

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Sacramento Food Bank and Family Services
1951 Bell Avenue
Sacramento, CA 95838

Prepared By:

Moss Adams LLP
2882 Prospect Park Dr, Ste 300
Rancho Cordova, CA 95670

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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, 2023

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable, C Name of organization (SACRAMENTO FOOD BANK AND FAMILY SERVICES), D Employer identification number (94-3315566), E Telephone number (916-456-1980), G Gross receipts (\$63,931,734), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.SACRAMENTOFOODBANK.ORG), K Form of organization, L Year of formation (1998), 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature and Preparer information: Sign Here (Signature of officer: BLAKE YOUNG, PRESIDENT & CEO), Paid (Preparer: TRACY S. PAGLIA), Preparer Use Only (Firm: MOSS ADAMS LLP, Address: 2882 PROSPECT PARK DR, STE 300, RANCHO CORDOVA, CA 95670)

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: DEDICATED TO ASSISTING THOSE IN NEED BY ALLEVIATING THEIR IMMEDIATE PAIN AND PROBLEMS AND MOVING THEM TOWARD SELF-SUFFICIENCY AND FINANCIAL INDEPENDENCE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 58,149,028. including grants of \$ 49,499,075.) (Revenue \$ 12,992.) FOOD BANK SERVICES: SERVING AS THE FOOD BANK FOR THE COUNTY OF SACRAMENTO, SACRAMENTO FOOD BANK AND FAMILY SERVICES (SFBFS) PROVIDES SUPPLEMENTAL GROCERIES TO FAMILIES IN NEED THROUGH DIRECT CLIENT DISTRIBUTIONS AS WELL AS THROUGH A NETWORK OF PARTNER AGENCIES OPERATING SIX DAYS PER WEEK. OVER 270,000 INDIVIDUALS RECEIVE AN ABUNDANCE OF FRESH PRODUCE AND GROCERIES FROM SFBFS' NETWORK EVERY MONTH. FOOD BANK SERVICES PROGRAMS CONTINUE TO GROW AND DEVELOP AND INCLUDE PARTNER AGENCY & COMMUNITY ENGAGEMENT, NO STUDENT LEFT HUNGRY, FOOD FOR SENIORS, COMMODITIES FOR THE COMMUNITY, DIAPER BANK, CALFRESH OUTREACH AND HEALTH AND NUTRITION. SERVICES INCLUDE:

4b (Code:) (Expenses \$ 2,191,546. including grants of \$ 684,168.) (Revenue \$ 11,110.) FAMILY SERVICES: IN ADDITION TO THE FOOD BANK SERVICES, SFBFS PROVIDES BABY FOOD AND DIAPER DISTRIBUTION, UTILITY ASSISTANCE, IMMIGRATION LEGAL SERVICES AND REFUGEE RESETTLEMENT SERVICES. SERVICES INCLUDE:

PARENT EDUCATION - IN RESPONSE TO THE COVID-19 PANDEMIC, THIS PROGRAM TRANSITIONED FROM TEACHING CLASSES, SUPPLYING DIAPERS, AND OFFERING SUPPORT TO SUPPLYING DIAPERS AND OTHER SUPPLIES BY APPOINTMENT ONLY.

CLOTHING - OFFERING MEN'S, WOMEN'S, AND CHILDREN'S CLOTHING AND BUSINESS ATTIRE. IN RESPONSE TO THE COVID-19 PANDEMIC, THIS SERVICE TRANSITIONED FROM IN-PERSON SHOPPING TO APPOINTMENTS AND ONLINE ORDERS.

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

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

4e Total program service expenses 60,340,574.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 15	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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 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 **▶**
BLAKE YOUNG - 916-456-1980
1951 BELL AVENUE, SACRAMENTO, CA 95838

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, 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) BLAKE YOUNG PRESIDENT & CEO	40.00 0.00			X				231,667.	0.	41,431.
(2) JEREMIAH RHINE SENIOR VP OF BUSINESS OPS & FINANCE	40.00 0.00			X				148,945.	0.	21,205.
(3) KAREN WOODRUFF CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(4) LINDA MEYERS VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(5) KEITH KETCHER SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) JEFFERY S. GALVIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(7) ROB ARCHIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) MICHAEL COX DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) JEANINE DINSMORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) PAMELA MAXWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LYDIA RAMIREZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) FR. MIKE RITTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) DAVID SHABAZIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) HELEN SINGMASTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) NANCY SMITH-FAGAN DIRECTOR	1.00 0.00	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			
1b Subtotal							380,612.	0.	62,636.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							380,612.	0.	62,636.	

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 **2**

	Yes	No
3 Did the organization list any former 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
CALIFORNIA ASSOC. OF FOOD BANKS, 1624 FRANKLIN ST, SUITE 722, OAKLAND, CA 94612	FOOD FREIGHT	286,460.
ROTH STAFFING COMPANY 450 N STATE COLLEGE BLVD, ORANGE, CA 92868	CONTRACT LABOR	144,573.
NUMAD GROUP PO BOX 230, HERMOSA, SD 57744	CONSULTING SERVICES	131,850.
GILBERT ASSOCIATES, INC., 2880 GATEWAY OAKS DR, SUITE 100, SACRAMENTO, CA 95833	ACCOUNTING SERVICES	122,693.

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 **4**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,611,386.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,776,406.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	50,126,855.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 46,472,762.				
	h Total. Add lines 1a-1f		63,514,647.				
Program Service Revenue	2 a ILS FEES FOR SERVICE	Business Code					
		624100	11,110.	11,110.			
	b RECYCLING INCOME	624210	11,097.	11,097.			
	c SHARED MAINTENANCE	624210	1,895.	1,895.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		24,102.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		128,973.			128,973.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	66,870.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	22,318.				
	c Gain or (loss)	7c	44,552.				
d Net gain or (loss)		44,552.			44,552.		
8 a Gross income from fundraising events (not including \$ 1,611,386. of contributions reported on line 1c). See Part IV, line 18	8a		188,577.				
		b Less: direct expenses	8b	469,308.			
		c Net income or (loss) from fundraising events		-280,731.			-280,731.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code					
		900099	8,565.			8,565.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		8,565.					
12 Total revenue. See instructions		63,440,108.	24,102.	0.	-98,641.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,662,699.	46,662,699.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,520,544.	3,520,544.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	474,011.	114,552.	209,356.	150,103.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,688,557.	2,689,936.	662,613.	336,008.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	318,438.	241,866.	41,378.	35,194.
9 Other employee benefits	416,025.	337,238.	44,671.	34,116.
10 Payroll taxes	317,538.	233,663.	45,942.	37,933.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	161,189.	45,852.	115,160.	177.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	323,342.	104,325.	37,556.	181,461.
12 Advertising and promotion	70,919.	45,762.	12,065.	13,092.
13 Office expenses	377,032.	340,839.	24,139.	12,054.
14 Information technology	141,362.	118,550.	11,900.	10,912.
15 Royalties				
16 Occupancy	671,513.	597,338.	51,131.	23,044.
17 Travel	737,231.	726,759.	8,032.	2,440.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	121,859.		121,859.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	824,544.	753,905.	55,735.	14,904.
23 Insurance	323,669.	285,144.	20,142.	18,383.
24 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.)				
a RALEY'S FOOD INVENTORY	2,027,432.	2,027,432.		
b PURCHASED FOOD INVENTOR	1,227,783.	1,227,783.		
c BUSINESS DEVELOPMENT	908,498.	217,713.	43,319.	647,466.
d LICENSES AND FEES	115,195.	5,049.	72,205.	37,941.
e All other expenses	93,848.	43,625.	117.	50,106.
25 Total functional expenses. Add lines 1 through 24e	63,523,228.	60,340,574.	1,577,320.	1,605,334.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,885,561.	1	9,126,137.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	374,049.	3	282,767.
	4 Accounts receivable, net	3,932,835.	4	3,872,189.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,652,874.	8	3,364,987.
	9 Prepaid expenses and deferred charges	84,362.	9	300,817.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,611,517.		
	b Less: accumulated depreciation	10b 5,752,391.	12,531,109.	10c 12,859,126.
	11 Investments - publicly traded securities	0.	11	2,218,744.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,729,101.	15	8,654,515.
16 Total assets. Add lines 1 through 15 (must equal line 33)	45,189,891.	16	40,679,282.	
Liabilities	17 Accounts payable and accrued expenses	430,228.	17	804,188.
	18 Grants payable	90,426.	18	0.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,375,857.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1.	25	0.
	26 Total liabilities. Add lines 17 through 25	3,896,512.	26	804,188.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,223,976.	27	28,525,386.
	28 Net assets with donor restrictions	11,069,403.	28	11,349,708.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	41,293,379.	32	39,875,094.
	33 Total liabilities and net assets/fund balances	45,189,891.	33	40,679,282.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,440,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,523,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	-83,120.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,293,379.
5	Net unrealized gains (losses) on investments	5	-1,335,165.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	39,875,094.

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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47429379.	51599210.	58339048.	76041896.	63514647.	296924180
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	47429379.	51599210.	58339048.	76041896.	63514647.	296924180
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24422016.
6 Public support. Subtract line 5 from line 4.						272502164

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	47429379.	51599210.	58339048.	76041896.	63514647.	296924180
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	749,275.	517,761.	289,657.	206,219.	128,973.	1891885.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1202656.	1161370.	991,220.	1268154.	0.	4623400.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,439.			8,565.	10,004.
11 Total support. Add lines 7 through 10						303449469
12 Gross receipts from related activities, etc. (see instructions)					12	1,391,340.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	89.80 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.55 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. 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	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. 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	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 1,439.

2021 AMOUNT: \$ 8,565.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

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).

Name of organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

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 ASSOCIATION OF FOOD BANKS 1624 FRANKLIN ST STE 722 OAKLAND, CA 94612-2823	\$ 13,352,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	USDA TEFAP-CA DEPT OF SOCIAL SERVICES 5800 FOODLINK BLDG SACRAMENTO, CA 95828	\$ 6,486,978.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	RALEY'S FOOD FOR FAMILIES 500 W CAPITOL AVE WEST SACRAMENTO, CA 95605-2624	\$ 4,476,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALMART 702 SW 8TH ST BENTONVILLE, AR 72716-6209	\$ 4,167,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 744 P ST SACRAMENTO, CA 95814-6400	\$ 2,086,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAL FOODS LOGISTICS 3478 BUSKIRK AVE STE 346 PLEASANT HILL, CA 94523-4384	\$ 2,010,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COSTCO 999 LAKE DR ISSAQUAH, WA 98027	\$ <u>1,492,052.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	TRADER JOES 800 SOUTH SHAMROCK AVENUE MONROVIA, CA 91016	\$ <u>1,295,312.</u>	Person <input 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.)

Name of organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

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
<u>1</u>	FOOD _____ _____ _____	\$ <u>13,256,628.</u>	<u>06/30/22</u>
<u>2</u>	FOOD _____ _____ _____	\$ <u>6,486,978.</u>	<u>06/30/22</u>
<u>3</u>	FOOD _____ _____ _____	\$ <u>3,809,942.</u>	<u>06/30/22</u>
<u>4</u>	FOOD _____ _____ _____	\$ <u>4,159,152.</u>	<u>06/30/22</u>
<u>6</u>	FOOD _____ _____ _____	\$ <u>1,832,116.</u>	<u>06/30/22</u>
<u>7</u>	FOOD _____ _____ _____	\$ <u>1,492,052.</u>	<u>06/30/22</u>

Name of organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

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
8	FOOD _____ _____ _____	\$ 1,295,312.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SACRAMENTO FOOD BANK AND FAMILY SERVICES **Employer identification number** 94-3315566

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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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) 2021

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 on 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	10,721,062.	10,063,987.	10,625,438.	10,557,690.	10,258,266.
b Contributions					
c Net investment earnings, gains, and losses	-1,250,547.	2,109,762.	289,657.	517,748.	749,275.
d Grants or scholarships					
e Other expenditures for facilities and programs	816,000.	1,452,687.	851,108.	-450,000.	450,000.
f Administrative expenses					
g End of year balance	8,654,515.	10,721,062.	10,063,987.	11,525,438.	10,557,541.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- 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 | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** X
- 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		2,235,572.		2,235,572.
b Buildings		8,097,641.	2,344,714.	5,752,927.
c Leasehold improvements		4,300,298.	737,024.	3,563,274.
d Equipment		3,963,556.	2,670,653.	1,292,903.
e Other		14,450.		14,450.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,859,126.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DIOCESAN ENDOWMENT	8,654,515.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,654,515.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements	1	62,129,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,335,165.
b	Donated services and use of facilities	2b	8,675.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	16,275.
e	Add lines 2a through 2d	2e	-1,310,215.
3	Subtract line 2e from line 1	3	63,440,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	63,440,108.

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.

1	Total expenses and losses per audited financial statements	1	63,548,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,675.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	16,275.
e	Add lines 2a through 2d	2e	24,950.
3	Subtract line 2e from line 1	3	63,523,228.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	63,523,228.

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 ENDOWMENT FUNDS ARE NET ASSETS WITH DONOR RESTRICTIONS THAT ARE TO BE HELD IN PERPETUITY UNDIMINISHED BY THE EFFECTS OF INFLATION SO LONG AS THE ORGANIZATION CONTINUES TO OPERATE AS A FOOD BANK.

PART X, LINE 2:

THE FOOD BANK IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES AND STATE FRANCHISE TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOOD

Part XIII Supplemental Information (continued)

BANK AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOOD BANK HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOOD BANK AND HAS CONCLUDED THAT AS OF JUNE 30, 2022 AND 2021, RESPECTIVELY, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	16,275.
------------------------	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	16,275.
------------------------	---------

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RUN TO FEED THE HUNGRY (event type)	TURKEY DRIVE (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,545,600.	254,363.	1,799,963.
	2	Less: Contributions	1,357,023.	254,363.	1,611,386.
	3	Gross income (line 1 minus line 2)	188,577.		188,577.
Direct Expenses	4	Cash prizes	3,700.		3,700.
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages		4,782.	4,782.
	8	Entertainment		30.	30.
	9	Other direct expenses	449,333.	11,463.	460,796.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			469,308.
11	Net income summary. Subtract line 10 from line 3, column (d)			-280,731.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: _____

**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 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **SACRAMENTO FOOD BANK AND FAMILY SERVICES** Employer identification number **94-3315566**

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
PURPOSE & LEGACY 5314 WALNUT AVE SACRAMENTO, CA 95841	68-0357322	501(C)(3)	0.	4,004,316.	FMV	FOOD	DISTRIBUTION OF FOOD
ELK GROVE FOOD BANK 9888 KENT STREET ELK GROVE, CA 95624	38-3664737	501(C)(3)	0.	3,147,039.	FMV	FOOD	DISTRIBUTION OF FOOD
RIVER CITY FOOD BANK 1800 28TH ST SACRAMENTO, CA 95816	91-1851398	501(C)(3)	0.	2,457,931.	FMV	FOOD	DISTRIBUTION OF FOOD
SUNRISE CHRISTIAN FOOD MINISTRY 5901 SAN JUAN AVE CITRUS HEIGHTS, CA 95610	91-1877049	501(C)(3)	24,920.	2,394,848.	FMV	FOOD	DISTRIBUTION OF FOOD
NEW HOPE COMMUNITY CHURCH 1821 MEADOWVIEW RD SACRAMENTO, CA 95832	20-0424400	501(C)(3)	0.	2,059,251.	FMV	FOOD	DISTRIBUTION OF FOOD
SACRAMENTO SAMOA NEW COVENANT CHURCH - 8115 ELDER CREEK RD - SACRAMENTO, CA 95824	27-4881988	501(C)(3)	16,673.	1,643,993.	FMV	FOOD	DISTRIBUTION OF FOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **108.**

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

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

Schedule I (Form 990) 2021

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
SOUTH SACRAMENTO INTERFAITH PARTNERSHIP - 5625 24TH STREET - SACRAMENTO, CA 95822	23-7070165	501(C)(3)	9,658.	1,632,494.	FMV	FOOD	DISTRIBUTION OF FOOD
RANCHO CORDOVA FOOD LOCKER 10497 COLOMA RD RANCHO CORDOVA, CA 95670	68-0271664	501(C)(3)	0.	1,463,574.	FMV	FOOD	DISTRIBUTION OF FOOD
THE SALVATION ARMY - CENTER OF HOPE - 1200 NORTH B ST - SACRAMENTO, CA 95814	94-1156347	501(C)(3)	19,600.	1,433,642.	FMV	FOOD	DISTRIBUTION OF FOOD
TEMPLE OF PRAYER 3909 8TH AVE SACRAMENTO, CA 95817	68-0267206	501(C)(3)	0.	1,329,275.	FMV	FOOD	DISTRIBUTION OF FOOD
SUNSHINE ACADEMY PRESCHOOL 2452 DEL PASO BLVD SACRAMENTO, CA 95838	45-1565243	501(C)(3)	1,800.	1,288,429.	FMV	FOOD	DISTRIBUTION OF FOOD
ORANGEVALE FOOD BANK 6483 MAIN AVE ORANGEVALE, CA 95662	47-3548647	501(C)(3)	0.	1,200,458.	FMV	FOOD, DIAPERS	DISTRIBUTION OF FOOD AND DIAPERS
CARMICHAEL ACS 4694 PASADENA AVE SACRAMENTO, CA 95841	52-0643036	501(C)(3)	0.	1,177,059.	FMV	FOOD, DIAPERS	DISTRIBUTION OF FOOD AND DIAPERS
TWIN LAKES FOOD BANK 327 MONTROSE DR FOLSOM, CA 95630	68-0225605	501(C)(3)	0.	1,128,364.	FMV	FOOD	DISTRIBUTION OF FOOD
MANNA FOOD BANK 4840 MARYSVILLE BLVD SACRAMENTO, CA 95838	68-0402241	501(C)(3)	20,000.	1,083,154.	FMV	FOOD	DISTRIBUTION OF 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
AL-MISBAAH 10277 IRON ROCK WAY ELK GROVE, CA 95624	47-3539042	501(C)(3)	19,705.	947,369.	FMV	FOOD	DISTRIBUTION OF FOOD
ST. PAUL COGIC 2771 GROVE AVE SACRAMENTO, CA 95815	94-2779759	501(C)(3)	0.	916,223.	FMV	FOOD	DISTRIBUTION OF FOOD
COMMUNITY OUT REACH 1951 BELL AVENUE SACRAMENTO, CA 95838	94-3315566	501(C)(3)	0.	912,567.	FMV	FOOD	DISTRIBUTION OF FOOD
DAUGHTERS OF ZION ENTERPRYZ 6489 47TH ST SACRAMENTO, CA 95823	94-3288179	501(C)(3)	9,718.	865,520.	FMV	FOOD	DISTRIBUTION OF FOOD
SOUTH COUNTY SERVICES 431 SOUTH LINCOLN WAY GALT, CA 95632	94-2321411	501(C)(3)	11,568.	857,428.	FMV	FOOD	DISTRIBUTION OF FOOD
SOUTH SACRAMENTO CHRISTIAN CENTER 7710 STOCKTON BLVD SACRAMENTO, CA 95823	63-0186235	501(C)(3)	0.	762,585.	FMV	FOOD	DISTRIBUTION OF FOOD
THE WAY OF LIFE CHURCH 10415 FOLSOM BLVD RANCHO CORDOVA, CA 95670	90-0064523	501(C)(3)	0.	757,380.	FMV	FOOD	DISTRIBUTION OF FOOD
ANTIOCH PROGRESSIVE 7650 AMHERST ST SACRAMENTO, CA 95832	68-0081931	501(C)(3)	9,485.	671,154.	FMV	FOOD	DISTRIBUTION OF FOOD
POTTERS HOUSE 2994 DEL PASO BLVD SACRAMENTO, CA 95815	68-0045975	501(C)(3)	0.	639,613.	FMV	FOOD	DISTRIBUTION OF 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
JOEY'S FOOD LOCKER 3301 FONG RANCH RD SACRAMENTO, CA 95834	94-6003346	501(C)(3)	4,564.	630,664.	FMV	FOOD	DISTRIBUTION OF FOOD
NORTH HIGHLANDS CHRISTIAN FOOD MINISTRY - 6007 WATT AVE - NORTH HIGHLANDS, CA 95660	94-3069610	501(C)(3)	200.	567,860.	FMV	FOOD	DISTRIBUTION OF FOOD
G-7 THY PRESENCE'S SCHOOL OF FAITH MINISTRIES - 3041 65TH ST - SACRAMENTO, CA 95820	45-0594629	501(C)(3)	26,920.	531,893.	FMV	FOOD	DISTRIBUTION OF FOOD
SACRAMENTO BREAD OF LIFE MINISTRIES - 7510 24TH ST - SACRAMENTO, CA 95822	34-2042322	501(C)(3)	0.	460,203.	FMV	FOOD	DISTRIBUTION OF FOOD
UNION GOSPEL MISSION 400 BANNON ST SACRAMENTO, CA 95811	94-6103618	501(C)(3)	0.	452,139.	FMV	FOOD	DISTRIBUTION OF FOOD
SVDP GOOD SHEPHERD CONFERENCE 9539 RACQUET CT ELK GROVE, CA 95758	13-5562362	501(C)(3)	0.	449,621.	FMV	FOOD	DISTRIBUTION OF FOOD
PARATRANSIT, INC. 2501 FLORIN RD SACRAMENTO, CA 95822	94-2519965	501(C)(3)	0.	446,615.	FMV	FOOD	DISTRIBUTION OF FOOD
REACH (RIO LINDA ELVERTA AREA CHURCHES FOR THE HUNGRY) - 151 DELANO ST - ELVERTA, CA 95626	82-0842947	501(C)(3)	0.	427,808.	FMV	FOOD	DISTRIBUTION OF FOOD
ETHEL BAKER ELEMENTARY SCHOOL 5717 LAURINE WY SACRAMENTO, CA 95824	94-6002491	501(C)(3)	0.	383,005.	FMV	FOOD	DISTRIBUTION OF 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
VALLEY HI COVENANT CHURCH 8355 ARROYO VISTA DR SACRAMENTO, CA 95823	81-3038129	501(C)(3)	10,852.	366,408.	FMV	FOOD	DISTRIBUTION OF FOOD
SOUTHPOINTE CHRISTIAN CENTER 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)(3)	0.	367,551.	FMV	FOOD	DISTRIBUTION OF FOOD
PROGRESSIVE COGIC 2251 MEADOWVIEW RD SACRAMENTO, CA 95832	68-0414500	501(C)(3)	0.	349,758.	FMV	FOOD	DISTRIBUTION OF FOOD
CARMICHAEL PRESBYTERIAN CHURCH FOOD CLOSET - 5645 MARCONI AVE - CARMICHAEL, CA 95608	94-1207713	501(C)(3)	17,852.	267,449.	FMV	FOOD	DISTRIBUTION OF FOOD
REPAIRING THE BREACH 2130 4TH ST SACRAMENTO, CA 95818	26-2082119	501(C)(3)	0.	258,827.	FMV	FOOD	DISTRIBUTION OF FOOD
SIERRA ARDEN NEIGHBORHOOD FOOD CLOSET - 890 MORSE AVE - SACRAMENTO, CA 95864	94-1437715	501(C)(3)	0.	250,895.	FMV	FOOD	DISTRIBUTION OF FOOD
LIFESTEPS CREEKSIDE VILLAGE 6465 VILLAGE CENTER DRIVE SACRAMENTO, CA 95823	33-0720982	501(C)(3)	0.	232,049.	FMV	FOOD	DISTRIBUTION OF FOOD
SUNSHINE FOOD PANTRY 571 C ST GALT, CA 95632	36-2167731	501(C)(3)	1,923.	227,346.	FMV	FOOD	DISTRIBUTION OF FOOD
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD WEST SACRAMENTO, CA 95818	68-0249296	501(C)(3)	0.	212,298.	FMV	FOOD	DISTRIBUTION OF 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
BRIDGES AFTER SCHOOL PROGRAM 7085 AUBURN BLVD CITRUS HEIGHTS, CA 95621	94-6002533	501(C)(3)	16,031.	194,004.	FMV	FOOD	DISTRIBUTION OF FOOD
MERCY HOUSING - 7TH AND H 720 7TH ST SACRAMENTO, CA 95814	94-3081666	501(C)(3)	0.	192,626.	FMV	FOOD	DISTRIBUTION OF FOOD
SVDP OUR LADY OF ASSUMPTION 5057 COTTAGE WY CARMICHAEL, CA 95608	32-0275734	501(C)(3)	0.	186,966.	FMV	FOOD	DISTRIBUTION OF FOOD
ZION CHURCH IN JESUS CHRIST 3723 ALTOS AVE SACRAMENTO, CA 95838	94-2421995	501(C)(3)	0.	181,030.	FMV	FOOD	DISTRIBUTION OF FOOD
STARTING WITH A PENNY 2251 FLORIN RD SACRAMENTO, CA 95822	47-4871139	501(C)(3)	0.	166,647.	FMV	FOOD	DISTRIBUTION OF FOOD
SLAVIC MISSIONARY CHURCH 9880 JACKSON RD SACRAMENTO, CA 95827	68-0276740	501(C)(3)	0.	165,836.	FMV	FOOD	DISTRIBUTION OF FOOD
ROMANIAN APOSTOLIC FAITH IN JESUS 1824 TRIBUTE RD SACRAMENTO, CA 95815	11-3797034	501(C)(3)	0.	160,426.	FMV	FOOD	DISTRIBUTION OF FOOD
GENESIS MISSIONARY BAPTIST CHURCH 2801 MEADOWVIEW RD SACRAMENTO, CA 95823	68-0214916	501(C)(3)	0.	142,277.	FMV	FOOD	DISTRIBUTION OF FOOD
ROSE FAMILY CREATIVE EMPOWERMENT CENTER - 7000 FRANKLIN BLVD - SACRAMENTO, CA 95832	80-0968840	501(C)(3)	10,354.	127,889.	FMV	FOOD	DISTRIBUTION OF 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
ST. PHILOMENE FOOD CLOSET 2428 BELL ST SACRAMENTO, CA 95825	45-3952203	501(C)(3)	0.	135,470.	FMV	FOOD	DISTRIBUTION OF FOOD
CALVARY CHRISTIAN CHURCH 2667 DEL PASO BLVD SACRAMENTO, CA 95815	94-2853120	501(C)(3)	0.	133,372.	FMV	FOOD	DISTRIBUTION OF FOOD
THE PEOPLE'S PANTRY 2101 ZINFANDEL DRIVE RANCHO CORDOVA, CA 95670	94-6091809	501(C)(3)	3,281.	127,103.	FMV	FOOD	DISTRIBUTION OF FOOD
VOA - CENTRAL KITCHEN 700 N 5TH ST SACRAMENTO, CA 95811	94-6001984	501(C)(3)	0.	126,735.	FMV	FOOD	DISTRIBUTION OF FOOD
ASSOCIATED STUDENTS CSU SAC STATE 6000 J ST SACRAMENTO, CA 95819	68-0365325	501(C)(3)	0.	126,515.	FMV	FOOD	DISTRIBUTION OF FOOD
SHILOH BAPTIST CHURCH 3565 9TH AVE SACRAMENTO, CA 95817	94-1672896	501(C)(3)	5,574.	116,797.	FMV	FOOD	DISTRIBUTION OF FOOD
ELEVATION OF THE HOLY CROSS 9000 JACKSON RD SACRAMENTO, CA 95826	11-2654661	501(C)(3)	0.	112,651.	FMV	FOOD	DISTRIBUTION OF FOOD
REAL LIFE CHURCH 550 INDUSTRIAL DR GALT, CA 95632	44-0577787	501(C)(3)	0.	110,135.	FMV	FOOD	DISTRIBUTION OF FOOD
CHRIST CHAPEL MINISTRIES 4340 STOCKTON BLVD SACRAMENTO, CA 95820	41-2265279	501(C)(3)	0.	96,943.	FMV	FOOD	DISTRIBUTION OF 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
PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	0.	91,325.	FMV	FOOD	DISTRIBUTION OF FOOD
SVDP PRESENTATION 4123 ROBERTSON AVE SACRAMENTO, CA 95821	26-4248037	501(C)(3)	0.	90,693.	FMV	FOOD	DISTRIBUTION OF FOOD
AMERICAN RIVER COLLEGE 4700 COLLEGE OAK DRIVE SACRAMENTO, CA 95841	94-2506591	501(C)(3)	0.	88,867.	FMV	FOOD	DISTRIBUTION OF FOOD
D & A DETOX CENTER 2721 BARBERA WY RANCHO CORDOVA, CA 95670	91-1785351	501(C)(3)	0.	83,924.	FMV	FOOD	DISTRIBUTION OF FOOD
PROMISE LAND MINISTRIES 5540 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	80-0140035	501(C)(3)	0.	81,548.	FMV	FOOD	DISTRIBUTION OF FOOD
FEEDING GOD'S CHILDREN FELLOWSHIP 5808 WATT AVENUE NORTH HIGHLANDS, CA 95660	30-0270038	501(C)(3)	0.	78,987.	FMV	FOOD	DISTRIBUTION OF FOOD
A COMMUNITY FOR PEACE 3841 4TH AVE SACRAMENTO, CA 95817	68-0457704	501(C)(3)	0.	78,415.	FMV	FOOD	DISTRIBUTION OF FOOD
TWIN RIVERS UNIFIED SCHOOL DISTRICT - 3222 WINONA WAY - NORTH HIGHLANDS, CA 95660	26-1773196	501(C)(3)	0.	76,511.	FMV	FOOD	DISTRIBUTION OF FOOD
JAMBOREE HOUSING - HOTEL BERRY 729 L ST SACRAMENTO, CA 95814	33-0413518	501(C)(3)	0.	72,994.	FMV	FOOD	DISTRIBUTION OF 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
BRIDGE NETWORK 7851 35TH AVE SACRAMENTO, CA 95824	45-2833423	501(C)(3)	0.	72,707.	FMV	FOOD	DISTRIBUTION OF FOOD
BELL AVENUE ELEMENTARY SCHOOL 1900 BELL AVENUE SACRAMENTO, CA 95838	94-6002528	501(C)(3)	0.	70,902.	FMV	FOOD	DISTRIBUTION OF FOOD
ALTUA 12490 ALTA MESA RD HERALD, CA 95638	94-1665387	501(C)(3)	0.	69,469.	FMV	FOOD	DISTRIBUTION OF FOOD
GATEWAY 4049 MILLER WY SACRAMENTO, CA 95817	94-1582683	501(C)(3)	0.	61,964.	FMV	FOOD	DISTRIBUTION OF FOOD
WILLIAMS MEMORIAL COGIC 4495 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	68-0042828	501(C)(3)	0.	56,848.	FMV	FOOD	DISTRIBUTION OF FOOD
SOUTH SACRAMENTO CHRISTIAN CENTER 7710 STOCKTON BLVD SACRAMENTO, CA 95823	68-0186235	501(C)(3)	0.	56,509.	FMV	FOOD	DISTRIBUTION OF FOOD
ANTELOPE CHRISTIAN CENTER 4533 ANTELOPE RD ANTELOPE, CA 95843	94-6108888	501(C)(3)	0.	54,403.	FMV	FOOD	DISTRIBUTION OF FOOD
LUTHERAN SOCIAL SERVICES - NORTH HIGHLANDS - 6010 34TH STREET - NORTH HIGHLANDS, CA 95660	94-1659687	501(C)(3)	0.	53,939.	FMV	FOOD	DISTRIBUTION OF FOOD
CENTER POINT 11228 FAIR OAKS BLVD FAIR OAKS, CA 95628	94-1740797	501(C)(3)	0.	51,535.	FMV	FOOD	DISTRIBUTION OF 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
ST. JOSEPH'S PARISH CHARITIES - CLARKSBURG - 32890 S RIVER RD - CLARKSBURG, CA 95612	53-0196617	501(C)(3)	0.	49,431.	FMV	FOOD	DISTRIBUTION OF FOOD
LIFE MATTERS INC. 4141 PALM AVE SACRAMENTO, CA 95842	26-3589783	501(C)(3)	0.	48,671.	FMV	FOOD	DISTRIBUTION OF FOOD
QUINN COTTAGES 1500 N A ST SACRAMENTO, CA 95811	68-0322086	501(C)(3)	0.	48,179.	FMV	FOOD	DISTRIBUTION OF FOOD
GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT - 1018 C STREET, SUITE 210 - GALT, CA 95632	94-6002510	501(C)(3)	0.	47,945.	FMV	FOOD	DISTRIBUTION OF FOOD
LOAVES AND FISHES 1351 N C ST SACRAMENTO, CA 95811	68-0189897	501(C)(3)	0.	44,174.	FMV	FOOD	DISTRIBUTION OF FOOD
COSUMNES RIVER COLLEGE 8401 CENTER PARKWAY SACRAMENTO, CA 95823	94-1576340	501(C)(3)	0.	43,195.	FMV	FOOD	DISTRIBUTION OF FOOD
SECOND HARVEST FOOD BANK SAN JUAQUIN & STANISLAUS CNTYS - 704 INDUSTRIAL PARK DR - MANTECA, CA 95337	68-0376587	501(C)(3)	0.	41,515.	FMV	FOOD	DISTRIBUTION OF FOOD
CHRISTIAN FELLOWSHIP MINISTRY 3410 RIO LINDA BLVD SACRAMENTO, CA 95838	94-3367781	501(C)(3)	0.	41,359.	FMV	FOOD	DISTRIBUTION OF FOOD
FEEDING THE SHEEP 7405 MARIPOSA AVE CITRUS HEIGHTS, CA 95610	94-2385564	501(C)(3)	0.	40,929.	FMV	FOOD	DISTRIBUTION OF 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
MUTUAL HOUSING 5324 HEMLOCK STREET SACRAMENTO, CA 95841	94-3093354	501(C)(3)	0.	37,809.	FMV	FOOD	DISTRIBUTION OF FOOD
ELK GROVE UNIFIED SCHOOL DISTRICT 8389 GERBER ROAD SACRAMENTO, CA 95828	94-6002501	501(C)(3)	0.	37,389.	FMV	FOOD	DISTRIBUTION OF FOOD
GATEWAY COMMUNITY CHARTERS 5112 ARNOLD AVE, SUITE A MCCLELLAN, CA 95652	46-4130399	501(C)(3)	0.	35,758.	FMV	FOOD	DISTRIBUTION OF FOOD
YOUTH XPLOSION 3415 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95817	26-4641860	501(C)(3)	0.	30,797.	FMV	FOOD	DISTRIBUTION OF FOOD
WELLSPRING WOMEN'S CENTER 3414 4TH AVE SACRAMENTO, CA 95817	91-1752615	501(C)(3)	0.	26,690.	FMV	FOOD	DISTRIBUTION OF FOOD
YOLO COUNTY FOOD BANK 233 HARTER AVENUE WOODLAND, CA 95776	23-7111782	501(C)(3)	0.	26,381.	FMV	FOOD	DISTRIBUTION OF FOOD
MURPH-EMMANUEL AME CHURCH #12 4151 DON JULIO BLVD NORTH HIGHLANDS, CA 95660	53-0204696	501(C)(3)	0.	23,237.	FMV	FOOD	DISTRIBUTION OF FOOD
CENTER JOINT UNIFIED SCHOOL DISTRICT - 3243 CENTER COURT LANE - ANTELOPE, CA 95843	94-6002490	501(C)(3)	0.	21,945.	FMV	FOOD	DISTRIBUTION OF FOOD
ESKATON NATOMAS 2400 NORTHVIEW DR SACRAMENTO, CA 95833	68-0468416	501(C)(3)	0.	17,626.	FMV	FOOD	DISTRIBUTION OF 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
ESKATON JEFFERSON MANOR 5959 66TH AVE SACRAMENTO, CA 95823	94-2906316	501(C)(3)	0.	16,792.	FMV	FOOD	DISTRIBUTION OF FOOD
BACH VIET 1050 FULTON AVE #110 (OFFICE) SACRAMENTO, CA 95825	68-0000818	501(C)(3)	0.	16,410.	FMV	FOOD	DISTRIBUTION OF FOOD
CASH (COMMUNITY AGAINST SEXUAL HARM) - 3101 1ST AVE - SACRAMENTO, CA 95817	46-1498182	501(C)(3)	0.	13,997.	FMV	FOOD	DISTRIBUTION OF FOOD
OUR KIDS COMMUNITY BREAKFAST 480 REDWOOD AVE SACRAMENTO, CA 95815	27-3502550	501(C)(3)	0.	13,754.	FMV	FOOD	DISTRIBUTION OF FOOD
REDEEMED CHRISTIAN CHURCH OF GOD - REDEMPTION PARISH - 548 DISPLAY WAY - SACRAMENTO, CA 95838	68-0468959	501(C)(3)	0.	13,035.	FMV	FOOD	DISTRIBUTION OF FOOD
MEALS ON WHEELS 9255 BEATY DR SACRAMENTO, CA 95826	30-0610870	501(C)(3)	0.	12,717.	FMV	FOOD	DISTRIBUTION OF FOOD
WELLSPACE HEALTH - JULIESSE AVE 1550 JULIESSE AVE SACRAMENTO, CA 95815	94-1713704	501(C)(3)	0.	11,021.	FMV	FOOD	DISTRIBUTION OF FOOD
NEW ST. BETHEL BAPTIST CHURCH 4201 8TH AVENUE SACRAMENTO, CA 95817	68-0228306	501(C)(3)	0.	9,892.	FMV	FOOD	DISTRIBUTION OF FOOD
CENTRAL DOWNTOWN FOOD BASKET (CDFB) - 1701 L ST - SACRAMENTO, CA 95811	68-0138743	501(C)(3)	0.	8,044.	FMV	FOOD	DISTRIBUTION OF 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
HOPE COOPERATIVE (TLCS) - CLUBHOUSE - 3737 MARCONI AVE - SACRAMENTO, CA 95821	94-2777955	501(C)(3)	0.	6,038.	FMV	FOOD	DISTRIBUTION OF FOOD
NEIGHBOR PROGRAM 3481 4TH AVE SACRAMENTO, CA 95817	86-3101698	501(C)(3)	0.	5,291.	FMV	FOOD	DISTRIBUTION OF FOOD
UNITED STATES MISSION 5809 SUTTER AVE CARMICHAEL, CA 95608	94-1585260	501(C)(3)	0.	5,137.	FMV	FOOD	DISTRIBUTION OF 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
REFUGEE AND RESETTLEMENT ASSISTANCE	183	0.	300,335.	COST	RENT, TRAVEL, FURNITURE
SMUD ENERGY ASSISTANCE PAYMENTS	1949	0.	383,833.	COST	PAYMENTS FOR SMUD UTILITIES
FOOD DISTRIBUTIONS	188092	0.	2,836,376.	FMV	FOOD

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:

ALL PARTNER AGENCIES RECEIVING ASSISTANCE FROM SFBFS ARE APPROVED PARTNERS THAT ARE EITHER A 501(C)(3) NON-PROFIT OR GOVERNMENT ENTITY PROVIDING SERVICES IN SACRAMENTO COUNTY WITH AN AGREEMENT ON FILE AND IN GOOD STANDING. AS PART OF THIS PROCESS, SFBFS REQUIRES PARTNER AGENCIES TO SUBMIT REGULAR CLIENT SERVICE REPORTS FOR THE MONTHS RECEIVING PRODUCT. ALL PRODUCT DISTRIBUTED TO PARTNER AGENCIES IS TRACKED IN OUR UNIFORM INVENTORY TRACKING SOFTWARE SYSTEM, PRIMARIUS 2. WE MONITOR AGENCY SERVICE NUMBERS AS WELL AS PRODUCT RECEIVED FOR QUALITY CONTROL. AS PART OF OUR RESPONSIBILITY

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

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 type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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) BLAKE YOUNG PRESIDENT & CEO	(i)	197,667.	34,000.	0.	13,900.	27,531.	273,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEREMIAH RHINE SENIOR VP OF BUSINESS OPS & FINANCE	(i)	134,945.	14,000.	0.	9,310.	11,895.	170,150.	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)							
	(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 3:

AN ANNUAL REVIEW OF THE PRESIDENT/CEO IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF SFBFS' BOARD OF DIRECTORS; ASSOCIATED COMPENSATION INCLUDING MERIT INCREASES AND ANY RELATED BONUSES ARE SUGGESTED BY THE EXECUTIVE COMMITTEE AS PART OF THE PROCESS, THEN REPORTED OUT AND APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 for instructions and the latest information.

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

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	X		44,007.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	470,000.	FMV
18 Collectibles				
19 Food inventory	X	877	45,884,111.	\$1.74/POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONATED SUPPL)	X	165	74,644.	FMV
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

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

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

Schedule M (Form 990) 2021

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)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS ON SCHEDULE M, PART I, COLUMN (B).

**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 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

FORM 990, PART I, LINE 6

VOLUNTEERS PLAY A CRITICAL ROLE IN THE SUCCESS AND GROWTH OF OUR ORGANIZATION. THEY BRING FRESH PERSPECTIVES, DIVERSE SKILL SETS, AND INVALUABLE ENTHUSIASM TO THE TABLE. EACH YEAR THOUSANDS OF OUR BIG-HEARTED COMMUNITY MEMBERS DONATE THEIR TIME TO OFFER SACRAMENTANS IN NEED A "HAND UP NOT A HANDOUT." AS A RESULT, OUR ORGANIZATION IS BETTER EQUIPPED TO SERVE OUR COMMUNITY. DURING FISCAL YEAR 2022, VOLUNTEERS CONTRIBUTED OVER 39,000 HOURS, EQUIVALENT TO APPROXIMATELY 18 FULL-TIME STAFF MEMBERS.

VOLUNTEERS ASSIST US IN A VARIETY OF WAYS FOR OUR 6+ PROGRAMS. FOR EXAMPLE, ADMINISTRATIVE TASKS, INTERPRETERS, FOOD DISTRIBUTIONS, A VARIETY OF TASKS FOR PROGRAM SERVICE, WAREHOUSE ASSISTANCE AND OUR ANNUAL RUN TO FEED THE HUNGRY EVENT. WE HAVE INDIVIDUAL, SCHOOLS, RELIGIOUS AND CORPORATE VOLUNTEERS WHO ARE DEDICATED TO HELPING THOSE WHO ARE LESS FORTUNATE.

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

PARTNER AGENCY & COMMUNITY ENGAGEMENT - WORKING WITH A NETWORK OF OVER 120 PARTNER AGENCIES OPERATING MORE THAN 160 DISTRIBUTION POINTS TO PROVIDE FOOD TO AN AVERAGE OF 270,000 INDIVIDUALS PER MONTH. PARTNER AGENCIES ORDER FOOD AND GROCERY PRODUCT FROM THE FOOD BANK AND PROVIDE THESE GOODS TO THOSE EXPERIENCING HUNGER IN THEIR LOCAL COMMUNITIES.

PARTNER AGENCIES ARE NONPROFIT ORGANIZATIONS THAT INCLUDE, BUT ARE NOT LIMITED TO, NEIGHBORHOOD PANTRIES, SCHOOLS, CHURCH PROGRAMS, AND

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

COMMUNITY SERVICE ORGANIZATIONS.

NO STUDENT LEFT HUNGRY - PARTNERING WITH LOCAL SCHOOLS TO PROVIDE
HEALTHY MEALS AND SNACKS.

FOOD FOR SENIORS - PROVIDING APPROXIMATELY 30 POUNDS OF FOOD PER MONTH
TO LOW-INCOME RESIDENTS WHO ARE 60 AND OLDER.

COMMODITIES FOR COMMUNITY - DELIVERING UNITED STATES DEPARTMENT OF
AGRICULTURE (USDA) COMMODITIES TO LOCAL AGENCIES THROUGHOUT SACRAMENTO
COUNTY.

DIAPER BANK - SUPPLYING DIAPERS, BABY FOOD, AND OTHER SUPPLIES TO
PARENTS NEEDING ASSISTANCE.

CALFRESH - HELPING FAMILIES APPLY FOR FOOD STAMPS AND IMPROVE THEIR
ACCESS TO FRESH FOOD.

HEALTH AND NUTRITION - TEACHING HEALTHY EATING HABITS.

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

SMUD ENERGYHELP - ADMINISTERING DONATED FUNDS FROM SACRAMENTO MUNICIPAL
UTILITY DISTRICT ("SMUD") CUSTOMERS TO HELP FAMILIES IN JEOPARDY OF
LOSING THEIR POWER.

REFUGEE RESETTLEMENT - WELCOMING PRE-ASSIGNED REFUGEE FAMILIES ARRIVING
IN SACRAMENTO.

Name of the organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
--	--

IMMIGRATION LEGAL SERVICES PROVIDING LEGAL ASSISTANCE FOR FAMILIES
SEEKING NATURALIZATION AND LEGAL STATUS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE MAY ACT FOR THE BOARD FROM TIME TO TIME WHEN IMMEDIATE ACTION IS NEEDED OR WHEN CONFIDENTIALITY IS REQUIRED AS TO PERSONNEL OR LEGAL MATTERS. THE EXECUTIVE COMMITTEE REPORTS TO THE BOARD ON THE COMMITTEE'S ACTIONS. THE EXECUTIVE COMMITTEE CONSISTS OF AT LEAST THE FOLLOWING: THE BOARD CHAIR, VICE CHAIR, SECRETARY, AND TREASURER.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF SACRAMENTO.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER RESERVES THE RIGHT TO APPROVE THE ELECTION OF THE MEMBERS OF THE GOVERNING BODY AFTER SUBMISSION BY THE BOARD OF PROPOSED CANDIDATES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER RESERVES THE RIGHT TO APPROVE (1) MERGERS, ACQUISITIONS, DISSOLUTIONS, OR THE CREATION OF NEW CORPORATIONS, (2) AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS, (3) THE APPOINTMENT OR REMOVAL OF THE PRESIDENT/CEO OF THE CORPORATION, (4) CHANGES TO THE CORPORATION'S STATEMENT OF MISSION AND PHILOSOPHY, (5) THE PURCHASE OR SALE OF REAL PROPERTY, AND (6) THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION.

Name of the organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
--	--

FORM 990, PART VI, SECTION B, LINE 11B:

MUCH LIKE THE SFBFS AUDITED FINANCIAL STATEMENTS, FORM 990 SUPPORT IS PROVIDED BY SFBFS' CONTROLLER WHO HAS YEARS OF EXPERIENCE AND CPA CERTIFICATION. CONTENT IS REVIEWED BY SFBFS' SVP OF BUSINESS OPERATIONS AND FINANCE. AFTER THE FORM 990 DRAFT IS PREPARED, IT IS REVIEWED BY SFBFS' CONTROLLER, SVP OF BUSINESS OPERATIONS AND FINANCE AND PRESIDENT/CEO FOR ACCURACY INCLUDING COMPARING CONTENT WITH PRIOR YEAR AND REVIEWING CHANGES, QUESTIONS, ETC. ADDITIONALLY, AS PART OF THE OVERALL AUDIT AND TAX PROCESS, THE SFBFS AUDIT COMMITTEE CHAIR ALSO REVIEWS FOR ACCURACY, APPROVES AND FORWARDS QUESTIONS. QUESTIONS AND POTENTIAL CORRECTIONS ARE SENT TO THE INDEPENDENT ACCOUNTING FIRM FOR FINALIZING AND SUBMITTAL. A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

SFBFS MAINTAINS A CONFLICT OF INTEREST POLICY COVERING ALL OFFICERS, DIRECTORS, EMPLOYEES, AND OTHER INTERESTED PERSONS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION. ALL INTERESTED PERSONS MUST DISCLOSE POTENTIAL CONFLICTS OF INTEREST TO THE BOARD AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. AFTER A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED TO THE BOARD, THE NON-INTERESTED MEMBERS OF THE BOARD DETERMINE BY DISCUSSION AND VOTE WHETHER A CONFLICT EXISTS OR MAY EXIST AND DETERMINE APPROPRIATE ACTION. RECORDS OF THE PROCEEDINGS AND ANY ACTIONS TAKEN BY THE BOARD ARE MAINTAINED IN THE BOARD MINUTES. TO ENSURE THAT SFBFS OPERATES IN A MANNER CONSISTENT WITH ITS PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS A TAX-EXEMPT ORGANIZATION, PERIODIC REVIEWS OF POTENTIAL CONFLICTS OF INTEREST ARE CONDUCTED AND INVOLVE, AT A MINIMUM, REVIEWS OF COMPENSATION

Name of the organization

SACRAMENTO FOOD BANK AND FAMILY SERVICES

Employer identification number

94-3315566

ARRANGEMENTS AND AGREEMENTS WITH THIRD PARTIES.

FORM 990, PART VI, SECTION B, LINE 15:

SFBFS MAINTAINS COMPENSATION STANDARDS AND PRACTICES IN WHICH EACH JOB FAMILY HAS ITS OWN PAY CONSIDERATIONS. THIS IS UPDATED AT A MINIMUM OF ANNUALLY BY SFBFS' DIRECTOR OF HUMAN RESOURCES (I.E. HUMAN RESOURCES DEPARTMENT) AND REVIEWED/APPROVED BY SFBFS' PRESIDENT/CEO AND SENIOR VP OF BUSINESS OPERATIONS AND FINANCE. MARKET ASSESSMENTS INCLUDE AN ANALYSIS OF CURRENT PAY RANGES WITHIN LOCAL DEMOGRAPHIC EMPLOYEE POOLS, TAKING INTO CONSIDERATION VARIANCES SUCH AS BEING A NON-PROFIT, SOCIAL SERVICES AND A FOOD BANK. MERIT INCREASES ARE BASED ON THE EMPLOYEE'S JOB PERFORMANCE AND MEASURABLE GOALS DETERMINED THROUGH THE ANNUAL REVIEW PROCESS.

EMPLOYEE COMPENSATION INCLUDING MERIT INCREASES ARE TRACKED VIA HUMAN RESOURCE'S EMPLOYEE TRACKER. PROJECTED MERIT INCREASES ARE INCLUDED IN SFBFS' ANNUAL BUDGET AND RELATED PROCESS, REVIEWED BY SFBFS' DIRECTOR OF HUMAN RESOURCES, SENIOR VP OF BUSINESS OPERATIONS AND FINANCE AND PRESIDENT/CEO AS PART OF THE BUDGET/PLANNING PROCESS FOR THE FOLLOWING FISCAL YEAR. THIS IS PREPARED BY SFBFS' SENIOR VP OF BUSINESS OPERATIONS AND FINANCE, REPORTED OUT TO THE PRESIDENT/CEO AND FINANCE COMMITTEE WITH INPUT AND APPROVAL PRIOR TO PRESENTING AND APPROVAL BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET PROCESS. FOR THE SENIOR VP OF BUSINESS OPERATIONS AND FINANCE, THE ANNUAL REVIEW IS CONDUCTED BY THE PRESIDENT/CEO AND THE PRESIDENT/CEO WORKS WITH THE DIRECTOR OF HUMAN RESOURCES TO ENSURE APPROVED COMPENSATION AND ANY RELATED MERIT INCREASE FOLLOWS THE SAME PROCESS AND INCLUSION WITHIN THE SPECIFIC JOB FAMILY AND RELATED RESPONSIBILITIES. RECORDS OF EMPLOYEE PERFORMANCE REVIEWS AND COMPENSATION CHANGES ARE KEPT BY THE DIRECTOR OF HUMAN RESOURCES.

Name of the organization SACRAMENTO FOOD BANK AND FAMILY SERVICES	Employer identification number 94-3315566
---	---

AN ANNUAL REVIEW OF THE PRESIDENT/CEO IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF SFBFS' BOARD OF DIRECTORS; ASSOCIATED COMPENSATION INCLUDING MERIT INCREASES AND ANY RELATED BONUSES ARE SUGGESTED BY THE EXECUTIVE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS WHICH APPROVES AND DOCUMENTS THE CHANGES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **SACRAMENTO FOOD BANK AND FAMILY SERVICES** Employer identification number **94-3315566**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ROMAN CATHOLIC BISHOP OF SACRAMENTO - 94-1270353, 2110 BROADWAY, SACRAMENTO, CA 95818	RELIGIOUS ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 1	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Name of exempt organization or other filer, see instructions. SACRAMENTO FOOD BANK AND FAMILY SERVICES	Taxpayer identification number (TIN) 94-3315566
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1951 BELL AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95838	

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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

BLAKE YOUNG

- The books are in the care of ▶ **1951 BELL AVENUE - SACRAMENTO, CA 95838**

Telephone No. ▶ **916-456-1980** 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, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

SACRAMENTO FOOD BANK AND FAMILY SERVICES

EIN or SSN

94-3315566

Name and title of officer or person subject to tax

**BLAKE YOUNG
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1163,440,108.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MOSS ADAMS LLP** to enter my PIN **15566**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

CLIENT COPY

Date ▶

Part III Certification and Authentication

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

68041466884

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Lucy S. Pappia

Date ▶ **05/11/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Sacramento Food Bank and Family Services
1951 Bell Avenue
Sacramento, CA 95838

Prepared By:

Moss Adams LLP
2882 Prospect Park Dr, Ste 300
Rancho Cordova, CA 95670

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

**California Exempt Organization
Annual Information Return**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name **SACRAMENTO FOOD BANK AND FAMILY SERVICES** California corporation number **2120629**

Additional information. See instructions. FEIN **94-3315566**

Street address (suite or room) **1951 BELL AVENUE** PMB no.

City **SACRAMENTO** State **CA** ZIP code **95838**

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No
B Amended return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L Is the organization a limited liability company? Yes No
M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	-52,221	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	63,514,647	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	63,462,426	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	22,318	00
	7	Total costs. Add line 5 and line 6	7	22,318	00
8	Total gross income. Subtract line 7 from line 4	8	63,440,108	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	63,523,228	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-83,120	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	CLIENT COPY	Title	PRESIDENT & CE	Date
Paid Preparer's Use Only	Preparer's signature	TRACY S. PAGLIA	Date	05/11/23	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	MOSS ADAMS LLP 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670			Telephone
					916-456-1980
					P00366884
				91-0189318	
				916-503-8100	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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.

128951 01-19-22

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	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	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		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		0 00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	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	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00	

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year
	(a)	(b)	(c)	(d)
Assets				
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 Total assets				
Liabilities and net worth				
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 Total liabilities and net worth				

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 ASSOCIATION OF FOOD BANKS	1624 FRANKLIN ST STE 722 OAKLAND, CA 94612-2823	06/30/22	95,966.
RALEY'S FOOD FOR FAMILIES	500 W CAPITOL AVE WEST SACRAMENTO, CA 95605-2624	06/30/22	666,061.
WALMART	702 SW 8TH ST BENTONVILLE, AR 72716-6209	06/30/22	8,000.
STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	744 P ST SACRAMENTO, CA 95814-6400	06/30/22	2,086,123.
CAL FOODS LOGISTICS	3478 BUSKIRK AVE STE 346 PLEASANT HILL, CA 94523-4384	06/30/22	178,141.
SIERRA HEALTH FOUNDATION	1321 GARDEN HWY SACRAMENTO, CA 95833-9754	06/30/22	952,355.
CATHOLIC CHARITIES	2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314-6893	06/30/22	727,396.
SMUD	6201 S ST SACRAMENTO, CA 95817-1818	06/30/22	452,583.
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS	3211 4TH ST NE WASHINGTON, DC 20017-1104	06/30/22	416,562.
FOOD BANK OF CONTRA COSTA AND SOLANO	2370 N WATNEY WAY FAIRFIELD, CA 94533-6753	06/30/22	227,371.
SACRAMENTO REGION COMMUNITY FOUNDATION	955 UNIVERSITY AVE STE A SACRAMENTO, CA 95825-6735	06/30/22	219,784.
OFFICE OF EMERGENCY SERVICES	3650 SCHRIEVER AVE MATHER, CA 95655-4203	06/30/22	174,411.
THE BENEVITY COMMUNITY IMPACT FUND	5700 DARROW RD STE 118 HUDSON, OH 44236-5026	06/30/22	159,646.
KAISER PERMANENTE	75 N FAIR OAKS AVE PASADENA, CA 91103-3651	06/30/22	150,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM	701 N FAIRFAX ST STE 310 ALEXANDRIA, VA 22314-2045	06/30/22	140,717.
SAFeway FOUNDATION	5918 STONERIDGE MALL RD PLEASANTON, CA 94588-3229	06/30/22	106,225.
DELTA DENTAL COMMUNITY CARE FOUNDATION	1 DELTA DR MECHANICSBURG, PA 17055-6999	06/30/22	100,000.
ROMAN CATHOLIC BISHOP OF SACRAMENTO	2110 BROADWAY SACRAMENTO, CA 95818-2518	06/30/22	100,000.
FRIENDS OF FOLSOM	604 SUTTER ST STE 290 FOLSOM, CA 95630-2694	06/30/22	91,210.
BANK OF AMERICA CHARITABLE GIFT FUND	555 CAPITOL MALL STE 490 SACRAMENTO, CA 95814-4503	06/30/22	75,000.
DIGNITY HEALTH FOUNDATION	3400 DATA DR RANCHO CORDOVA, CA 95670-7956	06/30/22	75,000.
DREYER BABICH BUCCOLA WOOD CAMPORA, LLP	20 BICENTENNIAL CIR SACRAMENTO, CA 95826-2802	06/30/22	70,000.
AARP FOUNDATION	1415 L ST STE 960 SACRAMENTO, CA 95814-3977	06/30/22	66,000.
UNITED WAY CALIFORNIA CAPITAL REGION	10389 OLD PLACERVILLE RD SACRAMENTO, CA 95827-2506	06/30/22	58,733.
SCHWAB CHARITABLE FUND	211 MAIN ST SAN FRANCISCO, CA 94105-1905	06/30/22	55,000.
WELLS FARGO FOUNDATION	1510 ARDEN WAY STE 202 SACRAMENTO, CA 95815-4025	06/30/22	54,000.
GUNTERMAN, JOAN	576 PLATT CIR EL DORADO HILLS, CA 95762-7301	06/30/22	52,477.
FONG, STEVEN	3803 ROBERTSON AVE SACRAMENTO, CA 95821-3805	06/30/22	50,000.
KOHL'S NATIONAL GIVING PROGRAM	N56W17000 RIDGEWOOD DR MENOMONEE FALLS, WI 53051-5660	06/30/22	50,000.
ROSENBERG, KATHLEEN AND AARON	1846 CASTRO WAY SACRAMENTO, CA 95818-3039	06/30/22	50,000.
PACIFIC GAS AND ELECTRIC COMPANY LAND MANAGEMENT	245 MARKET ST SAN FRANCISCO, CA 94105-1702	06/30/22	48,562.
DELTA DENTAL OF CALIFORNIA	560 MISSION ST STE 1300 SAN FRANCISCO, CA 94105-0938		40,000.
THE LOUIS & HAROLD PRICE FOUNDATION	10250 CONSTELLATION BLVD STE 2600 LOS ANGELES, CA 90067-6240	06/30/22	40,000.
FEEDING AMERICA	35 E WACKER DR STE 200 CHICAGO, IL 60601-2104	06/30/22	37,500.
SCHOELLKOPF, ANDREW	4209 B ST SACRAMENTO, CA 95819-2122	06/30/22	35,000.
US BANK FOUNDATION	621 CAPITOL MALL STE 900 SACRAMENTO, CA 95814-4725	06/30/22	35,000.
GRIFFIN, KAREN	1515 SHASTA DR APT 3326 DAVIS, CA 95616-6689	06/30/22	34,000.
TOOLEY OIL COMPANY	1111 EXPOSITION BLVD STE 600 SACRAMENTO, CA 95815-4335	06/30/22	31,187.
KETELS FAMILY CHARITABLE FOUNDATION	1414 SE 40TH AVE PORTLAND, OR 97214-4407	06/30/22	30,000.
COREGIVING	233 S WACKER DR STE 4700 CHICAGO, IL 60606-6374	06/30/22	27,000.
ALL WITHIN MY HANDS	454 LAS GALLINAS AVE # 213 SAN RAFAEL, CA 94903-3618	06/30/22	25,000.
JACKSON, JOHN AND LYNDA	155 CADILLAC DR STE 100 SACRAMENTO, CA 95825-5403	06/30/22	25,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

MELSON, TG AND BERYL	11736 MELONES CIR GOLD RIVER, CA 95670-7744	06/30/22	25,000.
SCHNITT, PAUL	1355 SAN CLEMENTE WAY SACRAMENTO, CA 95831-2867	06/30/22	25,000.
THE TJX FOUNDATION, INC.	770 COCHITUATE RD FRAMINGHAM, MA 01701-4666	06/30/22	25,000.
SCHMIDT, CYNTHIA	2266 WOODSIDE LN UNIT 3 SACRAMENTO, CA 95825-7453	06/30/22	24,787.
ENTERPRISE HOLDINGS FOUNDATION	600 CORPORATE PARK DR CLAYTON, MO 63105-4204	06/30/22	23,750.
THE UPS FOUNDATION	55 GLENLAKE PKWY NE ATLANTA, GA 30328-3474	06/30/22	22,000.
COMBINED FEDERAL CAMPAIGN CFC	8912 VOLUNTEER LN STE 200 SACRAMENTO, CA 95826-3221	06/30/22	21,558.
ONCORE CONSULTING, LLC	3100 ZINFANDEL DR STE 250 RANCHO CORDOVA, CA 95670-6062	06/30/22	21,500.
KELLY FOUNDATION	2020 W EL CAMINO AVE STE 120 SACRAMENTO, CA 95833-1871	06/30/22	20,000.
MORGAN JONES FUNERAL HOME	PO BOX 221550 SACRAMENTO, CA 95822-8550	06/30/22	20,000.
PETE AND ARLINE HARMAN TRUST FUND	60 E SOUTH TEMPLE STE 800 SALT LAKE CITY, UT 84111-1036	06/30/22	20,000.
QUALITY TECHNOLOGY SERVICES, LLC	12851 FOSTER ST OVERLAND PARK, KS 66213-2705	06/30/22	20,000.
SHAW, KIKUYU	7749 LIVE OAK WAY CITRUS HEIGHTS, CA 95621-1979	06/30/22	20,000.
TAYLOR, DONALD AND CARA	8736 BLUFF LN FAIR OAKS, CA 95628-6411	06/30/22	20,000.
COUNTY OF SACRAMENTO - DEPARTMENT OF FINANCE	9850 GOETHE RD SACRAMENTO, CA 95827-3561	06/30/22	18,915.
ANDERSON, VALERIE	8932 LANIER WAY SACRAMENTO, CA 95826-1924	06/30/22	17,000.
UNION BANK FOUNDATION	1221 BROADWAY FL 8 OAKLAND, CA 94612-1837	06/30/22	17,000.
HOU, DELPHINE	3974 E ST SACRAMENTO, CA 95819-2708	06/30/22	15,150.
BESSEMER GIVING FUND	100 WOODBRIDGE CENTER DR WOODBRIDGE, NJ 07095-1162	06/30/22	15,000.
INTEL CORPORATION	1900 PRAIRIE CITY RD FOLSOM, CA 95630-9501	06/30/22	15,000.
JACOBS, DAVID	36 BONITA AVE PIEDMONT, CA 94611-3917	06/30/22	15,000.
LANIER, VERONICA	2444 CHATEAU WAY LIVERMORE, CA 94550-5711	06/30/22	15,000.
NETZER, ROBIN	4805 HILLSBORO LN SACRAMENTO, CA 95822-1611	06/30/22	15,000.
PAUL, PATRICIA	1091 G ST APT 12 SACRAMENTO, CA 95814-0850	06/30/22	15,000.
RIGGS, JUDSON AND KIMARIE	5150 FAIR OAKS BLVD STE 101 PMB 377 CARMICHAEL, CA 95608-5758	06/30/22	15,000.
THE GEORGE & LENA VALENTE FOUNDATION	44815 N EL MACERO DR EL MACERO, CA 95618-1068	06/30/22	15,000.
CIRCLE K	2351 SUNSET BLVD STE 170 PMB 322 ROCKLIN, CA 95765-4306	06/30/22	13,000.
SPENSLEY, ROBERT AND JEANETTE	4217 WINDING WOODS WAY FAIR OAKS, CA 95628-6446	06/30/22	13,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

ALBERT AND ELAINE BORCHARD FOUNDATION LEONHARDT, DONNA	2550 N HOLLYWOOD WAY STE 205 BURBANK, CA 91505-1055 3181 16TH ST SACRAMENTO, CA 95818-3813	06/30/22 06/30/22	 12,500. 12,000.
EXCHANGE BANK	1420 ROCKY RIDGE DR STE 190 ROSEVILLE, CA 95661-2835	06/30/22	11,500.
MCCORMICK, MARSHA AND JOE	2405 H ST SACRAMENTO, CA 95816-4110	06/30/22	11,233.
BERTI, BERTO	6186 PALMERO CIR CAMERON PARK, CA 95682-7437	06/30/22	11,000.
HESTER, MARY	PO BOX 275 STONYFORD, CA 95979-0275	06/30/22	11,000.
THACHER, EDITH	4401 LIGURIAN SEA LN SACRAMENTO, CA 95834-7510	06/30/22	11,000.
NATIONAL PHILANTHROPIC TRUST (NPT)	165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046-3549	06/30/22	10,312.
DUDLEY, SANDY AND CARROLL	2 EL VADO CT SACRAMENTO, CA 95831-5413	06/30/22	10,010.
AFFORDABLE HOUSING ACCESS, INC.	3920 BIRCH ST STE 103 NEWPORT BEACH, CA 92660-2250	06/30/22	10,000.
ALLISON, HENRY AND NORMA	8550 BARTON RD APT 254 GRANITE BAY, CA 95746-8843	06/30/22	10,000.
B&Z PROPERTIES	2882 PROSPECT PARK DR STE 250 RANCHO CORDOVA, CA 95670-6059	06/30/22	10,000.
BLUE DIAMOND GROWERS	1802 C ST SACRAMENTO, CA 95811-1010	06/30/22	10,000.
COFFRINI, JAMES AND JAN	603 LAKECREST DR EL DORADO HILLS, CA 95762-3768	06/30/22	10,000.
DMJ REAL ESTATE, LP	5101 FLORIN PERKINS RD SACRAMENTO, CA 95826-4817	06/30/22	10,000.
DOLGENOS, PETER	5757 WILSHIRE BLVD SUITE 645 LOS ANGELES, CA 90036-5810	06/30/22	10,000.
ELEANOR R. CHANDLER TRUST	3696 NADAL DR REDDING, CA 96002-9837	06/30/22	10,000.
ESTATE OF PAULA CORSIGLIA	PO BOX 3102 CARMICHAEL, CA 95609-3102	06/30/22	10,000.
GRUENWALD, NASH	4833 PERINA WAY NORTH HIGHLANDS, CA 95660-5632	06/30/22	10,000.
HUHN, JAMES AND BETTY	3939 WALNUT AVE UNIT 377 CARMICHAEL, CA 95608-7332	06/30/22	10,000.
JAMES, JESSE	7264 DELTA BREEZE LN ROSEVILLE, CA 95747-8191	06/30/22	10,000.
MILGARD WINDOWS & DOORS	6050 88TH ST SACRAMENTO, CA 95828-1119	06/30/22	10,000.
MULLEN, BETH	2701 F ST SACRAMENTO, CA 95816-3715	06/30/22	10,000.
RECREATIONAL EQUIPMENT INC.	1700 45TH ST E SUMNER, WA 98352-0001	06/30/22	10,000.
SCHAEFER, DONALD	8410 SCENIC VISTA WAY FAIR OAKS, CA 95628-3869	06/30/22	10,000.
SONORAN ROOFING INC.	4161 CITRUS AVE ROCKLIN, CA 95677-4008	06/30/22	10,000.
THE BOEING COMPANY	100 N RIVERSIDE PLZ CHICAGO, IL 60606-1501	06/30/22	10,000.
THE COLLET FOUNDATION	915 HIGHLAND POINTE DR STE 300 ROSEVILLE, CA 95678-5420	06/30/22	10,000.
THE HOT TUB STORE	PO BOX 7887 SANTA ROSA, CA 95407-0887	06/30/22	10,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

TRIMBLE, SUZANNE	4700 PARKRIDGE RD SACRAMENTO, CA 95822-1265	06/30/22	10,000.
VASANTHARAM, KARKADA	10500 CASTINE AVE CUPERTINO, CA 95014-1354	06/30/22	10,000.
WIESNER, RICHARD AND LOUISE	317 WINGED FOOT GRANITE BAY, CA 95746-6768	06/30/22	10,000.
FREITAS, ALBERT	641 SUNSET AVE BRYTE, CA 95605-1612	06/30/22	9,750.
JONSSON, MICHAEL AND JANE	710 ESTATES DR SACRAMENTO, CA 95864-7213	06/30/22	9,710.
LAWRENCE, NANCY	4300 WINDING WOODS WAY FAIR OAKS, CA 95628-6409	06/30/22	9,000.
PROCIDA LANDSCAPE, INC.	8465 SPECIALTY CIR SACRAMENTO, CA 95828-2523	06/30/22	9,000.
VANDENDRIESCHE, NEAL AND JANE	9339 WELLINGTON WAY ROSEVILLE, CA 95746-6636	06/30/22	9,000.
RUSSELL, CHAD	308 CHATTANOOGA ST SAN FRANCISCO, CA 94114-3908	06/30/22	8,080.
ARCADE CHURCH	3927 MARCONI AVE SACRAMENTO, CA 95821-3902	06/30/22	8,000.
DRIVER, SUSAN	3331 L ST SACRAMENTO, CA 95816-5331	06/30/22	8,000.
FLEISCHER, NANCY	PO BOX 161117 SACRAMENTO, CA 95816-1117	06/30/22	8,000.
HUGHART, DAVID AND NANCY	1639 7TH AVE SACRAMENTO, CA 95818-3803	06/30/22	8,000.
KAYS, ROBERT AND SHERYL ANN	127 HOPPER LN FOLSOM, CA 95630-6721	06/30/22	8,000.
PERFECT UNION	1610 ARDEN WAY STE 101 SACRAMENTO, CA 95815-4027	06/30/22	8,000.
ROCKET RESTROOMS AND FENCING	PO BOX 293164 SACRAMENTO, CA 95829-3164	06/30/22	8,000.
SEPAROVICH, DOROTHY AND GEORGE	3631 MEADOW LN SACRAMENTO, CA 95864-1522	06/30/22	8,000.
SUTTER HEALTH	2700 GATEWAY OAKS DR SACRAMENTO, CA 95833-4337	06/30/22	8,000.
UBER, JAMES	PO BOX 946 CARMICHAEL, CA 95609-0946	06/30/22	8,000.
ESTHER M. SEAMAN ESTATE	3325 CAMINO VALLAREAL ESCONDIDO, CA 92029-7456	06/30/22	7,501.
CAPITOL ADVOCACY, LLC	1301 I ST STE 100 SACRAMENTO, CA 95814-2912	06/30/22	7,500.
DOLLAR GENERAL	100 MISSION RDG GOODLETTSVILLE, TN 37072-2171	06/30/22	7,500.
ED AND BETTY MANOYAN FOUNDATION	2190 MORLEY WAY SACRAMENTO, CA 95864-6964	06/30/22	7,500.
GAVIN, LLOYD AND EUNICE	1213 CEDARBROOK WAY SACRAMENTO, CA 95831-4405	06/30/22	7,500.
MCKECHNIE, ROBERT AND JOAN	729 MORRIS WAY SACRAMENTO, CA 95864-6171	06/30/22	7,500.
SAVE MART SUPERMARKETS	PO BOX 4664 MODESTO, CA 95352-4664	06/30/22	7,214.
FALKNER, KATHLEEN AND RAYMOND	9468 CENTURY OAKS LN ELK GROVE, CA 95758-3621	06/30/22	7,166.
FRANZ, CHARLES AND LORI	1818 L ST UNIT 303 SACRAMENTO, CA 95811-4195	06/30/22	7,000.
RUDD, RICHARD	7976 COUNTRY TRAIL DR ORANGEVALE, CA 95662-2130	06/30/22	7,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

SEAVEY, WILLIAM	5960 11TH AVE SACRAMENTO, CA 95820-2432	06/30/22	7,000.
THE NIELLO COMPANY	1481 RIVER PARK DR SACRAMENTO, CA 95815-4501	06/30/22	6,900.
TAPPEL, MARY	1725 LOS ROBLES BLVD. SACRAMENTO, CA 95838-4652	06/30/22	6,792.
MONROE-RODMAN, MARY	5432 TUFTS ST DAVIS, CA 95618-7220	06/30/22	6,525.
GOFF, CARL AND REBECCA	1291 10TH AVE SACRAMENTO, CA 95818-4010	06/30/22	6,500.
KERBY, CAROLYN	PO BOX 6323 AUBURN, CA 95604-6323	06/30/22	6,500.
LAW OFFICES OF REMY, MOOSE AND MANLEY, LLP	555 CAPITOL MALL STE 800 SACRAMENTO, CA 95814-4512	06/30/22	6,500.
LONCKE, BARRY	6429 FAUSTINO WAY SACRAMENTO, CA 95831-1076	06/30/22	6,500.
WELSH, DENIS AND LOUISE	PO BOX 2637 ELK GROVE, CA 95759-2637	06/30/22	6,400.
TEGNA FOUNDATION	400 BROADWAY SACRAMENTO, CA 95818-2041	06/30/22	6,268.
SANCHEZ, KAREN	51 SHORELINE CIR SACRAMENTO, CA 95831-2156	06/30/22	6,260.
EDDINGER, THOMAS AND KATHY	6224 PANNINI WAY EL DORADO HILLS, CA 95762-5259	06/30/22	6,250.
FIVE STAR BANK	3100 ZINFANDEL DR STE 650 RANCHO CORDOVA, CA 95670-6027	06/30/22	6,250.
CALFEE, CHRISTOPHER	700 SWANSTON DR SACRAMENTO, CA 95818-3318	06/30/22	6,075.
MILLS, KATHLEEN	11001 W 15TH PL APT 452 LAKEWOOD, CO 80215-2854	06/30/22	6,010.
AMERICAN RIVER BANK	PO BOX 276300 SACRAMENTO, CA 95827-6300	06/30/22	6,000.
BAYNE, ANDREW	3054 GUADALAJARA WAY SACRAMENTO, CA 95833-4401	06/30/22	6,000.
BUEHLER, GERALDINE	2315 4TH AVE SACRAMENTO, CA 95818-3161	06/30/22	6,000.
CAMPBELL, JANICE	5245 LEQUEL WAY CARMICHAEL, CA 95608-3088	06/30/22	6,000.
CLAREMON, GLENDA	4144 CRONDALL DR. SACRAMENTO, CA 95864-6080	06/30/22	6,000.
DOWNTOWN COMMONS	405 K ST SUITE 125 SACRAMENTO, CA 95814-3339	06/30/22	6,000.
FRIEDERICHS, PAULA AND BRAD	4129 DENA WAY SACRAMENTO, CA 95821-3057	06/30/22	6,000.
HORN, JEFFREY	6120 RITA LOU WAY CITRUS HEIGHTS, CA 95610-6643	06/30/22	6,000.
OUTREACH SOLUTIONS AS A SERVICE, LLC	1232 Q ST STE 200 SACRAMENTO, CA 95811-5801	06/30/22	6,000.
PEREIRA, MIKE AND GAIL	304 WYNDGATE RD SACRAMENTO, CA 95864-5940	06/30/22	6,000.
SORENSEN, GLENN	7919 FOLSOM BLVD STE 340 SACRAMENTO, CA 95826-2627	06/30/22	6,000.
SUMMIT FUNDING, INC.	3620 AMERICAN RIVER DR STE 150 SACRAMENTO, CA 95864-5985	06/30/22	6,000.
DUTCH BROS COFFEE	4130 NORTHGATE BLVD SACRAMENTO, CA 95834-1240	06/30/22	5,877.
SWINERTON FOUNDATION	260 TOWNSEND ST 5TH FLOOR SAN FRANCISCO, CA 94107-1761	06/30/22	5,843.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

FLEET FEET SPORTS	2311 J ST SACRAMENTO, CA 95816-4713	06/30/22	5,742.
BRENNAN, ELIZABETH AND BRIAN	3939 WALNUT AVE UNIT 263 CARMICHAEL, CA 95608-2197	06/30/22	5,681.
BROWN, DORIS	2624 4TH AVE SACRAMENTO, CA 95818-3232	06/30/22	5,500.
CERLES, PAUL	5516 SANDBURG DR SACRAMENTO, CA 95819-1815	06/30/22	5,500.
TOCCOLI, BRITTNEY	6966 LEESBURG PL STOCKTON, CA 95207-2432	06/30/22	5,319.
RIVER CITY FOOD BANK	1800 28TH ST SACRAMENTO, CA 95816-7310	06/30/22	5,223.
DEMMON, CHARLIE AND BARBARA	2671 HUNTINGTON RD SACRAMENTO, CA 95864-5633	06/30/22	5,124.
STARDOG FOUNDATION	3121 SIERRA OAKS DR SACRAMENTO, CA 95864-5654	06/30/22	5,100.
WYNKOOP, BEVERLY AND CHRISTOPHER	801 LEIGHTON CT EL DORADO HILLS, CA 95762-5251	06/30/22	5,075.
THOMAS, JANE	2616 17TH ST SACRAMENTO, CA 95818-2316	06/30/22	5,060.
PACIFIC HOUSING INC.	2115 J ST STE 201 SACRAMENTO, CA 95816-4734	06/30/22	5,050.
PARSONS, GIBBE AND ANN	909 CORONADO BLVD SACRAMENTO, CA 95864-2825	06/30/22	5,050.
REYNOLDS, SUSAN AND GARY	4609 VANDER WAY SACRAMENTO, CA 95821-2224	06/30/22	5,050.
SAVIN, KATHARINE	2708 13TH ST SACRAMENTO, CA 95818-2908	06/30/22	5,050.
TABATABAI, ALI	4233 D ST SACRAMENTO, CA 95819-2805	06/30/22	5,050.
VIDAS, CATHY	12534 TESSIE PL WILTON, CA 95693-9477	06/30/22	5,050.
AMERICAN PACIFIC MORTGAGE	3000 LAVA RIDGE CT STE 200 ROSEVILLE, CA 95661-2803	06/30/22	5,040.
AETNA BETTER HEALTH OF CA	151 FARMINGTON AVE HARTFORD, CT 06156-0001	06/30/22	5,000.
ATLAS DISPOSAL INDUSTRIES	3035 PROSPECT PARK DR STE 40 RANCHO CORDOVA, CA 95670-6070	06/30/22	5,000.
BAILEY, LAUREN AND GERALD	917 VANDERBILT WAY SACRAMENTO, CA 95825-6622	06/30/22	5,000.
BANNER BANK	110 S FERRALL ST SPOKANE, WA 99202-4800	06/30/22	5,000.
BERGELECTRIC CHARITABLE FOUNDATION	11333 SUNRISE PARK DR RANCHO CORDOVA, CA 95742-6532	06/30/22	5,000.
BURLINGTON STORES, INC.	2006 ROUTE 130 N BURLINGTON, NJ 08016-9716	06/30/22	5,000.
CALIFORNIA AMERICAN WATER	4701 BELOIT DR SACRAMENTO, CA 95838-2434	06/30/22	5,000.
CALIFORNIA ODD FELLOWS FOUNDATION	2555 REINER WAY SACRAMENTO, CA 95833-2306	06/30/22	5,000.
DE VERE WHITE, RALPH AND ANTOINETTE	600 46TH ST SACRAMENTO, CA 95819-3126	06/30/22	5,000.
EDLING, SUSAN	313 WYNDGATE RD SACRAMENTO, CA 95864-5946	06/30/22	5,000.
FIDELITY CHARITABLE GIFT FUND	PO BOX 770001 CINCINNATI, OH 45277-0053	06/30/22	5,000.
GOLDEN 1 CREDIT UNION	PO BOX 15966 SACRAMENTO, CA 95852-0966	06/30/22	5,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES

94-3315566

GUILD MORTGAGE COMPANY	2240 DOUGLAS BLVD STE 200 ROSEVILLE, CA 95661-3875	06/30/22	5,000.
HARVEGO FAMILY FOUNDATION	1126 2ND ST SACRAMENTO, CA 95814-3269	06/30/22	5,000.
HUI, KEVIN	5 NAUTILUS CT SACRAMENTO, CA 95831-1413	06/30/22	5,000.
HUNT, GORDON	1316 46TH ST SACRAMENTO, CA 95819-4139	06/30/22	5,000.
INNES, GORDON	1725 KLAMATH RIVER DR RANCHO CORDOVA, CA 95670-2715	06/30/22	5,000.
JUDICATE WEST ALTERNATIVE DISPUTE RESOLUTION	1851 E 1ST ST STE 1600 SANTA ANA, CA 92705-4058	06/30/22	5,000.
KALSCHUEER, BERNARD	15096 FUENTE DE PAZ RANCHO MURIETA, CA 95683-9374	06/30/22	5,000.
KELLEY, CRAIG AND ELLEN	181 WESTCOTT WAY SACRAMENTO, CA 95864-6947	06/30/22	5,000.
KIM, BENJAMIN	2503 MEADOWLARK CIR WEST SACRAMENTO, CA 95691-4629	06/30/22	5,000.
KINSELL, SARA	1803 BIDWELL WAY SACRAMENTO, CA 95818-4303	06/30/22	5,000.
KOLDINGER, RALPH	1071 FULTON AVE APT 208 SACRAMENTO, CA 95825-4294	06/30/22	5,000.
KREUSCHER, GERALD	3712 DUBAC WAY SACRAMENTO, CA 95864-0611	06/30/22	5,000.
LANSANG, IMELDA	1725 KLAMATH RIVER DR RANCHO CORDOVA, CA 95670-2715	06/30/22	5,000.
LYON CARES FOUNDATION	3640 AMERICAN RIVER DR STE 100 SACRAMENTO, CA 95864-5955	06/30/22	5,000.
MATSUI, DORIS	1901 13TH AVE SACRAMENTO, CA 95818-4222	06/30/22	5,000.
MCBRIDE, KATHLEEN AND KEITH	791 LARCH LN SACRAMENTO, CA 95864-5039	06/30/22	5,000.
MCCADE, KATHLEEN AND THEODORE	11568 FORTY NINER CIR GOLD RIVER, CA 95670-7860	06/30/22	5,000.
MCNAMARA, MARY SUE	8205 CEDAR CREST WAY SACRAMENTO, CA 95826-2908	06/30/22	5,000.
MEAGHER, RICHARD AND JOAN	1715 CREEKSIDE DR APT 217 FOLSOM, CA 95630-3470	06/30/22	5,000.
MERCY FOUNDATION	3400 DATA DR RANCHO CORDOVA, CA 95670-7956	06/30/22	5,000.
MERIDIAN PACIFIC SALES	1315 VINCI AVE SUITE B SACRAMENTO, CA 95838-1727	06/30/22	5,000.
MEYERS, FRED AND LINDA	3208 KADEMA DR SACRAMENTO, CA 95864-6927	06/30/22	5,000.
MIKUNI CHARITABLE ORGANIZATION	5012 LUCE AVE STE 100 MCCLELLAN, CA 95652-2449	06/30/22	5,000.
MULLIGAN, GRANT AND GINA	193 BLUE RAVINE RD STE 120 FOLSOM, CA 95630-4757	06/30/22	5,000.
NEWCOMB, DOUG AND KARIN	519 HARTNELL PL SACRAMENTO, CA 95825-6617	06/30/22	5,000.
NICHOLS, SCOTT AND KATHY	531 THORNLEY WAY SACRAMENTO, CA 95864-6019	06/30/22	5,000.
PFUND FAMILY FOUNDATION	420 LARCH LN CARMICHAEL, CA 95864-5724	06/30/22	5,000.
PHILLIPS, DUANE	2768 13TH ST SACRAMENTO, CA 95818-2945	06/30/22	5,000.
PLUMLEE, DIANE	7000 GREYSTONE PL GRANITE BAY, CA 95746-6744	06/30/22	5,000.

SACRAMENTO FOOD BANK AND FAMILY SERVICES94-3315566

R&A ENGINEERING SOLUTIONS, INC.	601 UNIVERSITY AVE STE 255 SACRAMENTO, CA 95825-6720	06/30/22	5,000.
REED, ROBERT AND REBECCA	1238 14TH AVE SACRAMENTO, CA 95822-1110	06/30/22	5,000.
RIVER CITY MEDICAL GROUP	PO BOX 869145 PLANO, TX 75086-9145	06/30/22	5,000.
RIVERVIEW INTERNATIONAL TRUCKS, LLC	2445 EVERGREEN AVE WEST SACRAMENTO, CA 95691-3011	06/30/22	5,000.
SAMSEL, TAMMY	677 BRICKYARD DR SACRAMENTO, CA 95831-1104	06/30/22	5,000.
STEINER, JULIE	4110 WINDING CREEK RD SACRAMENTO, CA 95864-1667	06/30/22	5,000.
STURGES, ELAINE	7400 SUNWEST LN SACRAMENTO, CA 95828-6241	06/30/22	5,000.
SUGAWARA, MICHAEL	4020 LAS NINAS CT SACRAMENTO, CA 95821-3934	06/30/22	5,000.
SYLVA FAMILY PROPERTIES	8850 RIVER RD SACRAMENTO, CA 95832-9713	06/30/22	5,000.
TAYLOR, GARY	413 E RANCH RD SACRAMENTO, CA 95825-6429	06/30/22	5,000.
TD AMERITRADE CLEARING	PO BOX 2226 OMAHA, NV 68103-2226	06/30/22	5,000.
THE REINALT-THOMAS CORPORATION	20225 N SCOTTSDALE RD SCOTTSDALE, AZ 85255-6456	06/30/22	5,000.
THE WESTERRA GROUP/CLEVINGER FAMILY PHILANTHROPIES	1512 EUREKA RD STE 230 ROSEVILLE, CA 95661-3069	06/30/22	5,000.
TITO'S HANDMADE VODKA	1406 SMITH RD STE C AUSTIN, TX 78721-3556	06/30/22	5,000.
TUNCER, DENIZ	3104 O ST # 327 SACRAMENTO, CA 95816-6519	06/30/22	5,000.
WALMART FOUNDATION	702 SW 8TH ST BENTONVILLE, AR 72716-6209		5,000.
WENZEL, MARK AND ALISHA	2617 ROCHON WAY SACRAMENTO, CA 95818-3535	06/30/22	5,000.
WILCOXEN CALLAHAM, LLP	2114 K ST SACRAMENTO, CA 95816-4921	06/30/22	5,000.
WILLIS, NANCY AND RICK	9225 ROCK OAK LN FAIR OAKS, CA 95628-4131	06/30/22	5,000.
WONG, JUDY	4619 CHICAGO AVE FAIR OAKS, CA 95628-6034	06/30/22	5,000.
WONG, SHIRLEY	986 COBBLE SHORES DR SACRAMENTO, CA 95831-4335	06/30/22	5,000.
WREDEN, DON AND MAXINE	1332 KINGSFORD DR CARMICHAEL, CA 95608-6133	06/30/22	5,000.
TOTAL INCLUDED ON LINE 3			<u>9,762,260.</u>

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CALIFORNIA ASSOCIATION OF FOOD BANKS	1624 FRANKLIN ST STE 722 OAKLAND, CA 94612-2823		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	13,256,628.	13,352,594.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
USDA TEFAP-CA DEPT OF SOCIAL SERVICES	5800 FOODLINK BLDG SACRAMENTO, CA 95828		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	6,486,978.	6,486,978.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RALEY'S FOOD FOR FAMILIES	500 W CAPITOL AVE WEST SACRAMENTO, CA 95605-2624		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	3,809,942.	4,476,003.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WALMART	702 SW 8TH ST BENTONVILLE, AR 72716-6209		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	4,159,152.	4,167,152.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CAL FOODS LOGISTICS	3478 BUSKIRK AVE STE 346 PLEASANT HILL, CA 94523-4384		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	1,832,116.	2,010,257.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
COSTCO	999 LAKE DR ISSAQUAH, WA 98027		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	1,492,052.	1,492,052.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TRADER JOES	800 SOUTH SHAMROCK AVENUE MONROVIA, CA 91016		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	1,295,312.	1,295,312.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TARGET	1000 NICOLLET MALL MINNEAPOLIS, MN 55403		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	1,029,850.	1,029,850.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SPROUTS	5455 E.HIGH STREET SUITE 111 PHOENIX, AZ 85054		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD	06/30/22	893,062.	893,062.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CA DEPT. 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>
FOOD	06/30/22	887,208.	887,208.

TOTAL INCLUDED ON LINE 3		<u>35,142,300.</u>	<u>36,090,468.</u>
--------------------------	--	--------------------	--------------------

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: SACRAMENTO FOOD BANK AND FAMILY SERVICES, 94-3315566

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 63,462,426; 2 Total gross income (Form 199, line 8) 63,440,108; 3 Total expenses and disbursements (Form 199, line 9) 63,523,228

Part II Settle Your Account Electronically for Taxable Year 2021

Table with 2 columns: 4 Electronic funds withdrawal 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number; 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here

CLIENT COPY

Signature of officer

Date

PRESIDENT & CEO

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 5 columns: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN. Row 1: [Signature], 05/11/23, [X], [], P00366884

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN. Row 1: [Signature], [], [], []

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Sacramento Food Bank and Family Services
1951 Bell Avenue
Sacramento, CA 95838

Prepared By:

Moss Adams LLP
2882 Prospect Park Dr, Ste 300
Rancho Cordova, CA 95670

Amount of Tax:

Balance due of \$800

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

May 15, 2023

Special Instructions:

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

SACRAMENTO FOOD BANK AND FAMILY SERVICES
Name of Organization

List all DBAs and names the organization uses or has used

1951 BELL AVENUE
Address (Number and Street)

SACRAMENTO, CA 95838
City or Town, State, and ZIP Code

JRHINE@SACRAMENTOFOODBA
E-mail Address

916-456-1980
Telephone Number

NK.ORG
E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT112711**

Corporation or Organization No. **2120629**

Federal Employer ID No. **94-3315566**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
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 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 63,440,108 Noncash Contributions \$ 46,472,762 Total Assets \$ 40,679,282
Program Expenses \$ 60,340,574 Total Expenses \$ 63,523,228

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?		X
5. During this reporting period, did the organization receive any governmental funding?	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?		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.

CLIENT COPY

BLAKE YOUNG

PRESIDENT & CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 3

CALIFORNIA DEPARTMENT OF HEALTH AND HUMAN SERVICES
1501 CAPITOL AVE
SACRAMENTO, CA 95814

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
744 P ST
SACRAMENTO, CA 95814-6400

COUNTY OF SACRAMENTO - DEPARTMENT OF FINANCE
9850 GOETHE RD
SACRAMENTO, CA 95827-3561

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
701 N FAIRFAX ST STE 310
ALEXANDRIA, VA 22314-2045

U.S. DEPARTMENT OF AGRICULTURE
1220 N ST
SACRAMENTO, CA 95814

U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY FOOD AND SHELTER
650 CAPITOL MALL
SACRAMENTO, CA 95814

U.S. DEPARTMENT OF STATE
1500 11TH ST
SACRAMENTO, CA 95814

U.S. DEPARTMENT OF TREASURY
CORONAVIRUS RELIEF FUND
1500 PENNSYLVANIA AVE, NW
WASHINGTON, DC 20220