9TH STREET WILLIAMS, CA 95987	94-1431939	501(C)(3)	3,500.	48,458.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003	23-7115371	501(C)(3)	0.	916,849.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
GREAT NORTHERN SERVICES 310 BOLES STREET WEED, CA 96094	94-2562423	501(C)(3)	0.	200,561.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FEATHER RIVER SENIOR CENTER 1335 MYERS STREET OROVILLE, CA 95965	51-0176169	501(C)(3)	0.	12,831.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
WILLIAMS FAMILY ACTION CENTER 1491 E STREET WILLIAMS, CA 95987	26-1974912	501(C)(3)	0.	57,449.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
YUBA SUTTER FOOD BANK 760 STAFFORD WAY YUBA CITY, CA 95991	94-2909773	501(C)(3)	0.	338,289.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
SISKIYOU COMMUNITY FOOD BANK 1601 S. OREGON ST, STE. B YREKA, CA 96097	47-2417905	501(C)(3)	0.	40,065.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAPPY CAMP COMMUNITY CENTER 38 PARK WAY HAPPY CAMP, CA 96039	91-1762252	501(C)(3)	0.	32,849.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
FAMILY ACTION OF COLUSA COUNTY 812 KING ST. ARBUCKLE, CA 95912	26-1974912	501(C)(3)	0.	31,801.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD
COMMUNITY ACTION OF NAPA VALLEY 1766 INDUSTRIAL WAY NAPA, CA 94558	94-1610851	501(C)(3)	0.	231,259.	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTE MORE FOOD

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT FOOD DISTRIBUTIONS TO INDIVIDUALS	4684054	0.	112,858,440.	FEEDING AMERICA VALUATION	FOOD
GIFT CERTIFICATES FOR FOOD	40965	0.	819,363.	VALUE OF GIFT CARD	GIFT CERTIFICATES FOR FOOD PURCHASES

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

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS IS DONE BY REQUIRING MONTHLY AND  
 QUARTERLY ORGANIZATIONAL REPORTS, AS WELL AS SCHEDULED AND UNSCHEDULED SITE  
 VISITS TO MONITOR AND MAINTAIN COMPLIANCE. FOOD GRANTS ARE TRACKED USING AN  
 ACCOUNTING SYSTEM, AND CASH GRANTS REQUIRE RECEIPTS FOR ALL PURCHASES.

**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

**2023**

Open to Public  
Inspection

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 aren't 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 and/or 1099-NEC 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) JOEL SJOSTROM PRESIDENT & CEO (THRU 07/23)	(i)	200,326.	0.	116,865.	5,908.	10,852.	333,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM CASTANEDA VP OF DEV/COM	(i)	182,251.	42.	0.	5,468.	9,217.	196,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN MORROW VP OF FINANCE	(i)	181,212.	42.	0.	5,597.	9,217.	196,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER SCHAEFFER DIRECTOR OF PROGRAMS	(i)	163,180.	42.	0.	0.	17,628.	180,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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.

PART I, LINE 4A:

JOEL SJOSTROM, PRESIDENT & CEO, RECEIVED A SEVERANCE PAYMENT OF \$116,865.

PART I, LINE 7:

HIGHEST COMPENSATED EMPLOYEES RECEIVED ANNUAL ANNIVERSARY BONUS GROSSED UP.

OPERATIONS DIRECTOR RECEIVED A \$5000 BONUS ACCORDING TO HIS EMPLOYMENT

HIRING PACKAGE AND APPROVED BY THE FORMER CEO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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 instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>FOOD BANK OF CONTRA COSTA AND SOLANO</b>	Employer identification number <b>94-2418054</b>
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**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	17,774.	NET PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	34	206,718.	PUBLICLY TRADED EXCHANGE
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	63975876	124,371,598.	FOOD BANK STANDARD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
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 V, Donee Acknowledgement	29	0
--	----	---

- 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

**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.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF FOOD CONTRIBUTIONS REPRESENTS ESTIMATED POUNDS OF FOOD VALUED

AT \$1.74/LB FOR GOVERNMENT FOOD AND \$1.97/LB FOR NON-GOVERNMENT

PRODUCTS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION CONTRACTS WITH CAR DONATION SERVICES, INC TO PROCESS

VEHICLE DONATIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS. IN NOVEMBER 1996 THE FOOD BANK TOOK OVER RESPONSIBILITY FOR

PROVIDING FOOD TO SOLANO COUNTY CHARITIES. IN FURTHERANCE OF ITS

PURPOSE, THE FOOD BANK PROVIDES FOOD TO SUPPLEMENTAL FEEDING PROGRAMS,

PROMOTES AWARENESS OF HUNGER, FOOD WASTE AND THE VALUE OF PROPER

NUTRITION. THE FOOD BANK IS GOVERNED BY A BOARD OF DIRECTORS OF AT

LEAST ELEVEN MEMBERS. THE FOOD BANK RECEIVES FUNDING FROM PRIVATE AND

PUBLIC SOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SENIOR FOOD PROGRAM - NEEDY SENIOR CITIZENS IN CONTRA COSTA AND SOLANO

COUNTIES ARE PROVIDED WITH A NUTRITIOUS BAG OF FOOD ON A TWICE A MONTH

BASIS UNDER THIS PROGRAM.

FOOD ASSISTANCE PROGRAM - THIS U.S. DEPARTMENT OF AGRICULTURE PROGRAM

FUNDS THE DISTRIBUTION OF COMMODITIES TO PEOPLE IN NEED IN CONTRA COSTA

AND SOLANO COUNTIES.

OTHER AGENCIES PROGRAM - THESE INCLUDE LOCAL CHARITABLE ORGANIZATIONS.

KIDS NUTRITION ON WEEKENDS (K-NOW) - THIS PROGRAM PROVIDES TWO

BREAKFASTS, TWO LUNCHEAS AND

TWO SNACKS TO BRIDGE THE WEEKEND MEAL GAP FOR SCHOOL-AGED CHILDREN.

FARM 2 KIDS PROGRAM - THIS PROGRAM PROVIDES FRESH FRUITS AND VEGETABLES

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
--	--

TO CHILDREN OF LOW - INCOME FAMILIES THROUGH PARTNERSHIPS WITH AFTER SCHOOL PROGRAMS.

EXTRA HELPINGS PROGRAM - THIS PROGRAM SERVES LOW-INCOME INDIVIDUALS IN CONTRA COSTA COUNTY WHO ARE CHRONICALLY ILL AND IN CASE MANAGEMENT. FUNDING FOR THIS PROGRAM COMES FROM THE RYAN WHITE CARE ACT.

CALFRESH PROGRAM - FOOD BANK STAFF AND VOLUNTEERS HELP CLIENTS DETERMINE IF THEY ARE ELIGIBLE AND ASSIST IN APPLYING FOR CALFRESH (FORMALLY KNOWN AS FOOD STAMPS). THIS HELPS INCREASE THE NUMBER OF PEOPLE WHO ARE ELIGIBLE RECEIVE BENEFITS AS WELL AS DEBUNK COMMON MYTHS SURROUNDING THE PROGRAM.

HARVEST TO HOME - FRESH PRODUCE AND BREAD ARE DISTRIBUTED TO LOW-INCOME HOUSING COMPLEXES TWICE A MONTH.

EDUCATION AND ADVOCACY PROGRAM - THE FOOD BANK CONTINUES ITS EFFORTS TO EDUCATE THE PUBLIC ABOUT THE REASONS HUNGER EXISTS IN OUR COMMUNITY. BY EDUCATING THE COMMUNITY AND URGING THEM TO TAKE STEPS TO ADDRESS HUNGER, THE FOOD BANK HOPES TO IMPROVE THE CIRCUMSTANCES OF PEOPLE IN NEED. THE FOOD BANK IS INVOLVED IN NUTRITION EDUCATION AND ADVOCACY.

MOBILE FOOD PHARMACY PROGRAM - THE MOBILE FOOD PHARMACY IS A MOBILE PANTRY WITH HEALTHY FOOD AT SOLANO COUNTY PUBLIC HEALTH CLINICS. PUBLIC HEALTH PATIENTS WHO ARE FOOD INSECURE ARE PRESCRIBED HEALTHY FOOD BOXES TO HELP REDUCE INSTANCES OF DIET-RELATED DISEASES. THEY ARE GIVEN A BOX OF SHELF-STABLE ITEMS AS WELL AS FRESH PRODUCE.

Name of the organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
--	--

NOR / CSFP PROGRAM - THE FOOD BANK OPERATES THE COMMODITY SUPPLEMENTAL  
 FOOD PROGRAM THAT DISTRIBUTES GOVERNMENT COMMODITIES TO LOW-INCOME  
 ADULTS 60 YEARS AND OLDER. THE FOOD BANK OPERATES THIS PROGRAM IN  
 PARTNERSHIP WITH 260 SMALLER NONPROFIT ORGANIZATIONS THROUGHOUT INLAND  
 NORTHERN CALIFORNIA.

DISASTER PROGRAM - THE FOOD BANK OF CONTRA COSTA AND SOLANO DISASTER  
 PROGRAM INCLUDES ANY PERSONNEL AND NON-PERSONNEL EXPENSES RELATED TO  
 THE FOOD BANKS RESPONSE TO SERVING AREAS EFFECTED BY DISASTERS.

FORM 990, PART VI, SECTION B, LINE 11B:  
 CEO/PRESIDENT AND VP OF FINANCE REVIEW THE FORM 990 FOR ACCURACY AND  
 COMPLETENESS. THE CEO/PRESIDENT SIGNS THE RETURN ON BEHALF OF THE GOVERNING  
 BOARD. COPY OF THE FORM 990 IS EMAILED TO THE COMPLETE BOARD BEFORE IT IS  
 FILED.

FORM 990, PART VI, SECTION B, LINE 12C:  
 OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN A FORM EACH YEAR ACKNOWLEDGING  
 THEY ARE AWARE OF OUR CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO  
 INFORM THE ORGANIZATION IF A SITUATION ARISES IN WHICH THEY HAVE A  
 CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:  
 THE CEO AND PRESIDENT PERFORMANCE REVIEW COMMITTEE CONSISTING OF THE BOARD  
 CHAIR, VICE CHAIR AND ONE OTHER BOARD MEMBER REVIEW THE CEO AND PRESIDENT'S  
 PERFORMANCE. THE COMMITTEE DETERMINES SALARY BASED ON PERFORMANCE  
 COMPARATIVE SALARY DATA FROM A SALARY SURVEY COVERING THE GREATER SAN  
 FRANCISCO BAY AREA COMPILED BY THE ALAMEDA COUNTY COMMUNITY FOOD BANK AND

Name of the organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
--	--

OTHER DATA AVAILABLE FROM NON-PROFIT ORGANIZATIONS OPERATING IN CALIFORNIA.

FORM 990, PART VI, SECTION C, LINE 19:

PRIOR YEAR INFORMATION RETURNS (FORM 990) ARE AVAILABLE FOR PUBLIC

INSPECTION ON THE GUIDESTAR WEBSITE LOCATED AT WWW.GUIDESTAR.ORG. THE

ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND

INFORMATION RETURNS ARE AVAILABLE UPON REQUEST.



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

328951 12-26-23

SEE PART II SUBSTITUTE ATTACHMENT

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See instructions)	•	6	00	
	7	Other income	•	7	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	00	
	12	Other salaries and wages	•	12	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	00
		15	Rents	•	15	00
		16	Depreciation and depletion (See instructions)	•	16	00
		17	Other expenses and disbursements	•	17	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	00	

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

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

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

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

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	744 P STREET SACRAMENTO, CA 95814	06/30/24	1,095,360.
FEEDING AMERICA	161 N CLARK ST STE 700 CHICAGO, IL 60601	06/30/24	1,419,685.
THE ORKNEY TRUST	4010 NELSON AVE CONCORD, CA 94520	06/30/24	1,000,000.
COUNTY OF SOLANO HEALTH & HUMAN SERVICES	275 BECK AVENUE, MS 5200 FAIRFIELD, CA 94533	06/30/24	687,371.
CHRONICLE SEASON OF SHARING FUND	901 MISSION ST SAN FRANCISCO, CA 94103	06/30/24	554,539.
SERGEY BRIN FAMILY FOUNDATION	1660 BUSH ST STE 300 SAN FRANCISCO, CA 94109	06/30/24	400,000.
KP FINANCIAL	75 N FAIR OAKS AVE PASADENA, CA 91103	06/30/24	365,000.
SUNLIGHT GIVING	4010 NELSON AVE CONCORD, CA 94520	06/30/24	300,000.
KAREN TAYLOR	PO BOX 934 LAFAYETTE, CA 94549	06/30/24	250,000.
THE WILLIAM G. IRWIN FOUNDATION	1660 BUSH ST STE 300 SAN FRANCISCO, CA 94109	06/30/24	250,000.
CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT	597 CENTER AVENUE, SUITE 200 MARTINEZ, CA 94553	06/30/24	222,889.
GENENTECH FOUNDATION	1 DNA WAY M/S 49 SOUTH SAN FRANCISCO, CA 94080	06/30/24	200,000.
SENIOR ASSISTANCE FOUNDATION EASTBAY	1141 CATALINA DR # 197 LIVERMORE, CA 94550-5928	06/30/24	200,000.
CALIFORNIA ASSOCIATION OF FOOD BANKS	1624 FRANKLIN STREET, SUITE 722 OAKLAND, CA 94612	06/30/24	192,255.

CACHE CREEK CASINO RESORT	PO BOX 65 BROOKS, CA 95606	06/30/24	130,235.
DEAN AND MARGARET LESHER FOUNDATION	1333 N CALIFORNIA BLVD STE 575 WALNUT CREEK, CA 94596	06/30/24	130,000.
AREA AGENCY ON AGING	275 BECK AVENUE, MS 5200 FAIRFIELD, CA 94533	06/30/24	117,521.
ROBERT BUTLER	735 MORNINGHOME RD DANVILLE, CA 94526	06/30/24	100,000.
THOMAS WOOD	1009 TULANE DR NE ALBUQUERQUE, NM 87106	06/30/24	100,000.
GEORGE H. SANDY FOUNDATION	PO BOX 591717 SAN FRANCISCO, CA 94159-1717	06/30/24	100,000.
GERALD M. KLINE FAMILY FOUNDATION	5850 SHELLMOUND WAY EMERYVILLE, CA 94608	06/30/24	100,000.
BURTON D MORGAN FOUNDATION	50 SAN PABLO CT MORAGA, CA 94556	06/30/24	100,000.
UNITED WAY BA EFSP	550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	06/30/24	97,659.
MARATHON PETROLEUM COMPANY	150 SOLANO WAY MARTINEZ, CA 94553-1487	06/30/24	85,000.
HELLMAN FOUNDATION	595 MARKET ST STE 820 SAN FRANCISCO, CA 94105	06/30/24	75,000.
THE ARDEA FUND	PO BOX 29155 SAN FRANCISCO, CA 94129-0155	06/30/24	75,000.
CHEVRON USA	PO BOX 6042 SAN RAMON, CA 94583	06/30/24	73,454.
PG&E CORPORATE HEADQUARTERS	300 LAKESIDE DR OAKLAND, CA 94612	06/30/24	60,535.
MARTINEZ REFINING COMPANY LLC	348 LIVORNA HEIGHTS RD ALAMO, CA 94507	06/30/24	60,000.
VALERO BENICIA REFINERY	3400 E 2ND ST BENICIA, CA 94510-1097	06/30/24	55,000.
SARAH CAHILL	7 LONESOME RD DANVILLE, CA 94526	06/30/24	50,000.
DELTA DENTAL COMMUNITY CARE FOUNDATION	560 MISSION ST STE 1300 SAN FRANCISCO, CA 94105	06/30/24	50,000.
DONALD ZONSHINE FAMILY FOUNDATION	185 EL DORADO AVE DANVILLE, CA 94526	06/30/24	50,000.
ETIENNE P. LACRAMPE, DMD, INC.	1844 SAN MIGUEL DR STE 209 WALNUT CREEK, CA 94596	06/30/24	50,000.
PEOPLE FIRST CHARITABLE FOUNDATION	1 CALIFORNIA ST STE 400 SAN FRANCISCO, CA 94111	06/30/24	50,000.
SUSTAINABLE FUTURES FUND	PO BOX 29588 SAN FRANCISCO, CA 94129	06/30/24	50,000.
HELLMAN AND BRESLAU HOUSEHOLD	768 SAN LUIS RD BERKELEY, CA 94707	06/30/24	50,000.
SUSAN CARTER	2125 SKYCREST DR APT 1 WALNUT CREEK, CA 94595-1801	06/30/24	48,000.
CONTRA COSTA COUNTY	30 MUIR ROAD MARTINEZ, CA 94553	06/30/24	46,500.
JOHN MUIR HEALTH CORPORATE SERVICES	PO BOX 9023 WALNUT CREEK, CA 94598-0923	06/30/24	45,000.
PACIFIC SERVICE CREDIT UNION	PO BOX 8191 WALNUT CREEK, CA 94598	06/30/24	45,000.
EAST BAY COMMUNITY FOUNDATION	200 FRANK H OGAWA PLZ OAKLAND, CA 94612	06/30/24	40,900.

CLOROX	2600 HUNTINGTON DR FAIRFIELD, CA 94533	06/30/24	40,000.
MONIKA HILL	4242 GOLDEN OAK CT DANVILLE, CA 94506	06/30/24	40,000.
MARJORIE KATIN	35 DANRIDGE CT ANTIOCH, CA 94509-5611	06/30/24	40,000.
SANDERS DICKINSON FOUNDATION	7 CROCKETT DR MORAGA, CA 94556-2829	06/30/24	40,000.
LINDEN ROOT DICKINSON FOUNDATION	3245 INDIAN MILLS LN JAMUL, CA 91935	06/30/24	40,000.
SANDERS DICKINSON FOUNDATION	7 CROCKETT DR MORAGA, CA 94556-2829	06/30/24	40,000.
PATRICIA BURGER	2019 PIN OAK PL DANVILLE, CA 94506	06/30/24	38,942.
PHILLIPS 66	PO BOX 711 MARTINEZ, CA 94553	06/30/24	35,000.
JULIE WOULFE	51 TENNIS CLUB DR DANVILLE, CA 94506-2153	06/30/24	35,000.
SAN RAMON VALLEY ISLAMIC CENTER	3567 CINNAMON RIDGE RD SAN RAMON, CA 94582	06/30/24	34,700.
MANGOLD FAMILY FOUNDATION	PO BOX 370940 LAS VEGAS, NV 89137	06/30/24	31,000.
SANDRA PATTERSON	3282 ISOLA LN LAFAYETTE, CA 94549	06/30/24	30,563.
CHERYL KING	4066 DUNBARTON CIR SAN RAMON, CA 94583	06/30/24	30,000.
NEIL AND AMELIA MCDANIEL CHARITABLE TRUST	22 TOYON TER DANVILLE, CA 94526-1814	06/30/24	30,000.
ROBERT SHERMAN	24 COUNTRY CLUB DR FAIRFIELD, CA 94534-1306	06/30/24	30,000.
DOROTHY SMITH	112 NORTH PARK DR VACAVILLE, CA 95688	06/30/24	30,000.
ENTERPRISE MOBILITY	2633 CAMINO RAMON STE 400 SAN RAMON, CA 94583	06/30/24	30,000.
JUSTICE, JUSTICE FOUNDATION	501 SILVERSIDE RD STE 123 WILMINGTON, DE 19809	06/30/24	30,000.
BIRTHE KIRSCH	1529 ARLINGTON BLVD EL CERRITO, CA 94530-2002	06/30/24	28,932.
CSAA INSURANCE GROUP	3055 OAK RD MAILSTOP W520 WALNUT CREEK, CA 94597-2098	06/30/24	28,000.
TURN ON TO AMERICA	PO BOX 643 LAFAYETTE, CA 94549	06/30/24	27,000.
DANIEL BLUMBERG	1228 ROSE LN LAFAYETTE, CA 94549	06/30/24	25,000.
MEL BOLTON	111 TAPPAN LN ORINDA, CA 94563-1013	06/30/24	25,000.
KATHLEEN PARKER	323 PIKES CT MARTINEZ, CA 94553-6220	06/30/24	25,000.
LAURA PERLOFF	4050 LOS ARABIS DR LAFAYETTE, CA 94549	06/30/24	25,000.
STEVEN ROYCRAFT	13 SANDERS RANCH RD MORAGA, CA 94556	06/30/24	25,000.
THE JOANNE RAY BOURLAND TRUST	4636 CANDLEWOOD CT CONCORD, CA 94521	06/30/24	25,000.
ARDAGHGROUP	2433 CROCKER CIR FAIRFIELD, CA 94533	06/30/24	25,000.

BANK OF AMERICA CHARITABLE FOUNDATION	OFFICE OF CAO LOCAL MARKETS ORGANIZATION@CA5-705-11-25@555 CALIFORNIA ST STE	06/30/24	25,000.
FIREROLL FOUNDATION	1460 MARIA LN STE 400 WALNUT CREEK, CA 94596	06/30/24	25,000.
PINOLE AREA SENIOR FOUNDATION	2500 CHARLES AVE PINOLE, CA 94564	06/30/24	23,796.
JAMES HATTUM	401 DEFREMERY DR BRENTWOOD, CA 94513-2138	06/30/24	23,609.
BRUCE BERCOVICH	9 MERRILL DR MORAGA, CA 94556-2813	06/30/24	21,126.
FRANK ACUNA	3478 BUSKIRK AVE STE 300 PLEASANT HILL, CA 94523	06/30/24	20,000.
EDWARD AUSTIN	1229 DUTCH MILL DR DANVILLE, CA 94526	06/30/24	20,000.
CSAA INSURANCE GROUP	171 RODEO CT VALLEJO, CA 94589	06/30/24	20,000.
MARY DEL SANTO	4 WOODACRES CT ORINDA, CA 94563-2403	06/30/24	20,000.
CARLE HIRAHARA	3595 MT DIABLO BLVD STE 390 LAFAYETTE, CA 94549	06/30/24	20,000.
CONNIE KRUSE	PO BOX 6831 ALBANY, CA 94706	06/30/24	20,000.
LESLIE LESSENGER	750 W K ST BENICIA, CA 94510	06/30/24	20,000.
CHRIS MCCLURE	151 GOLDEN HILLS CT DANVILLE, CA 94526	06/30/24	20,000.
THOMAS OLINGER	613 BRADFORD PL DANVILLE, CA 94526	06/30/24	20,000.
RICHARD QUADE	1503 SEQUOIA AVE RICHMOND, CA 94805	06/30/24	20,000.
ARTHUR RANGEL	50 WILLOWBROOK LN WALNUT CREEK, CA 94595-2636	06/30/24	20,000.
JUDITH TIMKEN	1731 CRESCENT DR WALNUT CREEK, CA 94598	06/30/24	20,000.
LINDA VAN HEERTUM	5452 ANSELMO CT CONCORD, CA 94521	06/30/24	20,000.
BAILARD FOUNDATION	950 TOWER LN STE 1900 FOSTER CITY, CA 94404	06/30/24	20,000.
CALIFORNIA FOUNDATION FOR STRONGER COMMUNITIES	2111 PALOMAR AIRPORT RD STE 320 CARLSBAD, CA 92011	06/30/24	20,000.
EDWARD R. AND ELIZABETH A. KOZEL FOUNDATION	835 HIDDEN POND CT LAFAYETTE, CA 94549	06/30/24	20,000.
LEFTOVERS THRIFT SHOP	2281 OLYMPIC BLVD WALNUT CREEK, CA 94595	06/30/24	20,000.
THE TJX FOUNDATION, INC.	770 COCHITUATE RD FRAMINGHAM, MA 01701	06/30/24	20,000.
LAFAYETTE-ORINDA PRESBYTERIAN CHURCH	49 KNOX DR LAFAYETTE, CA 94549	06/30/24	19,269.
KNIGHTS OF COLUMBUS, COUNCIL 9206	2601 SAN RAMON VALLEY BLVD SAN RAMON, CA 94583	06/30/24	18,300.
UNITED WAY BAY AREA	550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	06/30/24	16,556.
MORAGA COUNTRY CLUB	1600 SAINT ANDREWS DR MORAGA, CA 94556	06/30/24	16,404.

SYLVIA KARALIUS	2130 HILLRIDGE DR FAIRFIELD, CA 94534	06/30/24	15,400.
G & C AUTO BODY, INC.	251 BELLEVUE AVE SANTA ROSA, CA 95407	06/30/24	15,278.
WESTERN STATES PETROLEUM ASSOCIATION	1415 L ST STE 600 SACRAMENTO, CA 95814	06/30/24	15,100.
RAJESH SHARMA	1350 HAYES ST B-4 BENICIA, CA 94510	06/30/24	15,001.
ANGELA BILETNIKOFF	725 EMERALD BAY DR FAIRFIELD, CA 94534	06/30/24	15,000.
LAWRENCE BLACK	718 FRANCIS DR LAFAYETTE, CA 94549	06/30/24	15,000.
SAMER ISHAQ	605 YGNACIO VALLEY RD WALNUT CREEK, CA 94596	06/30/24	15,000.
MATT JACOBSON	519 MOUNT ST RICHMOND, CA 94805	06/30/24	15,000.
KENNETH KEELER	539 LAS LOMAS WAY WALNUT CREEK, CA 94598	06/30/24	15,000.
DAVID LOW QUON	7359 PEBBLE BEACH DR EL CERRITO, CA 94530	06/30/24	15,000.
JUDY MILES	345 BIRCHWOOD DR MORAGA, CA 94556	06/30/24	15,000.
RAMSEY ZARRELLA	603 HUMMINGBIRD WAY SUISUN, CA 94585	06/30/24	15,000.
LENNAR FOUNDATION	2603 CAMINO RAMON STE 525 SAN RAMON, CA 94583	06/30/24	15,000.
SHRYNE GROUP INC.	728 E COMMERCIAL ST LOS ANGELES, CA 90012	06/30/24	15,000.
SUSTAINABLE GRANT MAKING PARTNERS FUND	1 BLACKFIELD DR # 259 TIBURON, CA 94920	06/30/24	15,000.
WELLS FARGO FOUNDATION	550 S 4TH ST MINNEAPOLIS, MN 55415	06/30/24	15,000.
W.K. KELLOGG FOUNDATION	1 MICHIGAN AVE E BATTLE CREEK, MI 49017	06/30/24	13,000.
CITY OF CONCORD	1950 PARKSIDE DRIVE, M/S 10 CONCORD, CA 94519	06/30/24	12,500.
BARBARA ALLCOX	2518 REBECCA DR PINOLE, CA 94564-2208	06/30/24	12,291.
RALEY'S	PO BOX 15618 SACRAMENTO, CA 95852	06/30/24	11,014.
MAUREEN MAZIASZ	1926 BEACON RIDGE CT WALNUT CREEK, CA 94597-2964	06/30/24	11,000.
JOHN BRILL	551 OAKSHIRE PL ALAMO, CA 94507	06/30/24	10,563.
WILLIAM GAGEN	22 TOYON TER DANVILLE, CA 94526-1814	06/30/24	10,500.
DIABLO ENERGY STORAGE LLC	5000 HOPYARD RD STE 480 PLEASANTON, CA 94588	06/30/24	10,500.
GRACE LEE	4026 LOS ARABIS DR LAFAYETTE, CA 94549	06/30/24	10,300.
KAREN REZENDES-TANNEHILL	30 ROSEWOOD CT DANVILLE, CA 94506-5811	06/30/24	10,300.
JOY ADDIEGO	PO BOX 223 SAN RAMON, CA 94583	06/30/24	10,000.
RICHARD AIELLO	5325 OLIVE DR CONCORD, CA 94521	06/30/24	10,000.

NEIL BARTH	5 DOS POSOS ORINDA, CA 94563-1849	06/30/24	10,000.
LINDA BODNAR	1541 EMMONS CANYON DR ALAMO, CA 94507	06/30/24	10,000.
JOANNE BRADFORD	3647 HAPPY VALLEY RD LAFAYETTE, CA 94549	06/30/24	10,000.
MARK MAXSON	5 VIA HERMOSA ORINDA, CA 94563-1827	06/30/24	10,000.
DIANA CHEEK	163 BOLDUC CT SAN PABLO, CA 94806	06/30/24	10,000.
MICHAEL COKE	334 LOVE LN DANVILLE, CA 94526	06/30/24	10,000.
JAMES COUNTRYMAN	40 SANDERS RANCH RD MORAGA, CA 94556	06/30/24	10,000.
CATHY GARZA	15 EDWIN DR KENSINGTON, CA 94707	06/30/24	10,000.
ENCORE GLASS	2925 CORDELIA RD FAIRFIELD, CA 94534	06/30/24	10,000.
LEN EPSTEIN	16 LA PLAZA DR ORINDA, CA 94563-2320	06/30/24	10,000.
STEVEN FLEMING	163 BOLDUC CT SAN PABLO, CA 94806	06/30/24	10,000.
DAVID GOLDSMITH	6 MONTEREY TER ORINDA, CA 94563	06/30/24	10,000.
PAUL HERMENS	3553 SANFORD ST CONCORD, CA 94520	06/30/24	10,000.
JOHN HUTCHINSON	148 PLAZA CIR DANVILLE, CA 94526	06/30/24	10,000.
DENNIS & KATHLEEN KELLEHER	594 RHEEM BLVD MORAGA, CA 94556	06/30/24	10,000.
KENNETH RAININ FOUNDATION	155 GRAND AVE OAKLAND, CA 94612	06/30/24	10,000.
ROBERT KLINGENBERG	5527 COACHFORD WAY ANTIOCH, CA 94531-8677	06/30/24	10,000.
PAUL LEVINE	1717 SHASTA ST RICHMOND, CA 94804	06/30/24	10,000.
GURPREET MATHARU	108 AVALON CT SAN RAMON, CA 94582	06/30/24	10,000.
TRACY SALISBURY	140 CORLISS DR MORAGA, CA 94556	06/30/24	10,000.
KIMBERLY LAUGHTON	30 CHARLES HILL CIR ORINDA, CA 94563	06/30/24	10,000.
ROBERT MILLER	535 HIGH EAGLE CT WALNUT CREEK, CA 94595	06/30/24	10,000.
MOLSON COORS	2020 MAIN ST STE 850 IRVINE, CA 92614	06/30/24	10,000.
MEGHAN MORRISSEY	129 ALTA VISTA WAY DANVILLE, CA 94506-4658	06/30/24	10,000.
NICK MOSTEIRO	805 WEAVER LN CONCORD, CA 94518	06/30/24	10,000.
JOHN NEWACHECK	5141 VANNOY AVE CASTRO VALLEY, CA 94546	06/30/24	10,000.
DAVID NIVER	40 GRANDVIEW CT DANVILLE, CA 94506	06/30/24	10,000.
PAUL RENNO	3320 MORAGA BLVD LAFAYETTE, CA 94549	06/30/24	10,000.

SALLY RHODES	7 REDWOOD CIR LAFAYETTE, CA 94549-2414	06/30/24	10,000.
JEANNE RYAN	982 OCHO RIOS DR DANVILLE, CA 94526	06/30/24	10,000.
SCANNELL PROPERTIES	28 ROBERT RD ORINDA, CA 94563	06/30/24	10,000.
WILLIAM SCARGLE	556 SPOTTED OWL CT WALNUT CREEK, CA 94595-3906	06/30/24	10,000.
PHILIP SCHAFFER	3904 BELLWOOD DR CONCORD, CA 94519	06/30/24	10,000.
VICTORIA SCHROEBEL	612 PARKHAVEN CT PLEASANT HILL, CA 94523	06/30/24	10,000.
STANLEY SWETE	106 ESTATES DR DANVILLE, CA 94526-3939	06/30/24	10,000.
REBEKAH TABA	1621 FERN PL VALLEJO, CA 94590-4405	06/30/24	10,000.
RICHARD TIETZ	10 OLD MILLSTONE LN LAFAYETTE, CA 94549-5110	06/30/24	10,000.
WELLS FARGO FOUNDATION	4010 NELSON AVE CONCORD, CA 94520	06/30/24	10,000.
MARGARET WILCOX	480 ST FRANCIS DR DANVILLE, CA 94526	06/30/24	10,000.
KERRY ZICKENBERG	9690 ASHBY WAY SAN RAMON, CA 94583-3403	06/30/24	10,000.
CALIFORNIA FOREVER	4010 NELSON AVE CONCORD, CA 94520	06/30/24	10,000.
CITY OF MARTINEZ	525 HENRIETTA ST MARTINEZ, CA 94553-2394	06/30/24	10,000.
DOMINO FOODS, INC.	1 N CLEMATIS ST STE 100 WEST PALM BEACH, FL 33401	06/30/24	10,000.
JAY PRITZKER FOUNDATION	PO BOX 5327 LARKSPUR, CA 94977	06/30/24	10,000.
MARSH LANDING LLC	300 CARNEGIE CTR STE 300 PRINCETON, NJ 08540	06/30/24	10,000.
PATELCO CREDIT UNION	3 PARK PL DUBLIN, CA 94568	06/30/24	10,000.
PLUMBERS AND STEAMFITTERS LOCAL UNION #342	935 DETROIT AVE CONCORD, CA 94518	06/30/24	10,000.
SONS OF NORWAY	736 ANDERSON WAY RIO VISTA, CA 94571	06/30/24	10,000.
SUNSET DEVELOPMENT COMPANY	PO BOX 640 SAN RAMON, CA 94583	06/30/24	10,000.
GRAUE FAMILY FOUNDATION	PO BOX 671327 DALLAS, TX 75367	06/30/24	10,000.
CITY OF MARTINEZ	525 HENRIETTA STREET MARTINEZ, CA 94553	06/30/24	10,000.
TODD BERRYHILL	28 ROBERT RD ORINDA, CA 94563	06/30/24	9,260.
SUTTER HEALTH	PO BOX 619070 ROSEVILLE, CA 95661	06/30/24	9,215.
ACALANES UNION HIGH SCHOOL DISTRICT	3302 BERTA LN LAFAYETTE, CA 94549	06/30/24	9,075.

HANSON BRIDGETT LLP	1676 N CALIFORNIA BLVD STE 620 WALNUT CREEK, CA 94596	06/30/24	9,000.
ROSSMOOR CERAMIC ARTS CLUB	1001 GOLDEN RAIN RD WALNUT CREEK, CA 94595	06/30/24	8,270.
SALLY DOHERTY	2801 SHADELANDS DR APT 134 WALNUT CREEK, CA 94598	06/30/24	8,000.
KENNETH FISHBACH	1475 TAMPICO PL WALNUT CREEK, CA 94598	06/30/24	8,000.
ANDREA FONTANA-MCFARLAN	3340 FONTANA PL ANTIOCH, CA 94509	06/30/24	8,000.
THE MERVYN L. BRENNER FOUNDATION, INC.	2890 N MAIN ST # 305 WALNUT CREEK, CA 94597	06/30/24	8,000.
RYDER FAMILY FOUNDATION	1425 TREAT BLVD WALNUT CREEK, CA 94597	06/30/24	8,000.
JUSTIN CHEW	2038 VOERT CT WALNUT CREEK, CA 94598-3337	06/30/24	7,600.
RONALD DE GOLIA	3196 ROSSMOOR PKWY APT 3 WALNUT CREEK, CA 94595	06/30/24	7,500.
HAZEL ESHLEMAN	564 MATTERHORN DR WALNUT CREEK, CA 94598-2159	06/30/24	7,500.
SUSAN FORSYTHE	1219 WYNNEWOOD RD # 103 WYNNEWOOD, PA 19096	06/30/24	7,500.
MARY BETH LILLY	8 TOPSAIL CT PLEASANT HILL, CA 94523	06/30/24	7,500.
JEFFREY VESELY	4484 WINDFLOWER CT CONCORD, CA 94518-1931	06/30/24	7,500.
HILLTOP FOUNDATION	PO BOX 1027 TIBURON, CA 94920-4027	06/30/24	7,500.
MATSON NAVIGATION COMPANY	555 12TH ST OAKLAND, CA 94607	06/30/24	7,500.
DONNA GARAVENTA	5 WHITAKER AVE BERKELEY, CA 94708	06/30/24	7,400.
HOWARD ADAMS	720 KENDALL AVE CROCKETT, CA 94525-1000	06/30/24	7,000.
J PATRICK MCCOURT	116 GORDON WAY MARTINEZ, CA 94553	06/30/24	7,000.
JOHN TATYOSIAN	2765 BAY TREE DR FAIRFIELD, CA 94533	06/30/24	7,000.
LEAH LIN	2625 GOLDEN RAIN RD # 4 WALNUT CREEK, CA 94595	06/30/24	6,215.
GEORGIA PALMER	100 SOUTH CT ALAMO, CA 94507-2166	06/30/24	6,068.
AP DESIGN PROFESSIONALS	22 CAMINO LENADA ORINDA, CA 94563	06/30/24	6,000.
MARY FURST	15 WILLOWBROOK LN WALNUT CREEK, CA 94595	06/30/24	6,000.
TIMOTHY LENNON	3072 AVELLANO DR WALNUT CREEK, CA 94598	06/30/24	6,000.
CATHERINE NICOLL	36 JULIANNE CT WALNUT CREEK, CA 94595	06/30/24	6,000.
NVIDIA	6245 BAKER ST OAKLAND, CA 94608	06/30/24	6,000.
DEREK VAN HOORN	1741 ARLINGTON BLVD EL CERRITO, CA 94530	06/30/24	6,000.
MARIA VARGAS	753 OLD STABLE PL WALNUT CREEK, CA 94596	06/30/24	6,000.

FOOD BANK OF CONTRA COSTA AND SOLANO

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ROBERT WALLACE	1720 LATOUR AVE BRENTWOOD, CA 94513	06/30/24	6,000.
DOMO CONSTRUCTION CORP	393 E GRAND AVE SOUTH SAN FRANCISCO, CA 94080	06/30/24	6,000.
THE ESTEE LAUDER COMPANIES CHARITABLE FOUNDATION	767 5TH AVE NEW YORK, NY 10153	06/30/24	6,000.
THE MELLEMA FAMILY FOUNDATION	160 ALAMO PLAZA # 1120 ALAMO, CA 94507	06/30/24	6,000.
WESTAMERICA BANK	4550 MANGELS BLVD FAIRFIELD, CA 94534	06/30/24	5,575.
KLAUS BERKNER	2770 PLEASANT HILL RD APT 309 PLEASANT HILL, CA 94523	06/30/24	5,500.
PAUL GABBARD	2198 HIDDEN POND RD LAFAYETTE, CA 94549-1700	06/30/24	5,500.
THE F.G.K. FOUNDATION	107 CAMINO DON MIGUEL ORINDA, CA 94563	06/30/24	5,500.
ANTHONY EASON	5102 INDEPENDENCE DR FAIRFIELD, CA 94533	06/30/24	5,338.
STUART CASILLAS	1401 DUTCH MILL DR DANVILLE, CA 94526	06/30/24	5,282.
RICHARD CASSELL	3229 SEMINOLE CIR FAIRFIELD, CA 94534	06/30/24	5,282.
LYNN DAVIS	48 CORLISS DR MORAGA, CA 94556	06/30/24	5,282.
JULIE TOWNE	1731 NE 38TH AVE PORTLAND, OR 97212	06/30/24	5,282.
TAMMY LORIA	5546 MARYLAND DR CONCORD, CA 94521	06/30/24	5,150.
REX MALMSTROM	4424 SWEETBRIAR CT CONCORD, CA 94521	06/30/24	5,150.
JAMES NELSON	55 OGAWA CT DANVILLE, CA 94506	06/30/24	5,150.
ALLISON SCHWARTZ	834 CARQUINEZ WAY MARTINEZ, CA 94553	06/30/24	5,150.
CATHERINE ADCOCK	144 SOUTHWIND DR PLEASANT HILL, CA 94523-1030	06/30/24	5,000.
ADOBE	1611 SUNHILL CT MARTINEZ, CA 94553-4225	06/30/24	5,000.
SARAH MCCOY	900 ARLINGTON AVE BERKELEY, CA 94707-1929	06/30/24	5,000.
CYNTHIA ANDERSON	510 MIKADO PL DANVILLE, CA 94526	06/30/24	5,000.
PEG ATHERTON	192 LILAC LN MILL VALLEY, CA 94941	06/30/24	5,000.
DAVID BACHER	2607 PIEDMONT AVE BERKELEY, CA 94704	06/30/24	5,000.
ERICA BACON	973 DEE CT WALNUT CREEK, CA 94597	06/30/24	5,000.
MARIAN SHOSTROM	2264 LISA LN PLEASANT HILL, CA 94523-3951	06/30/24	5,000.
GEORGE BARRON	175 DRAEGER DR MORAGA, CA 94556-2152	06/30/24	5,000.
STEPHEN BECK	161 REMINGTON DR DANVILLE, CA 94526	06/30/24	5,000.

FOOD BANK OF CONTRA COSTA AND SOLANO

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WALTER BELL	12 MARIPOSA LN ORINDA, CA 94563	06/30/24	5,000.
DONALD BENSON	4813 BELLE DR ANTIOCH, CA 94509	06/30/24	5,000.
EVA BEREK	2945 WATSON CT E CONCORD, CA 94518	06/30/24	5,000.
GIL BERKELEY	3981 HAPPY VALLEY RD LAFAYETTE, CA 94549	06/30/24	5,000.
COLLEEN BISCHEL	273 MACGREGOR RD PLEASANT HILL, CA 94523	06/30/24	5,000.
JANE KAPLAN	26 ARDMORE RD KENSINGTON, CA 94707-1309	06/30/24	5,000.
DAVID BONNEVILLE	62 ORCHARD RD ORINDA, CA 94563	06/30/24	5,000.
ELIZABETH BOWLES	608 SHADOWHAWK WAY WALNUT CREEK, CA 94595	06/30/24	5,000.
CAROLYN BUTLER	1332 VIRGINIA ST ALAMO, CA 94507-2878	06/30/24	5,000.
BERNARD CALDWELL	35 RHEEM BLVD ORINDA, CA 94563-3618	06/30/24	5,000.
BETH CARLSEN	4010 NELSON AVE CONCORD, CA 94520	06/30/24	5,000.
CATHERINE CARTIER	3487 MORAGA BLVD LAFAYETTE, CA 94549	06/30/24	5,000.
MICHEL CAURANT	138 CAMINO DEL SOL VALLEJO, CA 94591	06/30/24	5,000.
AMY CHEN	510 EL CERRITO PLZ UNIT 111 EL CERRITO, CA 94530	06/30/24	5,000.
BRENDA CIPRIANO	312 CASTLE CREST RD ALAMO, CA 94507-2675	06/30/24	5,000.
JOANNE CLARE	312 LA TIERRA BUENA DANVILLE, CA 94526	06/30/24	5,000.
SUSAN COLLIGAN	3795 SUNDALE RD LAFAYETTE, CA 94549	06/30/24	5,000.
MARILYN COLLINGS	397 HAVASU CT BRENTWOOD, CA 94513	06/30/24	5,000.
PENNY CORTEZ	3611 PEACHWILLOW LN WALNUT CREEK, CA 94598-1750	06/30/24	5,000.
JOANNE DE PHILLIPS	259 YALE AVE KENSINGTON, CA 94708-1013	06/30/24	5,000.
KEVIN DEGNAN	1668 VA ROMERO ALAMO, CA 94507	06/30/24	5,000.
CHARLES DEPOLO	37 CHARLES HILL CIR ORINDA, CA 94563	06/30/24	5,000.
MARY DUBITZKY	3028 SHETLAND DR PLEASANT HILL, CA 94523	06/30/24	5,000.
MARTHA EASON	5102 INDEPENDENCE DR FAIRFIELD, CA 94533	06/30/24	5,000.
PATRICIA EDWARDS	5 HANCOCK PL SOMERSET, NJ 08873	06/30/24	5,000.
PATRICIA ELLSWORTH	528 THE GLADE ORINDA, CA 94563-2726	06/30/24	5,000.
GERALD FLAHERTY	2900 GRANT AVE RICHMOND, CA 94804-1557	06/30/24	5,000.

ROBERT GALLO	20 XAVIER CT ALAMO, CA 94507	06/30/24	5,000.
BRIAN GARDINER	1580 HARLAN DR DANVILLE, CA 94526	06/30/24	5,000.
JANICE GEAHRY	5357 TERRA GRANADA DR 1A WALNUT CREEK, CA 94595	06/30/24	5,000.
HOWARD GEIFMAN	1380 N CALIFORNIA BLVD APT 303 WALNUT CREEK, CA 94596	06/30/24	5,000.
ROBERT GOLDBERG	2351 MALLARD DR WALNUT CREEK, CA 94597-2326	06/30/24	5,000.
PHYLLIS SMITH	2351 MALLARD DR WALNUT CREEK, CA 94597-2326	06/30/24	5,000.
MARY JANE GORMAN	3213 CLAUDIA DR CONCORD, CA 94519	06/30/24	5,000.
JOAN GORRELL	524 DAKOTA ST FAIRFIELD, CA 94533	06/30/24	5,000.
NALRAJ GOUNDAR	6061 LAURELSPUR LOOP SAN RAMON, CA 94582	06/30/24	5,000.
M'LISS GREENLEE	7 LA FOND LN ORINDA, CA 94563	06/30/24	5,000.
BERTON GUNTER	500 WESTOVER LN PLEASANT HILL, CA 94523	06/30/24	5,000.
PAUL GUSTAFSON	1015 WICKHAM DR MORAGA, CA 94556	06/30/24	5,000.
THOMAS HANSEL	1286 LARCH AVE MORAGA, CA 94556	06/30/24	5,000.
DANIEL HEINRICH	2352 GENOA ST DANVILLE, CA 94506-1961	06/30/24	5,000.
JOHN HERR	11 VISTA DEL MAR ORINDA, CA 94563	06/30/24	5,000.
HARLAN HIRSCHFELD	1938 SAINT ANDREWS DR MORAGA, CA 94556	06/30/24	5,000.
KATHY HOFFMAN	307 PALO VERDE WAY VALLEJO, CA 94589	06/30/24	5,000.
JAMES HULBURD	591 JUSTIN MORGAN DR ALAMO, CA 94507	06/30/24	5,000.
MARK HUMPHREY	42 LAMBETH SQ MORAGA, CA 94556	06/30/24	5,000.
MICHAEL HURD	237 MARBLE DR ANTIOCH, CA 94509-6218	06/30/24	5,000.
KRISTINE SOORIAN	872 MADIGAN AVE CONCORD, CA 94518	06/30/24	5,000.
LAURA ING	125 HILLTOP CRES WALNUT CREEK, CA 94597	06/30/24	5,000.
ISHAQ TRADING CORPORATION	605 YGNACIO VALLEY RD WALNUT CREEK, CA 94596	06/30/24	5,000.
DEBORAH JANSEN	3 ELLIS CT LAFAYETTE, CA 94549-2600	06/30/24	5,000.
BLANCA JOHNSON	6119 JORDAN AVE EL CERRITO, CA 94530	06/30/24	5,000.
SANDRA KARPENKO	20 LAYMAN CT WALNUT CREEK, CA 94596	06/30/24	5,000.
BRUCE KAUFMAN	3288 TERRA GRANADA DR APT 2A WALNUT CREEK, CA 94595	06/30/24	5,000.

JAMES KEEFE	PO BOX 648 ORINDA, CA 94563	06/30/24	5,000.
HOWARD KERR	1146 CANYON HILLS RD SAN RAMON, CA 94583	06/30/24	5,000.
BRADFORD KIRBY	2801 SHADELANDS DR APT 325 WALNUT CREEK, CA 94598	06/30/24	5,000.
MICHAEL KLEMM	683 BELVEDERE DR BENICIA, CA 94510	06/30/24	5,000.
GREGG KORBIN	1167 BROWN AVE LAFAYETTE, CA 94549	06/30/24	5,000.
MATTHEW KORPITA	3239 JUDY LN LAFAYETTE, CA 94549-4707	06/30/24	5,000.
MARK LEFANOWICZ	3372 HERMOSA WAY LAFAYETTE, CA 94549-2101	06/30/24	5,000.
MAYNARD LICHTERMAN	1655 N CALIFORNIA BLVD # 261 WALNUT CREEK, CA 94596	06/30/24	5,000.
DAVID LITTLE	3146 GREY EAGLE DR WALNUT CREEK, CA 94595	06/30/24	5,000.
ANNE LUDVIK	28 CORLISS DR MORAGA, CA 94556	06/30/24	5,000.
PAMELA MALONEY	970 JANET LN LAFAYETTE, CA 94549-4731	06/30/24	5,000.
JAMES MARCHETTI	296 SUNDOWN TER ORINDA, CA 94563	06/30/24	5,000.
JONATHAN MARSHALL	1237 RICHMOND ST EL CERRITO, CA 94530	06/30/24	5,000.
JOHN MCMANUS	4010 NELSON AVE CONCORD, CA 94520	06/30/24	5,000.
FRANCES MCNAMEE	15 WOODLAND DR ALAMO, CA 94507	06/30/24	5,000.
TIMOTHY MELTZER	6 WILLOW SPRINGS LN MORAGA, CA 94556-2102	06/30/24	5,000.
JAMES MILLER	2614 CHERRY LN WALNUT CREEK, CA 94597	06/30/24	5,000.
GORDON MILLER	1340 LAS JUNTAS WAY APT B WALNUT CREEK, CA 94597	06/30/24	5,000.
GREG MITCHELL	26620 SOUTHWEST FRENCH OAK DR WEST LINN, OR 97068	06/30/24	5,000.
SETH MITCHNER	1440 FINLEY LN ALAMO, CA 94507	06/30/24	5,000.
ELLEN MIZOTA	725 MORNINGHOME RD DANVILLE, CA 94526	06/30/24	5,000.
MICHAEL MOSS	6 DONALD DR ORINDA, CA 94563	06/30/24	5,000.
CHARLES MURRAY	372 BIRCHWOOD DR MORAGA, CA 94556-2305	06/30/24	5,000.
SUSAN NABETA-BRODSKY	22 HIGHGATE RD KENSINGTON, CA 94707	06/30/24	5,000.
MARGARET OLSON	3688 NORDSTROM LN LAFAYETTE, CA 94549	06/30/24	5,000.
DONNA PARTLOW	717 GLENSIDE CIR LAFAYETTE, CA 94549	06/30/24	5,000.

FOOD BANK OF CONTRA COSTA AND SOLANO

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JUSTINE PAWLAK	34 STARFLOWER TER SAN RAMON, CA 94583-5356	06/30/24	5,000.
WILLIAM PEARCE	110 ESTHER LN DANVILLE, CA 94526	06/30/24	5,000.
VALERIE PHELPS	3616 CHESTNUT ST APT 1 LAFAYETTE, CA 94549	06/30/24	5,000.
SCOTT PINE	10 TANGLEWOOD LN LAFAYETTE, CA 94549-4943	06/30/24	5,000.
JIM PRICE	2900 STONERIDGE DR PLEASANTON, CA 94588	06/30/24	5,000.
WILLIAM PRINZMETAL	117 MARINA LAKES DR RICHMOND, CA 94804-7452	06/30/24	5,000.
THOMAS QUIGGLE	77 SANDERS RANCH RD MORAGA, CA 94556	06/30/24	5,000.
ANDREA RATA CZAK	63 CALISTOGA CT DANVILLE, CA 94526-3004	06/30/24	5,000.
PHILIP REED	2185 TOIYABE TRL S LAKE TAHOE, CA 96150-6850	06/30/24	5,000.
JOSEPH ROEBUCK	148 CYPRESS PT MORAGA, CA 94556-1131	06/30/24	5,000.
BARBARA SANDOVAL	67 BANBRIDGE PL PLEASANT HILL, CA 94523	06/30/24	5,000.
MARCIE SCHMITZ	4010 NELSON AVE CONCORD, CA 94520	06/30/24	5,000.
HOWARD SHAO	71 CORAL DR ORINDA, CA 94563	06/30/24	5,000.
KATHERINE SHER	855 GALVIN DR EL CERRITO, CA 94530	06/30/24	5,000.
CHERIDA SMITH	727 LOS PALOS DR LAFAYETTE, CA 94549	06/30/24	5,000.
ROBERT SMITH	1789 DUNE POINT WAY DISCOVERY BAY, CA 94505	06/30/24	5,000.
WINIFRED SMITH	336 VILLAGE VIEW CT ORINDA, CA 94563	06/30/24	5,000.
ELLIOT STEIN	3351 QUAIL WALK LN DANVILLE, CA 94506	06/30/24	5,000.
EILEEN STEIN	3351 QUAIL WALK LN DANVILLE, CA 94506	06/30/24	5,000.
EUGENE FRIEDLANDER	1718 COMSTOCK DR WALNUT CREEK, CA 94595	06/30/24	5,000.
DORLEE TAYLOR	914 TRENT ST CONCORD, CA 94518	06/30/24	5,000.
HEIDI TIMKEN	1992 VA APPIA WALNUT CREEK, CA 94598-2242	06/30/24	5,000.
DEVENEY TOTTEN	1321 RAMSAY CIR WALNUT CREEK, CA 94597	06/30/24	5,000.
KATHLEEN URBAN	801 TURNER CT ALAMO, CA 94507	06/30/24	5,000.
JEFFREY WAGNER	1115 GARDEN LN LAFAYETTE, CA 94549	06/30/24	5,000.
KATHY WALSH	8 SKY TER DANVILLE, CA 94526	06/30/24	5,000.
JOHN WARD	6826 HAGEN BLVD EL CERRITO, CA 94530	06/30/24	5,000.

MATT WHELAN	3936 S PEARDALE DR LAFAYETTE, CA 94549	06/30/24	5,000.
SUSIE WILLIAMSON	13 BRAMBLEWOOD CT DANVILLE, CA 94506	06/30/24	5,000.
CHERYL WINGO	43 ORINDA VIEW RD ORINDA, CA 94563-1234	06/30/24	5,000.
RICHARD WISE	613 LUCAS DR LAFAYETTE, CA 94549	06/30/24	5,000.
PRISCILLA WITT	3741 MEADOW LN LAFAYETTE, CA 94549	06/30/24	5,000.
SUSAN WITTENBERG	2117 PINEHURST CT EL CERRITO, CA 94530	06/30/24	5,000.
XOLAR CORPORATION	PO BOX 7887 SANTA ROSA, CA 95407	06/30/24	5,000.
CLARENCE YEE	PO BOX 697 DIABLO, CA 94528	06/30/24	5,000.
BERKELEY LAB	ONE CYCLOTRON RD MS 971-AP BERKELEY, CA 94720	06/30/24	5,000.
CHUBB CHARITABLE FOUNDATION	436 WALNUT ST PHILADELPHIA, PA 19106	06/30/24	5,000.
COMMUNITY FOUNDATION OF LAFAYETTE	PO BOX 221 LAFAYETTE, CA 94549	06/30/24	5,000.
COMYNS, SMITH, MCCLEARY & DEAVER, LLP	1777 BOTELHO DR STE 350 WALNUT CREEK, CA 94596	06/30/24	5,000.
CORTEVA AGRISCIENCE	4010 NELSON AVE CONCORD, CA 94520	06/30/24	5,000.
DHYANYOGA CENTERS, INC.	PO BOX 3194 ANTIOCH, CA 94531	06/30/24	5,000.
EAST BAY NEWBORN SPECIALISTS, INC. F&M BANK	747 52ND ST FL 3 OAKLAND, CA 94609 PO BOX 3000 LODI, CA 95241-1902	06/30/24 06/30/24	5,000. 5,000.
FTHREE FOUNDATION	525 MARKET ST STE 820 SAN FRANCISCO, CA 94105	06/30/24	5,000.
GALLAGHER	2121 N CALIFORNIA BLVD WALNUT CREEK, CA 94596	06/30/24	5,000.
GUILD MORTGAGE COMPANY LLC	PO BOX 85304 SAN DIEGO, CA 92186	06/30/24	5,000.
HERITAGE BANK OF COMMERCE	150 ALMADEN BLVD SAN JOSE, CA 95113	06/30/24	5,000.
JOHN SPERLING FOUNDATION	5115 N DYSART RD STE 202 # 305 LITCHFIELD PARK, AZ 85340	06/30/24	5,000.
KEKER, VAN NEST & PETERS LLP	633 BATTERY ST SAN FRANCISCO, CA 94111	06/30/24	5,000.
KIWANIS CLUB OF MORAGA VALLEY	PO BOX 503 MORAGA, CA 94556	06/30/24	5,000.
MECHANICS BANK HQ	1111 CIVIC DR STE 290 WALNUT CREEK, CA 94596	06/30/24	5,000.
MIKUNI CHARITABLE ORGANIZATION	5012 LUCE AVE STE 100 MCCLELLAN PARK, CA 95652	06/30/24	5,000.
ROTARY CLUB OF FAIRFIELD-SUISUN	PO BOX 477 FAIRFIELD, CA 94533	06/30/24	5,000.
SMITHBUCKLIN CORPORATION	330 N WABASH AVE STE 2000 CHICAGO, IL 60611	06/30/24	5,000.
LOUISE P. HACKETT FOUNDATION	4010 NELSON AVE CONCORD, CA 94520	06/30/24	5,000.

FOOD BANK OF CONTRA COSTA AND SOLANO

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PURCELL FAMILY CHARITABLE FOUNDATION	5299 BENTPINE COVE RD JACKSONVILLE, FL 32224	06/30/24	5,000.
THE MCLIN FAMILY FOUNDATION	3527 MOUNT DIABLO BLVD # 412 LAFAYETTE, CA 94549	06/30/24	5,000.
TOTAL INCLUDED ON LINE 3			12,543,591.

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>		<u>CONTRIBUTOR'S ADDRESS</u>	
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES		744 P STREET SACRAMENTO, CA 95814	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
USDA FOOD	06/30/24	11,617,856.	12,713,216.

<u>CONTRIBUTOR'S NAME</u>		<u>CONTRIBUTOR'S ADDRESS</u>	
SHARON SEVERNS		1825 NEWELL AVE WALNUT CREEK, CA 94595	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	25,318.	25,318.

<u>CONTRIBUTOR'S NAME</u>		<u>CONTRIBUTOR'S ADDRESS</u>	
JOAN VON KASCHNITZ		1458 STANLEY DOLLAR DR APT 4B WALNUT CREEK, CA 94595-2846	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	25,254.	25,254.

<u>CONTRIBUTOR'S NAME</u>		<u>CONTRIBUTOR'S ADDRESS</u>	
JAMES MANSFIELD		1611 CARRIAGE DR WALNUT CREEK, CA 94598-1117	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	10,485.	10,485.

<u>CONTRIBUTOR'S NAME</u>		<u>CONTRIBUTOR'S ADDRESS</u>	
SUZANNE HELLE		181 JOAQUIN CIR DANVILLE, CA 94526	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	10,363.	10,363.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RONALD SMETANA	106 ARDITH DR ORINDA, CA 94563		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	10,067.	10,067.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SUSAN TERRILL	278 NOB HILL DR WALNUT CREEK, CA 94596		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	10,038.	10,038.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
NANCY PEARL	567 LA VISTA RD WALNUT CREEK, CA 94598		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	9,841.	9,841.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TOM PATTEN	724 SKYLINE DR MARTINEZ, CA 94553		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	7,854.	7,854.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TYLER STROMBERG	39 LOS CERROS AVE WALNUT CREEK, CA 94598		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	7,683.	7,683.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
KATIE NICHOLSON	PO BOX 764 DIABLO, CA 94528-0764		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	5,206.	5,206.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MARY PRYOR	64 KINGSTON RD KENSINGTON, CA 94707		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	5,046.	5,046.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ROBERT SCHUSSMAN	180 EL TOYONAL ORINDA, CA 94563		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	5,041.	5,041.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JAMES VAN HEUIT	3965 CAMPOLINDO DR MORAGA, CA 94556		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	06/30/24	5,007.	5,007.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ANN LEVIN	16 WILD LILAC WAY ORINDA, CA 94563		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
12 BOTTLES - SIN QUA NON WINE	04/01/24	5,000.	5,000.

TOTAL INCLUDED ON LINE 3		11,760,059.	12,855,419.
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**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

FOOD BANK OF CONTRA COSTA AND SOLANO

Name of Organization

List all DBAs and names the organization uses or has used

4010 NELSON AVENUE

Address (Number and Street)

CONCORD, CA 94520

City or Town, State, and ZIP Code

(925) 676-7543

Telephone Number

INFO@FOODBANKCCS.ORG

E-mail Address

Check if:

Change of address

Amended report

Organization requests email notifications

State Charity Registration Number 019118

Corporation or Organization No. 0751111

Federal Employer ID No. 94-2418054

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2023 ending 06/30/2024 ) list:

Total Revenue (including noncash contributions) \$ 156,903,387 Noncash Contributions \$ 124,596,089 Total Assets \$ 43,109,483  
Program Expenses \$ 149,050,413 Total Expenses \$ 153,991,825

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 3	X	
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 4	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program? SEE STATEMENT 5	X	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**TAXPAYER COPY**

CAITLIN SLY

PRESIDENT & CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING COMMERCIAL  
FUNDRAISING SERVICES  
PART B, LINE 4

STATEMENT 3

NEWPORT ONE  
21 RAILROAD AVENUE, DUXBURY, MA 02332  
781-934-1418

SMART MEAL MAKERS  
4490 VON KARMAN AVENUE  
NEWPORT BEACH, CA 92660

RKD GROUP  
7130 S. 29TH STREET, SUITE B, LINCOLN, NE 68516  
800-222-6070

APPEALMAKER  
641 15 AVE NE  
ST JOSEPH, MN 56374

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 4

UNITED WAY OF THE BAY AREA  
EMERGENCY FOOD & SHELTER PROGRAM  
550 KEARNY STREET, SUITE 1000  
SAN FRANCISCO, CA 94108  
LAURA ESCOBAR (415) 808-4380

CALIFORNIA ASSOCIATION OF FOOD BANKS  
USDA WESTERN DIVISION  
1624 FRANKLIN STREET, SUITE 722  
OAKLAND, CA 94612  
JOSH HOUBLER (510) 350-9918

CONTRA COSTA HEALTH SERVICES DEPARTMENT - AIDS PROGRAM  
597 CENTER AVENUE, SUITE 200  
MARTINEZ, CA 94553  
APRIL LANGRO (925) 727-2276

CITY OF CONCORD - COMMUNITY & RECREATION SERVICES DEPARTMENT  
1950 PARKSIDE DRIVE, M/S 10  
CONCORD, CA 94519  
MARLA PARADA (925) 671-3327

CONTRA COSTA COUNTY - COMMUNITY DEVELOPMENT DEPARTMENT  
30 MUIR ROAD  
MARTINEZ, CA 94553  
BOB CALKINS (925) 335-7220  
DEPARTMENT OF SOCIAL SERVICES - FOOD ASSISTANCE PROGRAM  
744 P. STREET, MS 19-51  
SACRAMENTO, CA 95814  
VINCENT SCHENCK (916) 229-3338

COUNTY OF SOLANO - HEALTH & HUMAN SERVICES  
275 BECK. AVE MS 5200  
FAIRFIELD, CA 94533  
MARIA SULLIVAN

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT  
CALFRESH PROGRAM  
40 DOUGLAS DRIVE  
MARTINEZ, CA 94553  
ELAINE BURRESS (925) 313-1717

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS  
PART B, LINE 7

STATEMENT 5

CAR DONATION SERVICES  
4971 PACHECO BLVD  
MARTINEZ, CA 94553