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GOVERNMENT COPY

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](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **CENTRAL CALIFORNIA FOOD BANK** EIN or SSN **77-0320851**

Name and title of officer or person subject to tax **KYM DILDINE  
CO-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.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>95,910,819.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## 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 02420  
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 \_\_\_\_\_ 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.

68652302420  
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 *Juey S. Pafra* Date 06/06/23

**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)

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.

STATE COPY

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: CENTRAL CALIFORNIA FOOD BANK, 77-0320851

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 101,861,954; 2 Total gross income (Form 199, line 8) 95,910,819; 3 Total expenses and disbursements (Form 199, line 9) 93,176,666

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 Signature of officer Date Title CO-CEO

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.

Form fields for ERO: Signature (Lucy S. Pabia), Date (06/06/23), Check if also paid preparer (X), Check if self-employed, ERO's PTIN (P00366884), Firm's name (MOSS ADAMS LLP), Firm's FEIN (91-0189318), Address (3121 W MARCH LN, STE 200 STOCKTON, CA), ZIP code (95219-2367)

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.

Form fields for Paid Preparer: Signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name, Firm's FEIN, ZIP code

CENTRAL CALIFORNIA FOOD BANK  
4010 E. AMENDOLA DR.  
FRESNO, CA 93725

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

FORM RRF-1

**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](http://www.oag.ca.gov/charities)

<p><u>CENTRAL CALIFORNIA FOOD BANK</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>4010 E. AMENDOLA DR.</u> Address (Number and Street)</p> <p><u>FRESNO, CA 93725</u> City or Town, State, and ZIP Code</p> <p><u>559-237-3663</u> Telephone Number</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT85238</u></p> <p>Corporation or Organization No. <u>1817799</u></p> <p>Federal Employer ID No. <u>77-0320851</u></p>
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**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) \$ 95,910,819 Noncash Contributions \$ 70,803,206 Total Assets \$ 46,778,902  
 Program Expenses \$ 91,318,940 Total Expenses \$ 93,176,666

**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? <span style="float: right;"><b>SEE STATEMENT 3</b></span>	X	
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 4</b></span>	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.**

<u>KYM DILDINE</u>	<u>CO-CEO</u>		
Signature of Authorized Agent	Printed Name	Title	Date

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CA RRF-1

INFORMATION REGARDING COMMERCIAL  
FUNDRAISING SERVICES  
PART B, LINE 4

STATEMENT 3

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RKD GROUP, LLC DBA RKD ALPHA DOG  
8001 S 13TH ST,  
LINCOLN, NE 68512

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 4

USDA

744 P STREET, MS 19-15  
SACRAMENTO, CA 95814  
FOOD DISTRIBUTION UNIT  
DIAMOND LONGJEL  
(916) 229-4795

DEPARTMENT OF HOMELAND SECURITY

245 MURRAY LANE S.W.  
WASHINGTON DC 20528  
FRESNO MADERA COUNTY UNITED WAY  
ASHLEY RUIZ  
(559) 243-3664

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, EFAP

744 P STREET, MS 19-15  
SACRAMENTO, CA 95814  
FOOD DISTRIBUTION UNIT  
DIAMOND LONGJEL  
(916) 229-4795



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](http://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**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>CENTRAL CALIFORNIA FOOD BANK</b>		<b>D</b> Employer identification number <b>77-0320851</b>
	Doing business as		<b>E</b> Telephone number <b>559-237-3663</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>4010 E. AMENDOLA DR.</b>		<b>G</b> Gross receipts \$ <b>101,987,814.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>FRESNO, CA 93725</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>KYM DILDINE</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: ▶ <b>CCFOODBANK.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1992</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DISTRIBUTE FOOD TO THE HUNGRY IN FRESNO, MADERA, TULARE, KERN AND KINGS COUNTY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>57</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3189</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>116,003,783.</b>	<b>94,465,621.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,806,761.</b>	<b>845,751.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>91,608.</b>	<b>601,634.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,425.</b>	<b>-2,187.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>117,907,577.</b>	<b>95,910,819.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>71,253,269.</b>	<b>77,186,382.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,500,776.</b>	<b>3,672,719.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>952,623.</b>	<b>313,676.</b>	<b>278,928.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,941,626.</b>	<b>12,038,637.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>89,009,347.</b>	<b>93,176,666.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>28,898,230.</b>	<b>2,734,153.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>46,945,838.</b>	<b>46,778,902.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>433,826.</b>	<b>758,569.</b>
		<b>46,512,012.</b>	<b>46,020,333.</b>

**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.

<b>Sign Here</b>	▶ <b>STATE COPY</b> Signature of officer	Date			
	▶ <b>KYM DILDINE, CO-CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b>	Preparer's signature <b>TRACY S. PAGLIA</b>	Date <b>06/06/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00366884</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>	Phone no. <b>209-955-6100</b>		
Firm's address ▶ <b>3121 W MARCH LN, STE 200</b>		<b>STOCKTON, CA 95219-2367</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CCFB IS THE REGION'S LARGEST ORGANIZATION DEDICATED TO ENDING HUNGER.
OUR MISSION IS TO FIGHT HUNGER BY GATHERING AND DISTRIBUTING FOOD,
ENGAGING IN PARTNERSHIPS THAT ADVANCE SELF-SUFFICIENCY, AND PROVIDE
LEADERSHIP ON ISSUES RELATED TO HUNGER.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 91,318,940. including grants of \$ 77,186,382. ) (Revenue \$ 845,751. )
CCFB CONTINUED TO SERVE AN INCREASED NUMBER OF NEIGHBORS DUE TO THE
ONGOING REPERCUSSIONS OF THE COVID-19 PANDEMIC. DUE TO GENEROUS
SUPPORT, WE WERE ABLE TO PROVIDE FOOD TO APPROXIMATELY 350,000
NEIGHBORS EACH MONTH. WE HAVE CONTINUED TO EXPAND PROGRAMMING TO MEET
THE NEEDS OF UNDERSERVED POPULATIONS. THROUGH THESE EFFORTS WE EXPANDED
SERVICES TARGETING SCHOOL CHILDREN, FARMWORKERS, AND SENIORS. THROUGH
THESE EFFORTS, WE WERE ABLE TO PROVIDE 46 MILLION POUNDS OF FOOD TO OUR
NEIGHBORS IN FRESNO, MADERA, KINGS, TULARE AND KERN COUNTIES.

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

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 91,318,940.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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 .....	<b>17</b> X	
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

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

	Yes	No
<b>22</b> 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> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, 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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b>	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>b</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 **ALICIA MARTIN - 559-237-3663**  
**4010 E. AMENDOLA DR., FRESNO, CA 93725**

**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) KYM DILDINE CO-CEO	40.00			X				137,709.	0.	15,245.
(2) NATALIE CAPLES CO-CEO	40.00			X				125,392.	0.	14,982.
(3) ALICIA MARTIN DIRECTOR OF FINANCE	40.00			X				92,243.	0.	9,126.
(4) BETH PANDOL BOARD CHAIR	5.00 5.00	X		X				0.	0.	0.
(5) JOEL BROWNELL VICE CHAIR	5.00	X		X				0.	0.	0.
(6) JUSTIN EMMI VICE CHAIR (THRU 10/21)	5.00	X		X				0.	0.	0.
(7) MARK RILEY PAST CHAIR	5.00	X		X				0.	0.	0.
(8) BRIAN DECKER TREASURER	5.00	X		X				0.	0.	0.
(9) SYDNEY STOUT SECRETARY	5.00	X		X				0.	0.	0.
(10) JOE BAKER BOARD MEMBER	5.00	X						0.	0.	0.
(11) LORI BERGER BOARD MEMBER	5.00	X						0.	0.	0.
(12) ADRIANA CERVANTES-GONZALEZ BOARD MEMBER	5.00	X						0.	0.	0.
(13) WILLIAM LITTLEWOOD BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(14) JIM LYNES BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(15) JOAN MINASIAN BOARD MEMBER (THRU 10/21)	5.00	X						0.	0.	0.
(16) CORY PASEK BOARD MEMBER	5.00	X						0.	0.	0.
(17) ROSA PEREIRRA BOARD MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANAV SIDHU BOARD MEMBER	5.00	X						0.	0.	0.
(19) PETER VANG BOARD MEMBER (THRU 9/21)	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								355,344.	0.	39,353.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								355,344.	0.	39,353.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RKD GROUP, LLC DBA RKD ALPHA DOG 8001 S 13TH ST, LINCOLN, NE 68512	FUNDRAISING	284,833.

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 **1**



**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	74,161.				
	<b>d</b> Related organizations	<b>1d</b>	10,910.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	13,247,646.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	81,132,904.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 70,803,206.				
	<b>h Total.</b> Add lines 1a-1f		94,465,621.				
Program Service Revenue	<b>2 a</b> SHARED MAINTENANCE FEES	<b>Business Code</b>	624210	845,751.	845,751.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		845,751.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		538,614.			538,614.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	6,014,155.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	5,951,135.				
	<b>c</b> Gain or (loss)	<b>7c</b>	63,020.				
	<b>d</b> Net gain or (loss)		63,020.			63,020.	
<b>8 a</b> Gross income from fundraising events (not including \$ 74,161. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		123,673.				
			125,860.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-2,187.		-2,187.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			95,910,819.	845,751.	0.	599,447.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	77,186,382.	77,186,382.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	379,969.	215,706.	114,504.	49,759.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,646,785.	1,942,623.	343,586.	360,576.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	91,492.	65,241.	13,847.	12,404.
<b>9</b> Other employee benefits .....	349,421.	249,166.	52,884.	47,371.
<b>10</b> Payroll taxes .....	205,052.	146,219.	31,034.	27,799.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	62,300.		62,300.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	278,928.			278,928.
<b>f</b> Investment management fees .....	30,493.		30,493.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	183,056.	149,882.	17,499.	15,675.
<b>12</b> Advertising and promotion .....	125,934.	89,801.	19,060.	17,073.
<b>13</b> Office expenses .....	181,137.	141,436.	20,942.	18,759.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	361,048.	257,457.	54,644.	48,947.
<b>17</b> Travel .....	473,944.	463,451.	5,535.	4,958.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	49,336.	35,467.	7,316.	6,553.
<b>20</b> Interest .....	95.	68.	27.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	449,285.	404,356.	44,929.	
<b>23</b> Insurance .....	145,249.	103,575.	21,983.	19,691.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>INVENTORY ADJUSTMENT</b> .....	4,760,224.	4,760,224.		
<b>b</b> <b>PURCHASED COMMODITIES</b> .....	4,067,776.	4,067,776.		
<b>c</b> <b>REPAIRS AND MAINTENANCE</b> .....	435,100.	435,100.		
<b>d</b> <b>SUPPLIES AND MATERIALS</b> .....	426,591.	421,358.	2,760.	2,473.
<b>e</b> All other expenses .....	287,069.	183,652.	61,760.	41,657.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	93,176,666.	91,318,940.	905,103.	952,623.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	30,549,326.	<b>1</b>	16,787,376.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,451,968.	<b>3</b>	1,518,299.
	<b>4</b> Accounts receivable, net .....	89,828.	<b>4</b>	136,478.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,951,440.	<b>7</b>	5,951,440.
	<b>8</b> Inventories for sale or use .....	6,245,594.	<b>8</b>	4,414,603.
	<b>9</b> Prepaid expenses and deferred charges .....	69,846.	<b>9</b>	199,944.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,607,134.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,034,845.	<b>10c</b>	1,572,289.
	<b>11</b> Investments - publicly traded securities .....	239,720.	<b>11</b>	15,296,635.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	863,196.	<b>13</b>	901,838.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,945,838.	<b>16</b>	46,778,902.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	430,814.	<b>17</b>	758,569.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	3,012.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	433,826.	<b>26</b>	758,569.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	44,945,629.	<b>27</b>	41,955,720.
	<b>28</b> Net assets with donor restrictions .....	1,566,383.	<b>28</b>	4,064,613.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	46,512,012.	<b>32</b>	46,020,333.
	<b>33</b> Total liabilities and net assets/fund balances .....	46,945,838.	<b>33</b>	46,778,902.

**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	95,910,819.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,176,666.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,734,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,512,012.
5	Net unrealized gains (losses) on investments	5	-3,225,832.
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	46,020,333.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

CENTRAL CALIFORNIA FOOD BANK

Employer identification number

77-0320851

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	63096362.	65369861.	79548791.	116003783	94465621.	418484418
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	63096362.	65369861.	79548791.	116003783	94465621.	418484418
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						36837275.
<b>6 Public support.</b> Subtract line 5 from line 4.						381647143

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	63096362.	65369861.	79548791.	116003783	94465621.	418484418
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12,136.	54,408.	65,424.	80,352.	538,614.	750,934.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	10,950.	15,400.	12,544.	5,425.	0.	44,319.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						419279671
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,333,537.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.02	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	96.76	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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 - explain in Part VI). 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	<b>Total</b> 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> 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		

**Part VI**

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

Multiple horizontal lines for entering supplemental information.

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: CENTRAL CALIFORNIA FOOD BANK; Employer identification number: 77-0320851

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure); 2 Complete lines 2a through 2d (table with 2 columns: Held at the End of the Tax Year); 3 Number of conservation easements modified...; 4 Number of states where property...; 5 Does the organization have a written policy... Yes/No; 6 Staff and volunteer hours...; 7 Amount of expenses... \$; 8 Does each conservation easement... Yes/No; 9 In Part XIII, describe how the organization reports...

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.

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report...; 1b If the organization elected, as permitted under FASB ASC 958, to report... provide the following amounts relating to these items: (i) Revenue included... (ii) Assets included...; 2 If the organization received or held works of art... provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included... b Assets included...

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 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				
b Buildings				
c Leasehold improvements		630,156.	219,248.	410,908.
d Equipment		1,203,313.	754,439.	448,874.
e Other		1,773,665.	1,061,158.	712,507.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,572,289.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H). Total line at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9). Total line at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9). Total line at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes sub-rows (1) Federal income taxes, (2) through (9). Total line at the bottom.

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 ... [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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 X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CENTRAL CALIFORNIA FOOD BANK**

Employer identification number

**77-0320851**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP, LLC DBA RKD ALPHA DOG - 8001 S 13TH ST,	DIRECT RESPONSE MAIL SOLICITATION		X	785,610.	278,928.	506,682.
<b>Total</b>				785,610.	278,928.	506,682.

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

CA

**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))	
		GOLF TOURNAMENT (event type)	VITURAL BOWL (event type)	2 (total number)		
Revenue	1	Gross receipts	71,162.	78,649.	48,023.	197,834.
	2	Less: Contributions	37,162.	36,999.		74,161.
	3	Gross income (line 1 minus line 2)	34,000.	41,650.	48,023.	123,673.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	25,024.	36,363.	64,473.	125,860.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				125,860.
11	Net income summary. Subtract line 10 from line 3, column (d)				-2,187.	

**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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: RKD GROUP, LLC DBA RKD ALPHA DOG

(I) ADDRESS OF FUNDRAISER: 8001 S 13TH ST, LINCOLN, NE 68512



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **CENTRAL CALIFORNIA FOOD BANK** Employer identification number **77-0320851**

**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
CCFB REAL ESTATE INC. 4010 E. AMENDOLA DR. FRESNO, CA 93725	83-0525205	501C3	38,642.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DR MCCARRAN, NV 89434	94-2924979		0.	1,645,351.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CATHOLIC CHARITIES-AP 149 N FULTON STREET FRESNO, CA 93701	94-1678938		0.	966,055.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HAWAII FOOD BANK 2611 KILIHOU ST HONOLULU, HI 96819	99-0220699		0.	357,470.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO MISSION - AP 263 G STREET FRESNO, CA 93706	94-1279785		0.	755,823.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO CITY COLLEGE -RAM PANTRY - AP - 1101 E. UNIVERSITY AVE - FRESNO , CA 93741	77-0190269		0.	234,515.	FMV	FOOD INVENTORY	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 273.

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
MADERA COUNTY FOOD BANK 225 S. PINE AVE. STE. 101 MADERA, CA 93638	77-0513488		0.	857,339.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KERMAN COMMUNITY SERVICES ORGANIZATION - AP - 15101 W. KEARNEY BLVD. - KERMAN, CA 93630	77-0095362		0.	44,925.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA EMERGENCY AID COUNCIL-AP 217 N.E. 3RD ST. VISALIA, CA 93291	94-1294955		0.	337,034.	FMV	FOOD INVENTORY	GENERAL SUPPORT
UNIVERSITY PRESBYTERIAN CHURCH-AP 1776 E. ROBERTS AVE. FRESNO, CA 93710	23-6393377		0.	65,324.	FMV	FOOD INVENTORY	GENERAL SUPPORT
READING AND BEYOND - AP 4670 E. BUTLER AVE FRESNO, CA 93702	77-0505471		0.	83,804.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FATHER HANNIBAL HOUSE - AP 1401 14TH STREET SANGER, CA 93657	77-0271241		0.	50,101.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MIRACLES IN COMM. ASSOCIATION-AP 659 E DINUBA AVE REEDLEY, CA 93625	27-1090280		0.	153,197.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO STATE STUDENT CUPBOARD - AP 2255 E. BARSTOW FRESNO, CA 93740	94-6003272		0.	126,829.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FEEDING AMERICA FOOD BANKS 35 E. WACKER DR. STE 2000 CHICAGO, IL 60601	36-3673599		0.	730,348.	FMV	FOOD INVENTORY	GENERAL SUPPORT

**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
LEMOORE CHRISTIAN AID -AP 224 N. LEMOORE AVE. LEMOORE, CA 93245	77-0137925		0.	55,482.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO EOC- AP 1920 MARIPOSA MALL FRESNO, CA 93721	94-1606519		0.	50,357.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CITY OF FRESNO 125 E. BARSTOW AVE # 109 FRESNO, CA 93710	77-0320851		0.	28,005.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRO LA FAMILIA ADVOCACY-AP 302 FRESNO ST., STE 102 FRESNO, CA 93706	77-0310310		0.	34,837.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CATHOLIC CHARITIES - RURAL OUTREACH - AP - 149 N. FULTON ST. - FRESNO, CA 93701	94-1678938		0.	20,227.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO UNITED -AP 2940 S MARTIN LUTHER KING BLVD FRESNO, CA 93706	85-1371846		0.	604,216.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PORTERVILLE COLLEGE - AP 100 E. COLLEGE AVE. PORTERVILLE, CA 93257	95-6006644		0.	7,377.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CAPK - CATHOLIC CHARITIES -FB 5005 BUSINESS PARK NORTH BAKERSFIELD , CA 93309	95-2402760		0.	172,140.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. BRIGID COMMUNITY OUTREACH CTR -AP - 115 W. 5TH ST. - HANFORD, CA 93230	94-1294942		0.	517,097.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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*INACTIVE* FRESNO MISSION - G2G 3845 NORTH CLARK STREET # 107 FRESNO, CA 93726	94-1279785		0.	159,107.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY HANFORD- AP 380 E. IVY ST. HANFORD, CA 93230	94-1170408		0.	259,209.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* EDUCATION LEADERSHIP FOUNDATION - AP - 4290 E. ASHLAN AVE. - FRESNO, CA 93726	26-0417563		0.	21,836.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CULTIVA LA SALUD - SENIOR HUNGER PROGRAM - 4991 E MCKINLEY AVE SUITE 107 - FRESNO, CA 93727	84-3696370		0.	47,127.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE LIVING ROOM (WEST CARE) -AP 1330 E. OLIVE AVE. FRESNO, CA 93728	23-7368450		0.	12,651.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GOD'S BREAD BOX-AP 726 E. D ST. LEMOORE, CA 93245	27-4147757		0.	39,732.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE YOUTH CENTER-AP 1709 7TH STREET MENDOTA, CA 93640	77-0080297		0.	20,054.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SAN JOAQUIN VETERAN'S MEMORIAL HALL (ICCOF) -MP - 22001 W. MANNING AVE - SAN JOAQUIN, CA 93660	77-0320851		0.	97,810.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST MCKINLEY ASSEMBLY OF GOD (REFINERY CH) - AP - 3014 W. MCKINLEY AVENUE - FRESNO, CA 93722	44-0577787		0.	31,758.	FMV	FOOD INVENTORY	GENERAL SUPPORT



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THE KINGS PANTRY - KOINONIA-AP 12536 HANFORD ARMONA RD. HANFORD, CA 93230	94-2414753		0.	222,144.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHURCH OF THE NAZARENE - LATON - G2G SATELLITE - 6258 E. MURPHY AVE. - LATON, CA 93242	23-7295121		0.	341,118.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CAPK - SALVATION ARMY 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309	95-2402760		0.	5,168.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - PARLIER - NM 690 S NEWMARK AVE PARLIER, CA 93648	94-1606519		0.	379,286.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MT. VIEW COMMUNITY CHURCH - AP 3600 N. FOWLER AVE. FRESNO, CA 93727	77-0381582		0.	30,772.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HANFORD SEVENTH DAY ADVENTIST -AP 900 N. REDINGTON ST. HANFORD, CA 93230	52-0643036		0.	7,864.	FMV	FOOD INVENTORY	GENERAL SUPPORT
AMVETS POST 98 - AP 225 J STREET SANGER, CA 93657	77-0049626		0.	20,797.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PEOPLES CHURCH OF FRESNO - AP 7172 N. CEDAR AVE. FRESNO, CA 93720	94-6023166		0.	334,072.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE WORSHIP CENTER SANGER - AP 702 K ST. SANGER, CA 93657	44-0577787		0.	26,810.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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REGIONAL FOOD BANK OF OKC 3355 S. PURDUE OKLAHOMA CITY , OK 73179	73-1100380		0.	1,747,436.	FMV	FOOD INVENTORY	GENERAL SUPPORT
POPLAR ACTS 2 CHRISTIAN FELLOWSHIP CHURCH NM - 19283 AVE. 144 - POPLAR, CA 93257	77-0320851		0.	160,255.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FOUNDATION FOR CENTRAL SCHOOLS (CENTRAL UNIFIED) - 4605 N. POLK AVE. - FRESNO, CA 93722	56-2316616		0.	26,612.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GROCERIES TO GO 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	1,435,731.	FMV	FOOD INVENTORY	GENERAL SUPPORT
REEDLEY COLLEGE PANTRY - AP 995 REED AVE. REEDLEY, CA 93654	77-0190269		0.	134,846.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - DELANO (FAFI) 30168 GARCES HWY DELANO, CA 93215	94-1448579		0.	211,167.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CLOVIS COMMUNITY COLLEGE (2) - AP 390 W FIR AVE. CLOVIS, CA 93611	77-0190269		0.	27,750.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY SAN JOAQUIN - AP - 21962 RAILROAD AVE. - SAN JOAQUIN, CA 93660	94-1156347		0.	188,160.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - MENDOTA - NM 121 BELMONT AVE MENDOTA, CA 93640	94-1606519		0.	188,194.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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THREE SQUARE FOOD BANK 4190 N. PECOS RD LAS VEGAS, NV 89115	30-0396918		0.	1,225,277.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO SUNNYSIDE SDA-AP 5375 N. MAROA AVE FRESNO, CA 93704	81-0672915		0.	52,272.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* CHOICE - WEBSTER ELEMENTARY - 2600 E TYLER AVE. - FRESNO, CA 93701	77-0320851		0.	34,185.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHOICE PANTRY - GASTON MIDDLE SCHOOL - 1100 E. CHURCH - FRESNO, CA 93706	77-0320851		0.	33,606.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PROTESTANT EPISCOPAL BISHOP- AP - 4147 E. DAKOTA AVE - FRESNO, CA 93726	26-2691714		0.	83,818.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VICTORY CHAPEL -AP 4206 W. DAKOTA AVE FRESNO, CA 93722	26-2419803		0.	47,749.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOLY GROUND FAMILY FELLOWSHIP-AP 980 GETTYSBURG AVE, STE 103 CLOVIS, CA 93612	44-0577787		0.	233,180.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE BODY COMMUNITY CHURCH -AP 1123 RAILROAD AVE CLOVIS, CA 93612	45-4864365		0.	19,180.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHURCH OF THE NAZARENE - LATON-AP-CDBG FRESNO GRAN - 6258 E. MURPHY AVE. - LATON , CA 93242	23-7295121		0.	158,000.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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ST. ANTHONY'S FOOD CENTER - AP 1318 ELEVENTH ST. REEDLEY, CA 93654	94-1294942		0.	80,598.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE FRESNO CENTER - AP 4879 E. KINGS CANYON RD. FRESNO, CA 93727	77-0280265		0.	21,365.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BIOLA COMMUNITY CENTER- AP 4925 N. 7TH STREET BIOLA, CA 93606	91-2168493		0.	11,079.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CAPK - FOOD BANK 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309	95-2402760		0.	13,760,029.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA UNITED METHODIST CHURCH -AP - 5200 W. CALDWELL AVE. - VISALIA, CA 93277	94-1408169		0.	33,155.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CFF - FIVE POINTS 16918 W MT WHITNEY AVE FIVE POINTS, CA 93624	81-3960575		0.	249,468.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ETERNAL LIFE GOSPEL MINISTRIES 990 W. ELM AVE. COALINGA, CA 93210	90-0944113		0.	9,572.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE BRIDGE EVANGELICAL CHURCH -AP 3438 E. ASHLAN AVE. FRESNO, CA 93726	94-2224925		0.	94,098.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HANFORD HOUSE OF HOPE -AP 206 E. 9TH STREET HANFORD, CA 93230	52-0643036		0.	12,863.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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HOPE LUTHERAN CHURCH-AP 364 E. BARSTOW AVE FRESNO, CA 93710	41-1568278		0.	108,937.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CLOVIS SDA CHURCH - AP 2370 HELM AVE. CLOVIS, CA 93612	94-1733584		0.	18,425.	FMV	FOOD INVENTORY	GENERAL SUPPORT
OUR SAVIOUR'S LUTHERAN CHURCH -AP 2101 N. FRUIT AVE. FRESNO, CA 93705	94-1706160		0.	121,264.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EVANGEL HOME, INC -AP 137 N. YOSEMITE AVE FRESNO, CA 93701	94-1463156		0.	9,957.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CARUTHERS CHURCH OF CHRIST - AP 2341 W. SANDY ST CARUTHERS, CA 93609	20-4555562		0.	79,048.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CROSSOVER COMMUNITY CHURCH-AP 6050 S. LOTUS AVE FRESNO, CA 93706	84-2415734		0.	21,244.	FMV	FOOD INVENTORY	GENERAL SUPPORT
TULARE UNITED METHODIST CHURCH-AP 228 W. KERN AVE TULARE, CA 93274	94-1275249		0.	8,941.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PEANUT BUTTER & JELLY MINISTRIES - AP - 3585 N. BLYTHE AVE. - FRESNO, CA 93722	84-1769885		0.	82,519.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE CHURCH OF GOD-XT 1424 W. CALIFORNIA AVE. FRESNO, CA 93706	94-2355806		0.	179,039.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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LITTLE ZION BAPTIST CHURCH - AP 667 JUANITA ST. MENDOTA, CA 93640	20-8305910		0.	12,277.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SUNNYSIDE COMMUNITY CHURCH-AP 6731 E. BELMONT AVE. FRESNO, CA 93727	74-3208354		0.	24,800.	FMV	FOOD INVENTORY	GENERAL SUPPORT
OUR LADY OF THE ASSUMPTION-AP 13540 S HENDERSON AVE CARUTHERS, CA 93609	53-0196617		0.	35,428.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOPEWELL BAPTIST CHURCH - AP 2627 S. MARKS AVE FRESNO, CA 93706	81-3928351		0.	10,102.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WOODWARD PARK CHURCH - AP 7886 N. MILLBROOK AVE. FRESNO, CA 93720	94-1557845		0.	406,863.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL VALLEY SDA-XT 3901 E. CLINTON AVE FRESNO, CA 93703	73-1715926		0.	58,872.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PLEASANT VALLEY CHRISTIAN CENTER- AP - 160 E. BIRCH AVE. - COALINGA, CA 93210	94-2789452		0.	14,231.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LIFE FREE WILL BAPTIST CHURCH-AP 1625 E. PINE ST. FRESNO, CA 93728	27-3297545		0.	123,281.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ACTS FOUNDATION-AP 4798 N MARTY AVE FRESNO, CA 93722	32-0647894		0.	197,876.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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FIRST CONGREGATIONAL CHURCH OF FRESNO-AP - 2131 N. VAN NESS - FRESNO, CA 93704	94-1347035		0.	16,090.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - ORANGE COVE - NM 1705 S ANCHOR AVE ORANGE COVE, CA 93646	94-1606519		0.	154,597.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VIA CHURCH - AP 2120 N. KERN ST. FRESNO, CA 93721	47-1395522		0.	14,407.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SELMA COMMUNITY OUTREACH MINISTRIES - AP - 1701 WHITSON AVE. - SELMA, CA 93662	47-5567606		0.	569,519.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO WESTSIDE SDA CHURCH - AP 2750 MARTIN LUTHER KING BLVD FRESNO, CA 93706	52-0643036		0.	39,667.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CARUTHERS SEVENTH DAY ADVENTIST - AP - 2257 W. SANDY ST. - CARUTHERS, CA 93609	52-0643036		0.	29,179.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EXETER SEVENTH DAY ADVENTIST CHURCH-AP - 600 LENOX AVE. - EXETER, CA 93221	77-0294237		0.	85,840.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CALL TO GLORY MINISTRIES -AP 322 S. G ST. VISALIA, CA 93277	94-6114293		0.	14,803.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESLEY UNITED METHODIST CHURCH-AP 1343 E. BARSTOW AVE FRESNO, CA 93710	94-6121601		0.	50,700.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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CORCORAN EMERGENCY AID-AP 2607 W. WHITLEY AVE CORCORAN, CA 93212	77-0053601		0.	206,443.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - FRESNO LCC - NM 1805 E. CALIFORNIA AVE. FRESNO, CA 93706	94-1606519		0.	152,502.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RAINBOW HOUSING CORPORATION - BIGBY - AP - 2319 S. BARDELL AVE, UNIT 102 - FRESNO, CA 93706	30-0108119		0.	53,105.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LIFE MINISTRIES CHURCH - AP 552 E. TUOLUMNE FRESNO, CA 93706	77-0548461		0.	20,285.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BUTLER MENNONITE BRETHERN CHURCH -AP - 4884 E. BUTLER AVE - FRESNO, CA 93727	48-0699199		0.	5,244.	FMV	FOOD INVENTORY	GENERAL SUPPORT
NEW LIFE BAPTIST CHRUCH -AP 2033 S. CEDAR FRESNO, CA 93702	77-0037039		0.	26,125.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO CENTRAL SDA CHURCH - AP 422 E. SHIELDS AVE FRESNO, CA 93705	94-1294917		0.	447,813.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO HISPANIC SDA -AP 3033 E. OLIVE AVE. FRESNO, CA 93701	77-0054514		0.	159,826.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HARMONY HOPE CHEST - AP 5372 E. BELMONT AVE FRESNO, CA 93727	58-1542098		0.	63,680.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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POVERELLO HOUSE-AP 412 F. STREET FRESNO, CA 93706	77-0007985		0.	999,933.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY - ARC- AP 811 S. PARALLEL AVE FRESNO, CA 93721	13-5562351		0.	148,904.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY FRESNO FAMILY SERVICES -AP - 1752 FULTON STREET - FRESNO, CA 93721	94-1156347		0.	158,420.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SUMMER PARK APTS. -EAH HOUSING-AP 1275 S. WINERY AVE FRESNO, CA 93727	94-1699153		0.	9,614.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LINKS TO HOPE INC. -AP 21 W. JORDAN AVE. CLOVIS, CA 93611	82-5328305		0.	9,071.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* ALLENSWORTH SCHOOL-AP 3320 YOUNG RD. ALLENSWORTH, CA 93219	77-0160190		0.	9,753.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST PARK COMMUNITY CHURCH-AP 3279 W. JENSEN AVE. FRESNO, CA 93706	48-0699199		0.	11,046.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MASJID AL AQABAH - AP 949 WATERMAN AVE FRESNO, CA 93706	26-1427538		0.	800,945.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FAMILY ALLIANCE CHURCH - AP 2010 N. SIERRA VISTA DRIVE FRESNO, CA 93703	83-0491957		0.	30,768.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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KINGS HANDS MINISTRY -AP 1300 E. SHAW AVE. FRESNO , CA 93710	85-0715971		0.	20,999.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MOLLIE'S HOUSE - AP 693 W BULLARD FRESNO, CA 93704	01-0731855		0.	13,456.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KCAPS-KINGSBURG COMM. ASSISTANCE-AP - 1139 DRAPER STREET - KINGSBURG, CA 93631	94-2703633		0.	21,327.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SAINTS COMMUNITY COGIC- AP 3740 E ASHLAN AVE FRESNO, CA 93726	31-1699263		0.	206,561.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FEED MY SHEEP MINISTRIES - AP 117 E. LEMON AVE. FRESNO, CA 93706	91-2144772		0.	31,578.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BUTLER PENTECOSTAL CHURCH-AP 3542 E. BUTLER AVE. FRESNO , CA 93702	06-1832970		0.	286,859.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY SELMA- AP 1606 MILL ST. SELMA, CA 93662	94-1156347		0.	141,819.	FMV	FOOD INVENTORY	GENERAL SUPPORT
NEW BIRTH EVANGELISTIC CENTER-AP 2360 S. BARDELL AVE. FRESNO, CA 93706	77-0411677		0.	6,281.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BULLDOG PANTRY/ LCM - AP 2311 E. SHAW AVE. FRESNO, CA 93710	41-1568278		0.	27,383.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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**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
SIERRA LUTHERAN CHURCH - AP 32410 ROCKHILL LANE AUBERRY, CA 93602	77-0262528		0.	32,484.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LIBERTY CHRISTIAN FELLOWSHIP - AP 1480 N. MILLBROOK AVE. FRESNO, CA 93703	94-2789522		0.	909,226.	FMV	FOOD INVENTORY	GENERAL SUPPORT
INACTIVE- IPC SELMA- AP 2026 ARRANTS ST SELMA, CA 93662	94-6023166		0.	278,992.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SOUTH POINT CHURCH-AP 5391 E. TULARE AVE. FRESNO, CA 93727	77-0313405		0.	57,955.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SHEPHERDS TEMPLE COGIC- AP 16283 AVE 24 1/2 CHOWCHILLA, CA 93610	27-1808205		0.	31,772.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MILLBROOK PRESBYTERIAN CHURCH-AP 3620 N. MILLBROOK AVE., FRESNO, CA 93726	94-1265042		0.	13,240.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EPISCOPAL CHURCH OF THE SAVIOUR-AP 519 N. DOUTY ST. HANFORD, CA 93230	26-2691714		0.	50,379.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY CLOVIS - AP 210 E BARSTOW AVE CLOVIS, CA 93612	94-1156347		0.	325,739.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA RESCUE MISSION- AP 322 NE 1ST AVENUE VISALIA, CA 93291	94-2902666		0.	756,721.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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BETHLEHEM CENTER-AP 1638 N. DINUBA BLVD. VISALIA, CA 93291	94-1294942		0.	864,922.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. ANNE'S FOOD PANTRY-AP 271 S. WALLACE ST. PORTERVILLE, CA 93257	94-1294942		0.	170,959.	FMV	FOOD INVENTORY	GENERAL SUPPORT
OPEN GATE MINISTRIES INC. -AP 511 NORTH K STREET DINUBA, CA 93618	51-0154279		0.	127,625.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL CALIFORNIA FAMILY CRISIS CENTER-AP - 211 N. MAIN ST. - PORTERVILLE, CA 93257	94-2632968		0.	143,587.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FAMILY SERVICES OF TULARE COUNTY-AP - 401 N. CHURCH ST. - VISALIA, CA 93291	94-2897970		0.	143,865.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RURAL FOUNDATION FOR COMMUNITY ADVANCEMENT- AP - 712 E. WASHINGTON ST. - EARLIMART, CA 93219	02-5444815		0.	6,642.	FMV	FOOD INVENTORY	GENERAL SUPPORT
S&A CHILDREN'S CARE -AP 1636 W CORNELL AVE FRESNO, CA 93705	26-2945186		0.	19,717.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* SPRINGVILLE IGNITE REVIVAL -AP - 35576 TULE RIVE DRIVE - SPRINGVILLE, CA 93265	94-2535993		0.	61,908.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST FRESNO FAMILY RESOURCE CENTER -NM - 1350 E. ANNADALE AVE. - FRESNO, CA 93706	77-0577093		0.	547,545.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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IGLESIA CRISTIANA SIERVOS DE CRISTO -AP - 849 SKYLINE BLVD. - AVENAL, CA 93204	80-0923033		0.	88,657.	FMV	FOOD INVENTORY	GENERAL SUPPORT
COVENANT OF FAITH FAMILY MINISTRIES-AP - 6269 E. KINGS CANYON ROAD - FRESNO, CA 93727	81-1037100		0.	73,324.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* OUR LADY OF PERPETUAL HELP - AP - 929 HARVARD AVE - CLOVIS, CA 93612	94-1678938		0.	60,270.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO SEQUOIA SPANISH SDA - AP 4867 E. FILMORE AVE FRESNO, CA 93727	52-0643036		0.	58,818.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ARBOR COURT - EAH HOUSING- AP 4838 E. LAUREL AVE. FRESNO, CA 93727	20-1931523		0.	8,059.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FOUNTAIN WEST APARTMENTS - EAH HOUSING - AP - 2530 W. FOUNTAIN WAY - FRESNO, CA 93705	94-1699153		0.	14,709.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHOICE PANTRY - FREMONT ELEMENTARY 1005 W. WELDON AVE. FRESNO, CA 93705	77-0320851		0.	36,903.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CARUTHERS UNITED METHODIST CHURCH - AP - 2359 W. SUPERIOR AVE - CARUTHERS, CA 93609	36-2167731		0.	36,527.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VALLEY CHRISTIAN HOME - AP 511 E. MALONE ST. HANFORD, CA 93230	94-2213378		0.	8,120.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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ANNADALE BAPTIST CHURCH - AP 1511 14TH STREET SANGER, CA 93657	94-1347058		0.	140,184.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SHRINE OF OUR LADY OF FATIMA -XT 20855 S. FATIMA AVE. LATON, CA 93242	34-2025135		0.	96,812.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SECOND BAPTIST CHURCH- XT 1041 E. JENSEN FRESNO, CA 93706	13-5563018		0.	254,333.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MUDDYEYES - AP 6785 N BACKER AVE. FRESNO, CA 93710	86-1589441		0.	19,228.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FOUNTAIN OF LIFE CORCORAN-NM 1725 CHITTENDEN AVE. CORCORAN, CA 93212	77-0320851		0.	149,780.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE WORSHIP CENTER SANGER - G2G SATELLITE - 702 K ST. - SANGER, CA 93657	44-0577787		0.	240,786.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MT. VALLEY CHURCH-XT 30598 E. KINGS CANYON RD. SQUAW VALLEY, CA 93675	94-2790228		0.	120,117.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ZION MT. CHRISTIAN CTR/DUNLAP-XT 39712 DUNLAP RD DUNLAP, CA 93621	04-3670129		0.	58,130.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BUTLER MENNONITE BRETHERN CHURCH -XT - 4884 E. BUTLER AVE - FRESNO, CA 93727	48-0699199		0.	105,458.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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FULL GOSPEL TABERNACLE-XT 519 11TH ST. REEDLEY, CA 93654	44-0577787		0.	250,010.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FOWLER BAPTIST CHURCH-XT 507 E. MERCED FOWLER, CA 93625	94-6078657		0.	270,559.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL SIERRA CHAMBER OF COMM-XT 54120 HWY 245 MIRAMONTE, CA 93641	94-6101663		0.	128,446.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO SEQUOIA SPANISH SDA-XT 4867 E. FILLMORE AVE FRESNO, CA 93727	52-0643036		0.	183,609.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL CALIFORNIA FOOD BANK 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	187,333.	FMV	FOOD INVENTORY	GENERAL SUPPORT
POVERELLO HOUSE-XT 412 F. STREET FRESNO, CA 93706	77-0007985		0.	207,663.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EL PASOANS FIGHTING HUNGER FOOD BANK - 9541 PLAZA CIRCLE - EL PASO, TX 79927	45-2893839		0.	494,851.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LIFE FREE WILL BAPTIST CHURCH - NM 1625 E. PINE ST. FRESNO, CA 93728	27-3297545		0.	323,038.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CALL TO GLORY MINISTRIES-NM 322 S. G ST. TULARE, CA 93274	94-6114293		0.	147,675.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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RURAL COMMUNITIES RESOURCE CENTER NM - 41760 ROAD 130 - OROSI, CA 93647	47-1779129		0.	207,793.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - LINDSAY (FAFI) 860 NORTH SEQUOIA AVE LINDSAY, CA 93247	94-1448579		0.	65,355.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CFF - STRATHMORE 23124 AVE. 196 (VETERAN'S HALL) STRATHMORE, CA 93267	81-3960575		0.	115,425.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SIKH WOMEN'S ORGANIZATION - NM 455 N. DE WOLF AVE. FRESNO, CA 93737	83-2412702		0.	86,252.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - FARMERSVILLE (FAFI) - 1436 MARIPOSA AVE. - VISALIA, CA 93292	94-1448579		0.	73,368.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - GOSHEN (FAFI) 5064 AVE. 309 VISALIA, CA 93291	94-1448579		0.	12,258.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CFF - PIXLEY 719 N PARK DR. PIXLEY, CA 93256	81-3960575		0.	87,154.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ROJAS-PIERCE PARK MENDOTA (ICCOF) -NM - 350 SORENSON AVE. - MENDOTA, CA 93640	77-0320851		0.	40,017.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KCAO - FOOD BANK 1130 N. 11TH AVE. HANFORD, CA 93230	94-1604455		0.	20,131.	FMV	FOOD INVENTORY	GENERAL SUPPORT



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*INACTIVE* RURAL SCHOOL DISTRICTS 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	93,142.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SECOND HARVEST GREATER NEW ORLEANS 700 EDWARD NEW ORLEANS, LA 70123	72-0956468		0.	47,274.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - TRAVER ELEMENTARY 36736 CANAL DR TRAVER, CA 93673	77-0320851		0.	19,915.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - KING ELEMENTARY 1001 E. FLORENCE AVE. FRESNO, CA 93706	77-0320851		0.	13,619.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL VALLEY EMPOWERMENT ALLIANCE -NM - 14665 ROAD 192 - POPLAR, CA 93257	77-0320851		0.	195,650.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - WEBSTER ELEMENTARY 2600 E TYLER AVE. FRESNO, CA 93701	77-0320851		0.	10,135.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MIRACLES IN COMMUNITY ASSOCIATION-NM - 659 E DINUBA AVE. - REEDLEY, CA 93654	27-1090280		0.	567,004.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ANNADALE BAPTIST CHURCH - DIAPER BANK - 1511 14TH STREET - SANGER, CA 93657	94-1347058		0.	35,770.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE YOUTH CENTER - DIAPER BANK - 1709 7TH STREET - MENDOTA, CA 93640	77-0080297		0.	5,139.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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UHC - WIC - DIAPER BANK 901 N. BLACKSTONE FRESNO, CA 93701	94-1732538		0.	79,273.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRO LA FAMILIA - DIAPER BANK 302 FRESNO ST., STE 102 FRESNO, CA 93706	77-0310310		0.	114,917.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST FRESNO FRC - DIAPER BANK 1350 E ANNADALE AVE FRESNO, CA 93706	77-0577093		0.	35,160.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CALL TO GLORY - G2G SATELLITE 322 S. G ST. TULARE, CA 93274	94-6114293		0.	193,915.	FMV	FOOD INVENTORY	GENERAL SUPPORT
INACTIVE-IGLESIA CRISTIANA EMMANUEL-NM - 607 TRINITY AVE. - CHOWCHILLA, CA 93610	77-0320851		0.	170,062.	FMV	FOOD INVENTORY	GENERAL SUPPORT
TULE RIVER JUSTICE CENTER - NM 129 S. RESERVATION ROAD PORTERVILLE, CA 93257	77-0320851		0.	155,006.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PROTESTANT EPISCOPAL BISHOP - G2G - 4147 E. DAKOTA AVE - FRESNO, CA 93726	26-2691714		0.	102,459.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MASJID FRESNO - G2G SATELLITE 2111 E. SHAW AVE FRESNO, CA 93710	94-2612561		0.	62,013.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BETHLEHEM CENTER - G2G SATELLITE 1638 N. DINUBA AVE. VISALIA, CA 93291	94-1294942		0.	68,765.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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*INACTIVE* OUR SAVIOUR'S LUTHERAN CHURCH - G2G - 2101 N. FRUIT AVE. - FRESNO, CA 93705	94-1706160		0.	72,950.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - DEL REY (FAFI) 10649 MORRO AVE. DEL REY, CA 93616	94-1448579		0.	73,368.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* UFWF - ORANGE COVE (FAFI) - 1705 S. ANCHOR AVE - ORANGE COVE, CA 93646	94-1448579		0.	69,108.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EXETER SDA- G2G SATELLITE 600 LENOX AVE EXETER, CA 93221	77-0294237		0.	149,426.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA EMERGENCY AID COUNCIL - G2G SATELLITE - 217 N.E. 3RD AVE. - VISALIA, CA 93291	94-1294955		0.	61,707.	FMV	FOOD INVENTORY	GENERAL SUPPORT
STRATHMORE FULL GOSPEL ASSEMBLY OF GOD - NM - 19570 ORANGE BELT DRIVE - STRATHMORE, CA 93267	77-0320851		0.	194,202.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. ANTHONY'S FOOD CENTER - G2G SATELLITE - 1318 ELEVENTH ST. - REEDLEY, CA 93654	94-1294942		0.	105,139.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* ST. REST - DIAPER BANK 1550 E. REV. CHESTER RIGGINS FRESNO, CA 93706	77-0009944		0.	26,683.	FMV	FOOD INVENTORY	GENERAL SUPPORT
STONE SOUP FRESNO - DIAPER BANK 1345 E. BULLDOG LANE FRESNO, CA 93710	77-0430680		0.	112,486.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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SHINE TOGETHER - DIAPER BANK 2909 TULARE ST. FRESNO, CA 93721	45-0702884		0.	7,609.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PLEASANT VALLEY CHRISTIAN CENTER - G2G SATELLITE - 160 E. BIRCH AVE. - COALINGA, CA 93210	94-2789452		0.	273,888.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHURCH OF THE NAZARENE - LATON - DIAPER BANK - 6258 E. MURPHY AVE. - LATON, CA 93242	23-7295121		0.	53,727.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* CV CHILDREN'S SERVICES - DIAPER BANK - 1911 N. HELM AVE. - FRESNO, CA 93727	77-0026968		0.	23,372.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EXCEPTIONAL PARENT'S UNLIMITED - DIAPER BANK - 1835 N. WINERY - FRESNO, CA 93703	77-0263702		0.	76,210.	FMV	FOOD INVENTORY	GENERAL SUPPORT
AMOR - SENIOR HUNGER PROGRAM 115 BELMONT AVENUE MENDOTA, CA 93640	36-4635877		0.	25,442.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* TIPTON ELEMENTARY - SUMMER FEEDING - 370 N EVANS RD. - TIPTON, CA 93272	77-0320851		0.	35,823.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FAIHP - SENIOR HUNGER PROGRAM 1551 E. SHAW AVE. SUITE 139 FRESNO, CA 93710	45-1504597		0.	7,702.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FAIHP - DIAPER BANK 1551 E. SHAW AVE. SUITE 139 FRESNO, CA 93710	45-1504597		0.	21,475.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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SCHOOL - WEST FRESNO ELEMENTARY 2910 S IVY AVE FRESNO, CA 93706	77-0320851		0.	49,157.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FIRST 5 FRESNO - GLOW! PROGRAM - MATERNAL HEALTH - 2405 TULARE ST., STE 200 - FRESNO, CA 93721	77-0320851		0.	7,419.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MASJID AL AQABAH - NM 949 WATERMAN AVE FRESNO, CA 93706	26-1427538		0.	9,423.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC-SANGER JFK PARK - NM ALLER AVE. & NORTH AVE SANGER, CA 93657	94-1606519		0.	144,012.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MUSTARD SEEDS CHARITIES - NM 9615 TEMPLE DR HANFORD, CA 93230	77-0320851		0.	166,657.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - OAKHURST INTERMEDIATE SCHOOL 40094 INDIAN SPRINGS RD OAKHURST, CA 93644	77-0320851		0.	28,435.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ONE TIME DONATION-PROJECT HOPE SLMA SNR CNTR - 2301 SELMA ST. - SELMA, CA 93662	77-0320851		0.	11,782.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - LATON ELEMENTARY 6065 E LATONIA ST. LATON, CA 93242	77-0320851		0.	21,332.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - YOKOMI ELEMENTARY 2323 E MCKENZIE AVE FRESNO, CA 93701	77-0320851		0.	10,228.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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SCHOOL - WEST PARK ELEMENTARY 2695 S. VALENTINE FRESNO, CA 93706	77-0320851		0.	53,396.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - SAN JOAQUIN ELEMENTARY 8535 9TH ST SAN JOAQUIN, CA 93660	77-0320851		0.	18,847.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - WESTSIDE ELEMENTARY 19191 W EXCELSIOR AVE FIVE POINTS , CA 93624	77-0320851		0.	33,302.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - SEQUOIA HIGH SCHOOL 1040 N WOODLAND ST VISALIA, CA 93291	77-0320851		0.	60,469.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CALIFORNIA HEALTH COLLABORATIVE - DIAPER BANK - 1680 W. SHAW AVE. - FRESNO, CA 93711	94-2862660		0.	8,347.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - TIPTON ELEMENTARY 370 N EVANS RD. TIPTON , CA 93272	77-0320851		0.	15,703.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - STRATHMORE UNION ELMENTARY - 19840 ORANGE BELT DR. - STRATHMORE, CA 93267	77-0320851		0.	87,685.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - PARLIER UNIFIED SCHOOL DISTRICT - 500 TUOLUMNE ST - PARLIER, CA 93648	77-0320851		0.	61,395.	FMV	FOOD INVENTORY	GENERAL SUPPORT
COMPREHENSIVE YOUTH SERVICES - DIAPER BANK - 1940 FRONT ST SUITE 102 - SELMA, CA 93662	94-2219412		0.	45,331.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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
COMMUNITY YOUTH MINISTRIES - MATERNAL HEALTH - 1592 11TH ST. - REEDLEY, CA 93654	77-0324453		0.	5,563.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* RURAL - CARUTHERS HIGH SCHOOL - 2580 W TAHOE AVE - CARUTHERS, CA 93609	77-0320851		0.	36,454.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FIND FOOD BANK 83775 CITRUS AVE INDIO, CA 92201	33-0006007		0.	57,448.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GOSHEN FAMILY CENTER - DIAPER BANK 31081 RD. 72 VISALIA, CA 93291	94-2897970		0.	24,696.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST MCKINLEY - DIAPER BANK 3014 W. MCKINLEY FRESNO, CA 93722	44-0577787		0.	22,318.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* FCOE - FRIENDS DIAPER BANK - 2405 TULARE ST. - FRESNO, CA 93721	77-0320851		0.	12,325.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - BURTON SCHOOL DISTRICT 2440 W HENDERSON AVE PORTERVILLE, CA 93257	77-0320851		0.	69,531.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WONDERFUL - FIREBAUGH LAS DELTAS SCHOOL PANTRY - 1655 13TH STREET - FIREBAUGH, CA 93622	77-0320851		0.	76,339.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. PAUL CATHOLIC NEWMAN CENTER-OA 1572 E. BARSTOW AVE FRESNO, CA 93710	94-1294942		0.	5,131.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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THE SALVATION ARMY VISALIA - OA 1501 W. MAIN ST. VISALIA, CA 93291	94-1156347		0.	6,292.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PASS THE LOVE - FRESNO EOC - 3110 W. NIELSON AVE. - FRESNO, CA 93706	94-1606519		0.	55,253.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CLOVIS COMMUNITY COLLEGE (MAIN) - NM - 10309 N WILLOW AVE - FRESNO, CA 93730	77-0190269		0.	75,593.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HERITAGE ADULT / CBAS - SENIOR HUNGER PROGRAM - 2020 N WEBER AVE. UNIT 123 - FRESNO, CA 93705	77-0320851		0.	49,463.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PASS THE LOVE - THE FRESNO CENTER - 4879 E. KINGS CANYON RD. - FRESNO, CA 93727	77-0280265		0.	41,440.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PASS THE LOVE - EPU 1835 N. WINERY FRESNO, CA 93703	77-0263702		0.	9,209.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PASS THE LOVE - BOYS & GIRLS CLUB - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	94-1149171		0.	46,044.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* LIGHTHOUSE FOR CHILDREN 2405 TULARE ST., STE 200 FRESNO, CA 93721	46-3113048		0.	9,209.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* PASS THE LOVE - KC KIDS 1502 I ST. REEDLEY, CA 93654	77-0320851		0.	9,209.	FMV	FOOD INVENTORY	GENERAL SUPPORT



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

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*INACTIVE* PASS THE LOVE - ENP 1719 L ST. FRESNO, CA 93721	87-0814198		0.	55,253.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CFF - RICHGROVE 607 RICHGROVE DRIVE RICHGROVE, CA 93261	81-3960575		0.	71,643.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - MCLANE HIGH SCHOOL 2727 N CEDAR AVE FRESNO, CA 93703	77-0320851		0.	5,137.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CROSSOVER COMMUNITY CHURCH - DIAPER BANK - 6050 S. LOTUS AVE - FRESNO, CA 93706	84-2415734		0.	5,376.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL PROGRAM - PURCHASED ADD ON PRODUCT - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	8,387.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CDBG GRANT - CARUTHERS HIGH SCHOOL PANTRY - 2580 W TAHOE AVE - CARUTHERS, CA 93609	77-0320851		0.	38,363.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BIPOC 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	18,518.	FMV	FOOD INVENTORY	GENERAL SUPPORT
REEDLEY COLLEGE PANTRY - DIAPER BANK - 995 REED AVE. - REEDLEY, CA 93654	77-0190269		0.	5,974.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* CVSHEALTH - FRESNO HOUSING AUTHORITY - 1331 FULTON ST. - FRESNO, CA 93721	77-0320851		0.	15,093.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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VALLEY CHILDREN'S HOME CARE 5085 E MCKINELY AVE FRESNO, CA 93727	94-1294954		0.	5,504.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SCHOOL - DUCOR ELEMENTARY SCHOOL 23761 AVE. 56 DUCOR, CA 93218	77-0320851		0.	19,398.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - PINEDALE - NM 1900 MARIPOSA MALL, SUITE 105A FRESNO, CA 93721	94-1606519		0.	9,316.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HCCD - TEAGUE COMMUNITY RESOURCE CENTER - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	17,462.	FMV	FOOD INVENTORY	GENERAL SUPPORT
TULARE SDA CHURCH - NM 494 N. BLACKSTONE ST. TULARE, CA 93274	77-0254707		0.	49,414.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SECOND HARVEST OF GREATER VALLEY -FB - 1220 VANDERBILT - MANTECA, CA 95337	68-0376587		0.	223,099.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* CVSHEALTH - LIFE FREE WILL BAPTIST - 1625 E. PINE ST. - FRESNO, CA 93728	27-3297545		0.	12,926.	FMV	FOOD INVENTORY	GENERAL SUPPORT
AMOR - MENDOTA - AP 115 BELMONT AVE. MENDOTA, CA 93640	36-4635877		0.	6,477.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ALTRUISTIC UNITED HUMANITY ASSOC. (AUHA) -NM - 219 N. E STREET - PORTERVILLE, CA 93257	77-0320851		0.	20,608.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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

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CENTRO LA FAMILIA - MATERNAL HEALTH - 302 FRESNO ST., STE 102 - FRESNO, CA 93706	77-0310310		0.	6,356.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY CLOVIS - XT 210 E BARSTOW AVE CLOVIS, CA 93612	94-1156347		0.	333,091.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ICCOF MEAL BOX PROGRAM 4010 E AMENDOLA DRIVE FRESNO, CA 93725	77-0320851		0.	144,505.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ARMONA MP 13701 HOOD AVE ARMONA, CA 93202	77-0320851		0.	143,906.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BIOLA COMMUNITY CENTER-XT 4925 W. SEVENTH STREET BIOLA, CA 93606	91-2168493		0.	186,768.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRO FAMILIAR DE ADORACION-XT 4546 E. THOMAS AVE. FRESNO, CA 93702	95-6087955		0.	190,553.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - GEORGE WASHINGTON ELEMENTARY 509 E SOUTH ST MADERA, CA 93638	77-0320851		0.	36,803.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO HISPANIC SDA-XT 3033 E. OLIVE AVE. FRESNO, CA 93701	77-0054514		0.	228,344.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FAITH COMMUNITY CHURCH-XT 430 PEACH AVE. CLOVIS, CA 93612	44-0552034		0.	103,935.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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FIREBAUGH USDA-XT RODEO GROUNDS FIREBAUGH, CA 93725	77-0320851		0.	239,330.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA EL BUEN PASTOR-XT 863 11TH STREET ORANGE COVE, CA 93646	48-0699199		0.	406,853.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. REST COMMUNITY CHURCH - XT 1550 E. REV. CHESTER RIGGINS FRESNO, CA 93706	77-0009944		0.	279,981.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BUTLER PENTECOSTAL CHURCH-NM 3542 E. BUTLER AVE FRESNO, CA 93702	06-1832970		0.	197,760.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* SHEPHERDS TEMPLE -NM 16283 AVENUE 24 1/2 CHOWCHILLA, CA 93610	27-1808205		0.	103,162.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CATHOLIC CHARITIES-NM 149 N. FULTON ST. FRESNO, CA 93701	94-1678938		0.	174,370.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GRACE COMMUNITY -MP 56442 ROAD 200 NORTH FORK, CA 93643	77-0320851		0.	121,859.	FMV	FOOD INVENTORY	GENERAL SUPPORT
YOSEMITE CHRISTIAN CENTER -NM 1201 E. YOSEMITE AVE. MADERA, CA 93638	77-0320851		0.	179,882.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CHAPEL OF GRACE (ICCOF) -MP 120 E. HAWTHORNE ST. COALINGA, CA 93210	77-0320851		0.	117,160.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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SOUTH VALLEY COMMUNITY CHURCH LEMOORE-MP - 1050 W. BUSH ST. - LEMOORE , CA 93245	77-0320851		0.	159,131.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FOOTMAN PARK-RAYMOND COMMUNITY-NM 34992 ROAD 606 RAYMOND, CA 93653	77-0320851		0.	181,145.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IMMANUEL LUTHERAN-NM 5955 S. ELM AVE. FRESNO, CA 93706	77-0320851		0.	157,889.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ORO LOMA (ICCOF) - MP 9690 N. DOS PALOS RD FIREBAUGH , CA 93622	77-0320851		0.	119,942.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LANARE COMMUNITY CENTER-NM 20620 S. GRANTLAND FRESNO, CA 93725	46-1517800		0.	313,127.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE FAMILY SERVICES HURON (ICCOF) -MP - 16856 4TH ST. - HURON, CA 93234	91-2027313		0.	132,233.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LUTHERAN HUNGER NETWORK-NM 3403 E. CENTRAL AVE. FRESNO, CA 93725	77-0320851		0.	151,517.	FMV	FOOD INVENTORY	GENERAL SUPPORT
COARSEGOLD HISTORIC VILLAGE-NM 3500 HIGHWAY 41 COARSEGOLD, CA 93614	77-0320851		0.	116,067.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VALLEY CHRISTIAN CENTER- NM 4649 E. SHIELDS AVE FRESNO, CA 93726	94-2272132		0.	140,251.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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ST. REST COMMUNITY CHURCH - NM 1550 E. REVERAND CHESTER RIGGINS AV FRESNO, CA 93706	77-0009944		0.	187,745.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA DE LA COMUNIDAD-XT 9191 S. OLEANDER AVE. RAISIN CITY, CA 93652	48-0699199		0.	253,678.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA DE LA COMUNIDAD-NM 9191 S. OLEANDER AVE. RAISIN CITY, CA 93652	48-0699199		0.	186,935.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VEAC IVANHOE WALNUT GROVE ASSEMBLY OF GOD -NM - 32576 ROAD 160 - IVANHOE, CA 93235	94-1294955		0.	172,451.	FMV	FOOD INVENTORY	GENERAL SUPPORT
OPEN GATE MINISTRIES CUTLER - NM 12588 AVE. 407 CUTLER, CA 93615	51-0154279		0.	152,837.	FMV	FOOD INVENTORY	GENERAL SUPPORT
OPEN GATE MINISTRIES OROSI -NM 41645 RD. 128 OROSI, CA 93647	51-0154279		0.	138,356.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RURAL FOUND. FOR COMM. ADVANCEMENT-NM - 712 EAST WASHINGTON ST. - EARLIMART, CA 93219	02-5444815		0.	156,552.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. JOHN'S MISSIONARY BAPTIST TULARE-NM - 310 S. BLACKSTONE - TULARE, CA 93274	77-0320851		0.	97,323.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY VISALIA - NM 1501 W. MAIN ST. VISALIA, CA 93277	94-1156347		0.	168,917.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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SAVE THE CHILDREN ALPAUGH-NM 5313 ROAD 39 ALPAUGH, CA 93201	77-0320851		0.	118,717.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* IGLESIA EMMANUEL PORTERVILLE-NM - 185 S. LEGGETT ST. - PORTERVILLE, CA 93257	77-0320851		0.	49,152.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FELLOWSHIP MISSIONARY BAPTIST - NM 2529 E. BELMONT FRESNO, CA 93701	77-0036920		0.	135,416.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA NAZARENE CHURCH -NM 3333 W. CALDWELL VISALIA, CA 93277	77-0320851		0.	167,673.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA COMMUNITY CHURCH OF CHRIST-NM - 3838 S. COURT ST. - VISALIA, CA 93277	94-2738137		0.	178,122.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA ADVENTISTA DEL SEPTIMO DIA -NM - 230 N. ACACIA ST. - WOODLAKE , CA 93286	77-0320851		0.	163,868.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST MCKINLEY ASSEMBLY OF GOD (REFINERY CH) - NM - 3014 W. MCKINLEY - FRESNO, CA 93722	44-0577787		0.	152,137.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THREE RIVERS BREAD BASKET-NM 41673 N. FORK DR. THREE RIVERS, CA 93271	77-0320851		0.	136,015.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ALLENSWORTH SCHOOL - NM 3320 YOUNG RD. ALLENSWORTH, CA 93219	77-0320851		0.	68,606.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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*INACTIVE* DUCOR ELEM SCHOOL- NM 23761 AVE. 56 DUCOR, CA 93218	77-0320851		0.	98,732.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LEMON COVE COMMUNITY CHURCH-NM 32937 SIERRA DR. LEMON COVE, CA 93244	77-0320851		0.	107,068.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KINGS COUNTY COMMISSION ON AGING-NM - 10953 14TH AVENUE - ARMONA, CA 93202	77-0320851		0.	186,234.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HANFORD HOUSE OF HOPE-NM 206 E. NINTH STREET HANFORD, CA 93232	52-0643036		0.	101,833.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA UNITED METHODIST CHURCH -NM - 5200 CALDWELL AVE. - VISALIA, CA 93277	94-1408169		0.	169,471.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - CUTLER ELEMENTARY 40532 ROAD 128 CUTLER, CA 93615	77-0320851		0.	34,450.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - DEL MAR ELEMENTARY 4122 N. DEL MAR AVE. FRESNO, CA 93704	77-0320851		0.	14,214.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PRAISE CHURCH CLOVIS-NM 1600 WILLOW AVE CLOVIS, CA 93612	77-0320851		0.	233,918.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RAPTO DIVINO - FRESNO NM 3707 E LAURITE AVE FRESNO, CA 93725	52-2224238		0.	146,588.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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FRESNO CHRISTIAN REFORMED -NM 1639 W. SHIELDS AVE FRESNO, CA 93705	23-7329765		0.	158,945.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE FRESNO CENTER - NM 4879 E. KINGS CANYON RD. FRESNO, CA 93727	77-0280265		0.	162,839.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA JESUS ES EL SENOR -NM 1917 W. INYO AVE. TULARE, CA 93274	46-3397787		0.	179,132.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VEAC GOSHEN FAMILY HEALTH CARE NETWORK -NM - 7210 AVE 308 - VISALIA , CA 93291	94-1294955		0.	169,292.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE FAMILY SERVICES P.O. BOX 898 HURON, CA 93234	91-2027313		0.	331,961.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SAN JOAQUIN VETERAN'S MEMORIAL HALL-NM - 22001 W. MANNING - SAN JOAQUIN, CA 93660	77-0320851		0.	378,489.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FIREBAUGH - NM 1653 13TH STREET FIREBAUGH , CA 93622	77-0320851		0.	342,571.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA EL BUEN PASTOR-NM 863 11TH STREET ORANGE COVE, CA 93646	48-0699199		0.	323,339.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ROJAS-PIERCE PARK (MENDOTA) -NM 350 SORENSON AVE. MENDOTA, CA 93640	77-0320851		0.	242,933.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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ST. PAUL'S CATHOLIC CHURCH - NM 25592 DOUGHTY AVE TRANQUILITY, CA 93668	77-0320851		0.	185,154.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - CANTUA CREEK - NM 16101 S. DERRICK CANTUA CREEK, CA 93608	94-1606519		0.	145,021.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BACKPACK PROGRAM - ADD ON PRODUCT 4010 E. AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	41,877.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SECOND HARVEST FOOD BANK - SANTA CLARA & SAN MATEO - 4001 N. FIRST STREET - SAN JOSE , CA 95134	94-2614101		0.	85,026.	FMV	FOOD INVENTORY	GENERAL SUPPORT
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL RD DALLAS, TX 75236	75-1785357		0.	192,695.	FMV	FOOD INVENTORY	GENERAL SUPPORT
IGLESIA CRISTIANA SIERVOS DE CRISTO - NM - 849 SKYLINE BLVD. - AVENAL, CA 93204	80-0923033		0.	177,313.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* VALLEY DREAM CENTER NM 1835 N. WINERY FRESNO, CA 93703	77-0320851		0.	8,658.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. KATHERINE CATHOLIC CHURCH - NM 5375 CARMEL STREET DEL REY, CA 93616	77-0320851		0.	190,789.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO METRO MINISTRY (RETAIL ONLY) - 4270 N. BLACKSTONE AVE. - FRESNO, CA 93726	77-0320851		0.	637,323.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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
BIG SANDY RANCHERIA - NM 37190 JOSE BASIN ROAD AUBERRY, CA 93602	77-0320851		0.	137,610.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOLY GROUND FAMILY FELLOWSHIP-NM 980 GETTYSBURG AVE, STE 103 CLOVIS, CA 93612	44-0577787		0.	180,987.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RAPTO DIVINO - MADERA NM 716 S. GATEWAY DR MADERA, CA 93638	52-2224238		0.	177,649.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HARVESTER THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVE - KANSAS CITY, MO 64129	43-1208665		0.	80,084.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350		0.	58,937.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CARE & SHARE 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930		0.	61,831.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY HANFORD - NM 380 E. IVY ST. HANFORD, CA 93230	94-1170408		0.	193,269.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. MARY'S FOOD BANK 2831 N. 31ST AVE. PHOENIX, AZ 85009	74-2217350		0.	34,023.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ROAD RUNNER FOOD BANK 5840 OFFICE BLVD ALBUQUERQUE, NM 87109	85-0278525		0.	133,221.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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SALT LAKE CITY FOOD BANK 3150 S. 900 W SALT LAKE, UT 84119	27-1374940		0.	365,601.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ORANGE COUNTY FOOD BANK 11870 MONARCH GARDEN GROVE, CA 92841	32-0362611		0.	63,146.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PORTERVILLE COLLEGE -NM 100 E. COLLEGE AVE. PORTERVILLE, CA 93257	95-6006644		0.	43,887.	FMV	FOOD INVENTORY	GENERAL SUPPORT
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 S. COUNTRY CLUB ROAD - TUCSON, AZ 85713	51-0192519		0.	300,529.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FEEDING TEXAS 1524 S. IH-25, STE 342 AUSTIN, TX 60601	74-2762542		0.	63,640.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GOOD NEIGHBOR CENTER INC. SANGER - NM - 1620 CHURCH AVE. - SANGER, CA 93657	27-3678051		0.	165,185.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST HILLS COLLEGE LEMOORE -FOOD DAY RESOURCES- NM - 555 COLLEGE AVENUE - LEMOORE, CA 93245	77-0320851		0.	156,748.	FMV	FOOD INVENTORY	GENERAL SUPPORT
USDA - HOLIDAY MEAL BAGS 3403 E. CENTRAL AVENUE FRESNO, CA 93725	77-0320851		0.	88,882.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOLIDAY MEAL BOXES - PUR PRODUCT 3403 E. CENTRAL AVENUE FRESNO, CA 93725	77-0320851		0.	32,807.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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FOOD LIFE LINE 815 S 96TH ST SEATTLE, WA 98108	91-1090450		0.	43,413.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ANNADALE BAPTIST CHURCH-NM 1511 14TH STREET SANGER, CA 93657	94-1347058		0.	158,007.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PEANUT BUTTER & JELLY MINISTRIES - NM - 3585 N. BLYTHE AVE. - FRESNO, CA 93722	84-1769885		0.	174,802.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SEVEN OAKS CHURCH-NM 1021 S. BURKE ST. VISALIA, CA 93292	94-6098906		0.	300,031.	FMV	FOOD INVENTORY	GENERAL SUPPORT
STONE CORRAL ELEMENTARY SCHOOL 15590 AVE. 383 FRESNO, CA 93725	77-0320851		0.	167,958.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CLEARVIEW OUTREACH - NM 331 SOUTH D STREET MADERA, CA 93637	77-0320851		0.	143,854.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOLY GROUND FAMILY FELLOWSHIP-XT 980 GETTYSBURG AVENUE CLOVIS, CA 93612	44-0577787		0.	228,330.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST FRESNO FAMILY RESOURCE CENTER-XT - 1350 E. ANNADALE - FRESNO, CA 93706	77-0577093		0.	215,387.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - FIREBAUGH - NM 4010 E. AMENDOLA DR. FRESNO, CA 93622	94-1606519		0.	10,936.	FMV	FOOD INVENTORY	GENERAL SUPPORT

**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
ONE-TIME DONATION REQUEST - FRESNO COUNTY - 4010 AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	371,521.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ONE-TIME DONATION REQUEST - MADERA COUNTY - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	14,889.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ONE-TIME DONATION REQUEST - KINGS COUNTY - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	26,786.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ONE-TIME DONATION REQUEST - TULARE COUNTY - 4010 E. AMENDOLA DR. - FRESNO, CA 93725	77-0320851		0.	41,369.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* RICHGROVE CFF - NM 607 RICHGROVE DRIVE RICHGROVE, CA 93261	77-0320851		0.	95,542.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KCAPS- TRAVER- NM 3957 KITCHNER AVE. TRAVER, CA 93673	94-2703633		0.	151,676.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - LANE ELEMENTARY 4730 E. LOWE AVE. FRESNO, CA 93702	77-0320851		0.	16,481.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BP - JOHN MUIR ELEMENTARY 410 E. DENNETT AVE. FRESNO, CA 93728	77-0320851		0.	13,387.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FIRST CHRISTIAN CHURCH - XT 1701 WHITSON ST SELMA, CA 93662	94-6088069		0.	29,566.	FMV	FOOD INVENTORY	GENERAL SUPPORT

**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
AVENAL ADULT SCHOOL-NM 218 N. 7TH AVE AVENAL, CA 93204	77-0320851		0.	101,337.	FMV	FOOD INVENTORY	GENERAL SUPPORT
AVENAL ROTARY CLUB - NM 108 W. KINGS ST. AVENAL, CA 93204	77-0320851		0.	179,423.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CATHOLIC CHARITIES - DIAPER BANK 149 N. FULTON STREET FRESNO, CA 93701	94-1678938		0.	51,002.	FMV	FOOD INVENTORY	GENERAL SUPPORT
DOORS OF HOPE - DIAPER BANK 500 E. ALMOND AVE. SUITE 5A MADERA, CA 93638	42-1593588		0.	50,719.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO STATE - DIAPER BANK 2255 EAST BARSTOW, ITO FRESNO, CA 93740	94-6003272		0.	12,991.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO EOC - DIAPER BANK 5244 PINE ST. FRESNO, CA 93727	94-1606519		0.	346,876.	FMV	FOOD INVENTORY	GENERAL SUPPORT
*INACTIVE* HOPE LUTHERAN - DIAPER BANK - 364 EAST BARSTOW - FRESNO, CA 93710	41-1568278		0.	9,424.	FMV	FOOD INVENTORY	GENERAL SUPPORT
KCAO - DIAPER BANK 711 W. CINNAMON DR. LEMOORE, CA 93245	94-1604455		0.	70,413.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LEMOORE CHRISTIAN AID - DIAPER BANK - 224 N. LEMOORE AVE. - LEMOORE, CA 93245	77-0137925		0.	12,766.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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

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ST. BRIGID COMMUNITY OUTREACH CENTER - DIAPER BANK - 115 W. 5TH ST. - HANFORD, CA 93230	94-1294942		0.	8,347.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VISALIA EMERGENCY AID - DIAPER BANK - 217 NE 3RD AVE. - VISALIA, CA 93291	94-1294955		0.	31,996.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FEED MY SHEEP MINISTRIES - NM 117 E. LEMON AVE. FRESNO, CA 93706	91-2144772		0.	495,043.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HARMONY HOPE CHEST - NM 5372 E. BELOMONT AVE. FRESNO, CA 93727	58-1542098		0.	150,907.	FMV	FOOD INVENTORY	GENERAL SUPPORT
DEL REY COMMUNITY CENTER-XT 10679 E. MORRO AVE DEL REY, CA 93616	81-0657281		0.	211,661.	FMV	FOOD INVENTORY	GENERAL SUPPORT
NEW LIFE BAPTIST CHRUCH -XT 2033 S. CEDAR FRESNO, CA 93702	77-0037039		0.	154,496.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY FRESNO FAMILY SERVICES -XT - 1752 FULTON ST. - FRESNO, CA 93721	94-1156347		0.	150,118.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOPE LUTHERAN CHURCH-XT 364 E. BARSTOW AVE FRESNO, CA 93710	41-1568278		0.	126,321.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MALAGA COMMUNITY CENTER-XT 3582 S. WINERY FRESNO, CA 93725	77-0424578		0.	142,088.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)



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

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MENNONITE COMMUNITY CHURCH-XT 5015 EAST OLIVE AVE. FRESNO, CA 93727	48-0548936		0.	43,931.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CALIFORNIAN HOTEL-XT 851 VAN NESS AVE FRESNO, CA 93721	68-0412326		0.	37,600.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SIERRA LUTHERAN CHURCH - XT 32410 ROCKHILL LANE AUBERRY, CA 93602	77-0262528		0.	108,803.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE YOUTH CENTER-XT 1709 7TH STREET MENDOTA, CA 93640	77-0080297		0.	178,248.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE SALVATION ARMY SAN JOAQUIN -XT 21962 RAILROAD AVE. SAN JOAQUIN, CA 93660	94-1156347		0.	224,873.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CATHOLIC CHARITIES-XT 149 N FULTON STREET FRESNO, CA 93701	94-1678938		0.	340,992.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SAINTS COMMUNITY COGIC-XT 3740 E ASHLAN AVE FRESNO, CA 93726	31-1699263		0.	136,116.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MT. OLIVE MISSIONARY BAPTIST-XT 101 W CLINTON AVE FRESNO, CA 93705	77-0495264		0.	77,159.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE FAMILY SERVICES-XT-HURON 16856 4TH ST. HURON, CA 93234	91-2027313		0.	456,117.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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OUR LADY OF THE ASSUMPTION -XT 13540 S HENDERSON AVE CARUTHERS, CA 93609	53-0196617		0.	248,347.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE FAMILY SERVICES- COALINGA 160 W. ELM ST COALINGA, CA 93210	91-2027313		0.	373,795.	FMV	FOOD INVENTORY	GENERAL SUPPORT
SELMA ENHANCEMENT-XT 2301 SELMA ST. SELMA, CA 93662	31-1537679		0.	68,168.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LANARE COMMUNITY CENTER-XT 20620 S. GRANTLAND RIVERDALE, CA 93656	46-1517800		0.	362,063.	FMV	FOOD INVENTORY	GENERAL SUPPORT
UNIVERSITY PRESBYTERIAN CHURCH-XT 1776 E. ROBERTS AVE. FRESNO, CA 93710	23-6393377		0.	221,008.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WESTSIDE FAMILY SERVICES- KERMAN 15101 E. KEARNEY BLVD KERMAN, CA 93630	91-2027313		0.	249,431.	FMV	FOOD INVENTORY	GENERAL SUPPORT
MT. ZION ASSEMBLIES-XT 4368 N. BRAWLEY AVE. FRESNO, CA 93722	77-0423743		0.	31,780.	FMV	FOOD INVENTORY	GENERAL SUPPORT
RAPTO DIVINO - FRESNO - XT 3707 E LAURITE AVE FRESNO, CA 93725	52-2224238		0.	281,516.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PRAISE CHURCH CLOVIS - TEFAP BONUS - 1600 WILLOW AVE. - CLOVIS, CA 93612	77-0320851		0.	82,258.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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SAN JOAQUIN VETERAN'S MEMORIAL HALL - TEFAP BONUS - 22001 W. MANNING AVE. - SAN JOAQUIN, CA 93660	77-0320851		0.	156,483.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST FRESNO FAMILY RESOURCE CENTER-TEFAP - 1350 E. ANNADALE AVE. - FRESNO, CA 93706	77-0577093		0.	174,554.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. KATHERINE'S - TEFAP BONUS 5375 CARMEL STREET DEL REY, CA 93616	77-0320851		0.	69,930.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ROJAS-PIERCE PARK (MENDOTA) - TEFAP BONUS - 350 SORENSON AVE. - MENDOTA, CA 93640	77-0320851		0.	74,329.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FELLOWSHIP MISSIONARY BAPTIST - TEFAP BONUS - 2529 E. BELMONT - FRESNO, CA 93701	77-0320851		0.	49,774.	FMV	FOOD INVENTORY	GENERAL SUPPORT
THE FRESNO CENTER - TEFAP BONUS 4879 E. KINGS CANYON RD FRESNO, CA 93727	77-0320851		0.	70,759.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ANNADALE BAPTIST CHURCH - TEFAP BONUS - 1511 14TH ST - SANGER, CA 93657	77-0320851		0.	56,807.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - SANGER - TEFAP BONUS 451 ACADEMY AVE SANGER, CA 93657	77-0320851		0.	39,693.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - ORANGE COVE - TEFAP BONUS 690 SIXTH ST. ORANGE COVE, CA 93646	77-0320851		0.	59,453.	FMV	FOOD INVENTORY	GENERAL SUPPORT

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

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FIREBAUGH - TEFAP BONUS 1653 13TH ST FIREBAUGH, CA 93622	77-0320851		0.	140,208.	FMV	FOOD INVENTORY	GENERAL SUPPORT
VALLEY CHRISTIAN CENTER - TEFAP BONUS - 4649 E. SHIELDS AVE - FRESNO, CA 93726	77-0320851		0.	73,980.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - FRESNO LCC-TEFAP BONUS 1805 E. CALIFORNIA AVE. FRESNO, CA 93706	77-0320851		0.	26,563.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PLEASANT VALLEY CHRISTIAN CENTER - XT - 160 E. BIRCH AVE. - COALINGA, CA 93210	94-2789452		0.	153,764.	FMV	FOOD INVENTORY	GENERAL SUPPORT
LUTHERAN HUNGER NETWORK - TEFAP 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	53,403.	FMV	FOOD INVENTORY	GENERAL SUPPORT
PEANUT BUTTER & JELLY MINISTRIES-TFAP - 3585 N. BLYTHE AVE - FRESNO, CA 93722	84-1769885		0.	83,299.	FMV	FOOD INVENTORY	GENERAL SUPPORT
WEST MCKINLEY ASSEMBLY OF GOD - TEFAP BONUS - 3014 W. MCKINLEY - FRESNO, CA 93722	44-0577787		0.	49,008.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRESNO CHRISTIAN REFORMED CHURCH-TEFAP BONUS - 1639 W. SHIELDS AVE - FRESNO, CA 93705	77-0320851		0.	66,567.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BUTLER PENTECOSTAL CHURCH- TEFAP BONUS - 3542 E. BUTLER AVE - FRESNO, CA 93702	77-0320851		0.	74,302.	FMV	FOOD INVENTORY	GENERAL SUPPORT

Schedule I (Form 990)

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

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OUR SAVIOUR'S LUTHERAN CHURCH- XT 2101 N. FRUIT AVE. FRESNO, CA 93705	94-1706160		0.	217,614.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. PAUL'S CATHOLIC CHURCH-TEFAP BONUS - 25592 DOUGHTY AVE - FRESNO, CA 93668	77-0320851		0.	72,809.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC - PARLIER - TEFAP BONUS 1100 EAST PARLIER AVE. FRESNO, CA 93648	77-0320851		0.	130,438.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC-CANTUA CREEK- TEFAP BONUS 16101 S. DERRICK CANTUA CREEK, CA 93608	77-0320851		0.	55,404.	FMV	FOOD INVENTORY	GENERAL SUPPORT
EOC-MENDOTA-TEFAP BONUS 195 SMOOT AVE FRESNO, CA 93640	77-0320851		0.	68,154.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HARMONY HOPE CHEST- TEFAP BONUS 5372 E. BELMONT AVE FRESNO, CA 93727	77-0320851		0.	68,269.	FMV	FOOD INVENTORY	GENERAL SUPPORT
HOPE WORLDWIDE - CENTRAL VALLEY-XT 3425 E. SHIELDS FRESNO, CA 93726	04-3129839		0.	130,685.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ICCOF - TM ADD ON ORDER 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	230,164.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ST. JOSEPH'S CHURCH - XT 2441 DOCKERY AVE. SELMA, CA 93662	94-1294942		0.	215,049.	FMV	FOOD INVENTORY	GENERAL SUPPORT

**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
SIKH WOMEN'S ORGANIZATION- TEFAP BONUS - 455 N. DE WOLF AVE. - FRESNO, CA 93737	83-2412702		0.	25,808.	FMV	FOOD INVENTORY	GENERAL SUPPORT
ACTS FOUNDATION-XT 4798 N MARTY AVE FRESNO, CA 93722	32-0647894		0.	167,125.	FMV	FOOD INVENTORY	GENERAL SUPPORT
BIG SANDY RANCHERIA - XT 37190 JOSE BASIN ROAD AUBERRY, CA 93602	77-0320851		0.	81,671.	FMV	FOOD INVENTORY	GENERAL SUPPORT
CARUTHERS SEVENTH DAY ADVENTIST - XT - 2257 W. SANDY ST. - CARUTHERS , CA 93609	52-0643036		0.	135,854.	FMV	FOOD INVENTORY	GENERAL SUPPORT
FRIENDS OF CALWA - XT 3980 E. JENSEN FRESNO, CA 93725	27-1546862		0.	25,277.	FMV	FOOD INVENTORY	GENERAL SUPPORT
GROCERIES TO GO - TEFAP 4010 AMENDOLA DR. FRESNO, CA 93725	77-0320851		0.	5,032.	FMV	FOOD INVENTORY	GENERAL SUPPORT

**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

**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:**

CCFB REVIEWS ALL GRANT REQUIREMENTS AND MEETS WITH THE PROGRAMMATIC TEAM THAT WILL EXECUTE THE SERVICES AS DEFINED BY THE GRANTOR. THE GRANT WRITER ACTS AS A PROJECT MANAGER, WHO REGULARLY CHECKS IN WITH THE PROGRAMMATIC TEAM TO ENSURE THAT GOALS AND OBJECTIVES ARE BEING MET. MOST GRANTORS ALSO REQUIRE PERIODIC REPORTS OF SERVICE REQUIRING DETAILED INFORMATION WHICH MAY INCLUDE: NUMBER OF CLIENTS SERVED, CLIENT DEMOGRAPHICS, AMOUNT OF FOOD SERVED, TYPES OF COMMODITIES SERVED, AND PROGRAM SPECIFIC GOALS BEING MET.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CENTRAL CALIFORNIA FOOD BANK**

Employer identification number

**77-0320851**

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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) KYM DILDINE CO-CEO	(i)	137,709.	0.	0.	8,455.	6,790.	152,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

Name of the organization **CENTRAL CALIFORNIA FOOD BANK** Employer identification number **77-0320851**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	217	70,803,206.	\$1.92 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 1

	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.		



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CENTRAL CALIFORNIA FOOD BANK

Employer identification number

77-0320851

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

THE FORM 990 IS REVIEWED BY THE CO-CEO, DIRECTOR OF FINANCE AND BOARD OF DIRECTORS PRIOR TO FILING. A COPY OF THE FORM 990 IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO REVIEW AND SIGN A DISCLOSURE OF INTEREST AND ACKNOWLEDGEMENT OF CONFLICT OF INTEREST ON AN ANNUAL BASIS. THIS KNOWLEDGE IS REVIEWED BY THE EXECUTIVE COMMITTEE WHEN POSSIBLE CONFLICTS EXIST. THERE HAVE BEEN NO CONFLICTS IDENTIFIED IN THE PAST YEAR.

ALL BOARD OF DIRECTORS ARE COVERED UNDER THE POLICY. THE DETERMINATIONS ARE MADE AT THE BOARD OF DIRECTORS MEETINGS. IF THERE WERE TO BE A CONFLICT, IT WOULD BE REVIEWED AT THE BOARD OF DIRECTORS MEETINGS. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE PERSON OR PERSONS WITH A CONFLICT WOULD BE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS IN THE TRANSACTIONS.

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

THE BOARD OF DIRECTORS APPROVED COMPENSATION PAID TO THE CO-CEOS. COMPENSATION WAS APPROVED IN A CLOSED SESSION MEETING AND DOCUMENTED. THE COMPENSATION FOR THE DIRECTOR OF FINANCE AND THE REMAINDER OF THE EMPLOYEES ARE DETERMINED BY THE CO-CEOS WITHIN PREDETERMINED PAY SCALES. THE BOARD OF DIRECTORS APPROVES THE PAY SCALES AND ANNUAL SALARIES OF ALL EMPLOYEES. THE BOARD PERFORMS A COMPARABILITY ANALYSIS WHEN DETERMINING CO-CEO COMPENSATION. THE CO-CEO'S PERFORM A COMPARABILITY ANALYSIS FOR TOP

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 CENTRAL CALIFORNIA FOOD BANK	Employer identification number 77-0320851
--	--

MANAGEMENT AND KEY OFFICIALS AND PRESENT FINDING SO THE BOARD FOR APPROVAL.  
THIS PROCESS WAS MOST RECENTLY COMPLETED IN 2022.

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

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE  
CENTRAL CALIFORNIA FOOD BANK OFFICE AND ARE AVAILABLE FOR REVIEW.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**CENTRAL CALIFORNIA FOOD BANK**

Employer identification number

**77-0320851**

**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
CCFB REAL ESTATE INC. - 83-0525205 4010 E. AMENDOLA DR. FRENCO, CA 93725	REAL ESTATE	CALIFORNIA	501(C)(3)	LINE 12A, I	CENTRAL CALIFORNIA FOOD BANK	X	

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

Schedule R (Form 990) 2021

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) CCFB REAL ESTATE INC.	K	85,000.	FMV
(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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CENTRAL CALIFORNIA FOOD BANK</b>	Taxpayer identification number (TIN) <b>77-0320851</b>
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. <b>4010 E. AMENDOLA DR.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FRESNO, CA 93725</b>	

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		

**ALICIA MARTIN**

- The books are in the care of ▶ **4010 E. AMENDOLA DR. - FRESNO, CA 93725**

Telephone No. ▶ **559-237-3663** 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

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

**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.

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

Form **8868** (Rev. 1-2022)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**