			EXTENDED TO MAY 15, 20	20		27
	0	00	Return of Organization Exempt Fre	om li	ncome Tax	OMB No. 1545-0047
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ns) ZU18
Depa	artment c	of the Treasury	Do not enter social security numbers on this form as	it may b	e made public.	Open to Public
-	_	nue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection
-				ding J	UN 30, 2019	
B	Check if applicabl	e: C Name of	forganization		D Employer identific	cation number
	Addre	SS DT AC	ER FOOD BANK			
-	chang Name				94-1	740316
F	Ichang		usiness as and street (or P.0. box if mail is not delivered to street address)	om/suite	E Telephone number	
F	Final	8284	INDUSTRIAL AVENUE	oni/Suite)783-0481
	return/ termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,445,028.
	Ameno		VILLE, CA 95678		H(a) Is this a group re	
	Applic tion	F Name a	nd address of principal officer: DAVE MARTINEZ			? Yes 🗶 No
	pendir	^{ng} SAME	AS C ABOVE		H(b) Are all subordinates in	
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. (see instructions)
-			PLACERFOODBANK.ORG		H(c) Group exemption	
-		A DESCRIPTION OF THE OWNER OWNER OF THE OWNER	X Corporation Trust Association Other ►	L Year o	of formation: 1970 M	State of legal domicile: CA
Pa	art I	Summary	be the organization's mission or most significant activities: DOING	BIICT	NECC AC THE	DIACER
ce	1	FOOD BA	NK, OUR SOLE MISSION HAS BEEN FOCUS	TED T	O ALLEVIATE	HINGER IN
Governance		Ciamina and a second seco	$x \triangleright$ if the organization discontinued its operations or disposed			
Ver			ting members of the governing body (Part VI, line 1a)			10
g			lependent voting members of the governing body (Part VI, line 1b)			10
Activities &			of individuals employed in calendar year 2018 (Part V, line 2a)			27
vitie			of volunteers (estimate if necessary)			1320
Acti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38			0.
					Prior Year	Current Year
an			and grants (Part VIII, line 1h)		<u>11,403,007.</u> 230,267.	11,800,111. 246,257.
Revenue			ce revenue (Part VIII, line 2g)		230,207.	240,257.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		438,349.	454,197.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.000 (MAR)	12,071,844.	12,500,847.
	and the second se		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
s				1000	1,026,915.	1,094,231.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 552,636	5.		
Ш	11/	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		10,865,190.	11,328,834.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,892,105.	12,423,065.
		Revenue less	expenses. Subtract line 18 from line 12		179,739.	77,782.
Net Assets or Fund Balances		-			jinning of Current Year	End of Year 1,898,646.
Asse	20	Total assets (I			258,406.	496,852.
Vet /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		1,513,155.	1,401,794.
And in case of the local division of the loc	art II	Signature			_//	
			I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	/ knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which			1
		NK	JAN K		///	120
Sig	n	· ·	e of officer		Date /	1
He	re		MARTINEZ, EXECUTIVE DIRECTOR			
			print name and title		ata la la	
		Print/Type pre		1220	ate Check	
Pai		KEITH R		· ــــــــــــــــــــــــــــــــــــ	2/23/19 if self-employe	₫ ₽01317613 68-0037990
	parer	Firm's name	► GILBERT CPAS 2880 GATEWAY OAKS DR, STE 100		Firm's EIN 🕨	00-0037990
USE	e Only	Firm's address	SACRAMENTO, CA 95833		Phone no 91	6-646-6464
Ma	v the l	R discuss thi	s return with the preparer shown above? (see instructions)			
	001 12-3		For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) PLACER FOOD BANK	94-1740316	Page 2
Pa	rt 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:		
	PLACER FOOD BANK'S MISSION IS TO SUSTAIN COMMUNITIES	BY NOURISHING	
	FAMILIES EXPERIENCING FOOD INSECURITY, EDUCATING THE	COMMUNITY ABO	UT
	HUNGER, WHILE ADVOCATING FOR HUNGER RELIEF.		
	· · ·		
2	Did the organization undertake any significant program services during the year which were not listed on th	e	
-	prior Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O.		.5 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		s X No
3			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses	s, and
	revenue, if any, for each program service reported.	240	200
4a			<u>,269.</u>)
	FOOD BANK AGENCY PROGRAM - PROVIDES FOOD TO NON PROFI		
	PROVIDE FOOD BASKETS AND HOT MEALS TO PEOPLE IN NEED		-
	AND EL DORADO COUNTIES. ADDITIONAL PROGRAMS INCLUDE E		
	ASSISTANCE PROGRAM - US DEPARTMENT OF AGRICULTURE PRO		
	DISTRIBUTION OF COMMODITIES TO PLACER COUNTY RESIDENT	S THROUGH NON	
	PROFIT FOOD AGENCIES.		
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4-1	Other program convises (Deserving in Schedule O)		
4d	Other program services (Describe in Schedule O.)	ι.	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 11,436,470.)	
<u>4e</u>	Total program service expenses 11,430,470.		000 (001 0)

 Form 990 (2018)
 PLACER
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 Part IV
 Checklist of Required Schedules

			V	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u		444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		- 23
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	х	
	,	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

 Form 990 (2018)
 PLACER
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 Part IV
 Checklist of Required Schedules (continued)

22 Did the organization regort more than 55:000 of grants or other assistance to or for domestic individuals on Part X, connect Schedule JP, and a NIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				Yes	No
22 Did the organization answer "Yes" to Part VII, Section A, Ime 3, 4, or 5 about compensation of the organization a current and former officers, directors, trustees, key employee, and highest compensated employee? If "Yes," complete Schedule A, If "No," to ime 25a 24 24 Did the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002 If "Yes," answer lines 24 brough 244 and complete Schedule K. If "No," to ime 25a 24a 24a Did the organization invest may proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 50(16)(3), 501(64), and 501(2)(2) organizations. Did the organization and an excess benefit transaction with a disqualified person during the year? 24a 25a Section 50(16)(3), 501(64), and 501(2)(2) organizations. Did the organization append that the transaction with a disqualified person during the year? 25b 25b Did the organization needs that an access benefit transaction with a disqualified person 417 (*se," complete Schedule L, Part I 25b X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for meetwaltes from or payables to any current or former officer, director, trustee, key employee, is to stantial contributor or employee theread, agrant selection ontmite emperts, or to a 30 (% a Camplete Schedule L, Part I) 26b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for meetwalted emptoyee, substantial contrib	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? H "Yes," complete Schedule J. 2 24a Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. Itati vans issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K if No," go to line 25a. 2 24b Did the organization invokt any proceeds of tax-exampt bonds beyond a temporary paried exception? 2 24d Did the organization arises as "on behalf of" issuer for bonds outstanding at any time during the year? 2 24d Did the organization arises as "on behalf of" issuer for bonds outstanding at any time during the year? 2 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Duit the organization engage in an excess benefit transaction with a disguilled person during the year? 2 25 Did the organization ary and the organization sign for bonds software part of the organization any any current or former officers, directors, trustees, key employees, highest companisated employees, or disguilled person? If "Yes," complete Schedule L, Part I 2 26 Did the organization provide a grant assoction committee ameritaer, or to a 25% controlled with ye family member of any of these poron? If "Yes," complete Schedule L, Part IV instructions paperoide If The 'complete Schedule L, Part IV 27 Z 28 A current or former officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 29 A current or former o			22		X
Schedule J 23 X 44 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year? 24d Zed 25 Section 50(16), 501(cH4), and 501(c)20 organizations. Did the organization anging in an excess benefit transaction with a disqualified person during the year? // Yes," complete Schedule L, Part 1 25a X 25 Section 50(16), 501(cH4), and 501(c)20 organizations. Did the organization anging in an excess benefit transaction tax a disqualified person during the year? // Yes," complete Schedule L, Part 1 25a X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, exemptore, or a 35% controlled ettry of rainly member of any of these person? // Yes," complete Schedule L, Part 1 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, or texposet benefit and the second benefit and the transaction tax and the organization and the second benefit and the seco	23				
24a Did the organization have a tar-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, If 'No,' go to line 25a. 24a X 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 2 Did the organization invest any proceeds of tax exempt bonds. Dud the organization exacts at any time during the year? 24d X 2 Did the organization invest any proceeds of tax exempt bonds? 0 bid the organization acts as an 'on behaf of' issuer for bonds outstanding at any time during the year? 24d X 2 Did the organization avage that it engaged in an excess benefit transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year. 26b X 2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, highest comparested employees, eubstantial contributor or employee thereof, a grant selection committee member, or to a 3% controlled entry or family member thereof was anofficer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 2 Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If 'Yes,' c			00		x
is at day of the year, that was issued after Occomber 31, 2002 /f "Yes," answer lines 24b through 24d and complete 24b b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization mantain an escrew account other than a refunding secrew at any time during the year to defaae 24c d Did the organization and at an in obelat of "issue for bonds outstanding at any time during the year? 24d d Did the organization and at an in obelat of "issue for bonds outstanding at any time during the year? 24d d Did the organization and at the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a d Did the organization any ot the organization apple in a process benefit transaction in a prior year, and that the transaction inso not bene reported on any of the organization apple in a prior year. 25b d Did the organization provide a grant or other assistance to an officer, director, trustee, or disqualified persons? If 'Yes,' complete Schedule L, Part II 26b d Did the organization provide a grant or other assistance to an officer, director, trustee, or disqualified persons? If 'Yes,' complete Schedule L, Part II 26c X d Did the organization party to abusines transaction with on or the tollowing parties (see Schedule L, Part IV 26c X d Did the organization provide a grant or other assistance to an officer, director, trustee, or formerofficer, director, trustee, or diven provide a grant or	24 2		23		
Schedule K. H' No, "go to line 25a 24a X b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt boods? 24b 24b 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization equage in an excess benefit transaction with a disqualified person in a prior year. and that the organization exave that 1 engaged in an excess benefit transaction with a disqualified person in a prior year. and that the organization or Park X, line 5, 6, or 22 for receivables from or payables to any compart of forms officer, directors, trustees, key employees, highest comparisation sprior Forms 900 or 990-E27 II "Yes," complete Schedule L, Part I 25b X 25a Did the organization revolves and on any of the organization's prior Forms 900 or 990-E27 II "Yes," complete Schedule L, Part I 25b X 25a Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 26b X 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, there or a grant break the organization reveals assistance to an officer, director, trustee, key employee? If Yes," complete Schedule L, Part IV 26a X 2	2 4 a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-sempt bonds? 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) granizations. Did the organization engage in an excess benefit transaction with a disputified person during the year? If 'Yes,' complete Schedule L, Part I 25a 25 Did the organization expert that it engaged in an excess benefit transaction with a disputified person during the year? If 'Yes,' complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified person 7/ If 'Yes,'' 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 28a X 28 A current or former officer, director, trustee, or key employees or a family member thereody was an officer, director, trustee, or key employees (or family member thereody was an officer, director, trustee, or key employees (or the singla assets, or qualified conservation contributons? If 'Yes,' complete Sc			24a		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization at as an 'on behaft of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage 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 E2? If 'Yes,' complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, ley employee, discustantial contributor or employee tharead, a grant selection committee member, or to a 35% controlled entity or family member of any of these organization provide a grant or other assistance to an officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 27 X Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these organization receive the recoir these organization encodes organization accel wese employee? If 'Yes,' complete Schedule L, Part IV 28a X 28 A current orformer officer, ditector, trustee, ore key employee? If 'Yes,' co	b				
any tax exempt bonds? 24c 0 Did the organization acts as in to behalf of "Issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that neacess benefit transaction with a disqualified person in a prior year, and that the transaction that neacess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 0, or 22 for necessables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I 28 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 X 28 Was the organization apert by to business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 is the organization repert or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 20 a turrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 20 bid the organization receive ontributions of a director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 20 bid the organization receive contr					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(C3), 501(C4), 401 601(C4) and 501(C4) organizations. Did the organization engage 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 908-E27 II "Yes," complete Schedule L, Part I 25a X 25 Did the organization popt any amount on Part X, line 5, 6, or 22 for necevables from or payables to any current or former officars, directors, trustees, key employees, highest compensated employees, or disqualified persons? II "Yes," complete Schedule L, Part I 26a X 26 Did the organization popt any amount on Part X, line 5, 6, or 22 for necevables from or payables to any current or former officars, directors, trustees, key employees, highest compensated employees, or disqualified persons? II "Yes," complete Schedule L, Part II 26a X 27 Did the organization portives, "complete Schedule L, Part III 27a X 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 28 A annity member of a current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV 28a X 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule L, Part IV 28a X 29 Did the organization neceive m			24c		
transaction with a disqualified person during the yeary if "Yes," complete Schedule L, Part I Z5a X b is the organization a port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I Z6a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Z6a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled antity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Z6a X 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV Z8a X 29 Did the organization receive contributions 0 Th Yes," complete Schedule L, Part IV Z8a X 29 Did the organization celeve more than 250 001 in on cash or key employee? If "Yes," complete Schedule L, Part IV Z8a X 30 Did the organization includent, terminitare, or key employee? If "Yes," complete Schedule M Z	d		24d		
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 9 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 X Note. All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance	32				
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		X
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 Vestor b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Vestor c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Image: Colspan="2">Colspan="2">Colspan="2">Constant	38			v	
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Yes No 1a 13 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 13 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a	ra	Check if Schedule O contains a response or note to any line in this Part V			
1a 1a 13 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 13 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 13				Vee	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
			1c	Х	

Form 990	
Part V	Stat

018) PLACER FOOD BANK Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions?	6a		Δ
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZd		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	Iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form 990 ((2018)
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PLACER FOOD BANK

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- -		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	lou		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
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	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	DAVE MARTINEZ - (916)783-0481			
	8284 INDUSTRIAL AVENUE, ROSEVILLE, CA 95678			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employe	es, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar		lirecto	n/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10150)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	nstitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) DAVID LARSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) REBECCA ENDRES	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) SUE HAZEGHAZAM	1.00									
SECRETARY		Х		X				0.	0.	0.
(4) DIDIER GIRON	1.00									
TREASURER		Х		X				0.	0.	0.
(5) CESNI ENNIS	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(6) BRIAN ERNST	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) LAMILLS GARRETT	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) SUSAN GUTOWSKT	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) MARTIN A. JONES	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(10) HAAVARD STERRI	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) DAVE MARTINEZ	40.00									
EXECUTIVE DIRECTOR				Х				110,202.	0.	16,998.

	FOOD BAN								94-1'	740	316	Page 8
Part VII Section A. Officers, Directors, 7	Trustees, Key Em	ploy	ees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not c , unle	ss per	ition more rson i	than o is both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	am c	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensation om the anization related nizations
		-										
1b Sub-total c Total from continuation sheets to Pa	rt VII, Section A					I		110,202.		0.		5,998 0, 0,
d Total (add lines 1b and 1c)2 Total number of individuals (including b	out not limited to th						• or	110 , 202 . eceived more than \$100),000 of reportab	0. le	10	5,998
compensation from the organization												Yes No
3 Did the organization list any former offinition line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>				-	•	•		highest compensated e			3	X
 For any individual listed on line 1a, is the and related organizations greater than 	e sum of reportab	le co	omp	ensa	ation	n and	ot	her compensation from			4	x
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes,"	or accrue compe	nsati	ion f	rom	any	unre	elat	ted organization or indiv	idual for services		5	X
Section B. Independent Contractors												
1 Complete this table for your five highes the organization. Report compensation										ipens		
	ness address		6 377					(B) Description of s		С	(C) ompen) Isation
ADAIR GENERAL CONSTRUCT AVENUE, SUITE 259, NORT	•						_	TENANT IMPRO - INCREASED			151	L,386.
2 Total number of independent contractor \$100,000 of compensation from the or		not lir	nite	d to	tho	se lis 1	tec	d above) who received m	nore than			

Production Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			Check II Scheddle O cont		sponse	or note to any m	(A)	(B)	(C)	(D)
Business Code Business Code 900093 134,834. 134,834. 900093 134,834. 900093 c								Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code Business Code 900099 134,834. 134,834. 900099 111,423. 111,423. c	t it it	а	Federated campaigns		1a					
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b Less: cost or other basis and sales expenses	7	а	Gross amount from sales of	(i) Sec	curities	(ii) Other				
and sales expenses			assets other than inventory							
c Gain or (loss)		b	Less: cost or other basis							
d Net gain or (loss) ▶ ▶ 8 a Gross income from fundraising events (not including \$522,009. of contributions reported on line 1c). See Part IV, line 18 a 73,721. b Less: direct expenses b 17,225. > > c Net income or (loss) from fundraising events > 56,496. > 9 a Gross income from gaming activities. See Part IV, line 19 a 4,322,645. > > b Less: direct expenses b 3,926,956. > > > > c Net income or (loss) from gaming activities . > 395,689. . > > 10 a Gross sales of inventory, less returns and allowances a . > 395,689. . . . Miscellaneous Revenue Business Code . <td></td> <td></td> <td>and sales expenses</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			and sales expenses							
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Miscellaneous Revenue Business Code c 11 a MISCELLANEOUS REVENUE c b 90099 2,012. 2,012.	Ē	b	Less: direct expenses		b	17,225.				
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b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE b 00099 c 00099	9	а	Gross income from gaming ac	tivities.	See					
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and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE b 900099 c		с	Net income or (loss) from gam	ning activ	vities	►	395,689.			395,689.
b b c c less: cost of goods sold b c c Net income or (loss) from sales of inventory > > C <thc< th=""> <thc< th=""> <thc< th=""></thc<></thc<></thc<>	10	а	Gross sales of inventory, less	returns						
b b c c less: cost of goods sold b c c Net income or (loss) from sales of inventory > > C <thc< th=""> <thc< th=""> <thc< th=""></thc<></thc<></thc<>			and allowances		a					
c Net income or (loss) from sales of inventory Image: Color of the sales o		b								
Miscellaneous Revenue Business Code Image: Code Image										
11 a MISCELLANEOUS REVENUE 900099 2,012. 2,012. b										
c	11	а					2,012.	2,012.		
c										1
										1
			All other revenue							1
e Total. Add lines 11a-11d ▶ 2,012.							2.012.			
12 Total revenue. See instructions 12,500,847. 248,269. 0.								248 269	0	. 452,467.

PLACER FOOD BANK

Form 990 (2018)
Part VIII Statement of Revenue

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

PLACER FOOD BANK

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 respon not include amounts reported on lines 6b.	nse or note to any line in	this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,200.	77,359.	32,085.	17,756
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	717,323.	424,192.	187,191.	105,940
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	19,420.	13,927.	3,801. 31,399.	1,692 13,975
9	Other employee benefits	160,422.	115,048.	31,399.	13,975
10	Payroll taxes	69,866.	42,412.	17,190.	10,264
11	Fees for services (non-employees):				
	Management				
	Legal Accounting				
	Lobbying				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	F1 F1	10 001		05 005
	column (A) amount, list line 11g expenses on Sch 0.)	71,712. 797.	19,991. 35.	25,786.	25,935 15
12	Advertising and promotion	143,350.	92,902.	24,303.	26,145
13 14	Office expenses Information technology	145,550.	92,902.	24,505.	20,145
15	Royalties				
16	Occupancy	258,322.	237,129.	17,632.	3,561
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	0 200	F 007	450	0.010
19	Conferences, conventions, and meetings	8,398. 5,697.	5,927. 1,303.	459. 4,394.	2,012
20	Interest	5,097.	I,303.	4,394.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	97,077.	58,562.	38,515.	
23	Insurance	54,230.	30,415.	23,815.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) IN-KIND FOOD DISTRIB'S	9,734,779.	9,734,779.		
a b	PURCHASED FOOD DISTRIBU	506,514.	506,514.		
c	DIRECT MAILINGS	316,716.			316,716
d	AUTO AND TRUCK	71,088.	67,308.	2,520.	1,260
е	All other expenses	60,154.	8,667.	24,122.	27,365
25	Total functional expenses. Add lines 1 through 24e	12,423,065.	11,436,470.	433,959.	552,636
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here Figure if following SOP 98-2 (ASC 958-720)				Eorm 990 (2019

Pa		Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	750,425.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	283,757.
	4	Accounts receivable, net		4	74,829.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L \ldots		6	
Assets	7	Notes and loans receivable, net		7	462 420
	8	Inventories for sale or use		8	463,439.
	9	Prepaid expenses and deferred charges		9	54,623.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 855, 830			
		Less: accumulated depreciation		10c	258,201.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	4 4 0 0	13	010
	14	Intangible assets		14	819.
	15	Other assets. See Part IV, line 11	13,303.	15	12,553.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,898,646.
	17	Accounts payable and accrued expenses		17	132,990.
	18	Grants payable		18	
	19	Deferred revenue		19	260,543.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
billid		key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L		22	102 210
_	23	Secured mortgages and notes payable to unrelated third parties		23	103,319.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
	00	Schedule D	258,406.	25	496,852.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and		26	490,092.
<i>(</i> 0		complete lines 27 through 29, and lines 33 and 34.			
Ce	27		1,315,146.	27	1,174,145.
alan	28	Unrestricted net assets		28	227,649.
ΪB	20 29			20 29	22770150
nnc	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		and complete lines 30 through 34.			
ŝ	30			30	
:es	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	33	Total net assets or fund balances		33	1,401,794.
	33 34	Total liabilities and net assets/fund balances		33 34	1,898,646.
	34	ו טומו וומטווונוכא מווע דוכו מאשנוא/זעווע שמומדונוכא		34	1,000,0401

Form **990** (2018)

Part X | Balance Sheet

Form 990	(2018)
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	990 (2018) PLACER FOOD BANK	94	-1740316	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,500		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,423		
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,513	<u>3,1</u>	55.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-189	9,1	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,401	L,7	94.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	δ,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit		
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2018)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2018
	Open to Public Inspection
r	identification number

Intern	■ Go to www.irs.gov/Form990 for instructions and the latest information.									
Nam	ne of t	he organizati		-					Employer	identification number
				ER FOOD BA						4-1740316
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	ization is not a	n private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Illy receives a substa	intial part of its support f	from a gov	rernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
	_	university:								
10	X	An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and u	Inrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	ganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
		_ its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organi	ization(s)
		that is not f	unctionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
					nally integrated support					
f	Ente	er the number	of supported of	organizations						
g				n about the supporte		(iv) is the orga	anization listed			
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	support (see ii	istructions)	

Schedule A (Form 990 or 990 EZ) 2018 PLACER FOOD BANK

94-1740316 Page 2

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.)

<u>Sec</u>	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.					<u> </u>			
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0)	2018	(f) Total	
	Amounts from line 4	(a) 2014	(b) 2013	(0) 2010	(0) 2017		2010	(1) 10121	
8	Gross income from interest.					<u> </u>			
0	,								
	dividends, payments received on								
	securities loans, rents, royalties,								
•	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10								
	Gross receipts from related activities,		,			12			
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c	:)(3)	. –	_
<u> </u>	organization, check this box and stop ction C. Computation of Publ	here	roontago					▶∟	
						1			
	Public support percentage for 2018 (I		-			14			%
	Public support percentage from 2017								%
16a	33 1/3% support test - 2018. If the c								-
	stop here. The organization qualifies								
b	33 1/3% support test - 2017. If the c								_
	and stop here. The organization qual								
17a	a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization			▶∟	
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, an	d line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	l stop here. Explair	n in Part	: VI how the		_
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	licly supported org	anizatio	n	▶∟	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see	instruction	s 🕨	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 PLACER FOOD BANK

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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	11,896,627.	11,822,294.	11,648,734.	11,403,007.	11,800,111.	58,570,773.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	177,149.	165,276.	2/8,856.	230,267.	246,257.	1,097,805.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513	554,935.	903,761.	3,772,373.	4,080,455.	4,396,366.	13,707,890.		
4	5								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	12,628,711.	12,891,331.	15,699,963.	15,713,729.	16,442,734.	73,376,468.		
	Amounts included on lines 1, 2, and	, ,	, ,	, ,	, ,	, ,	, ,		
	3 received from disqualified persons						0.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
	Add lines 7a and 7b						0.		
							73,376,468.		
	Public support. (Subtract line 7c from line 6.)						75,570,400.		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 6	12,628,711.	12,891,331.	15,699,963.	15,713,729.	16,442,734.	73,376,468.		
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,,	,	196.	221.	282.	699.		
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b			196.	221.	282.	699.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,087.	1,451.	4,921.	1,812.	2,012.	30,283.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,648,798.	12,892,782.	15,705,080.	15,715,762.	16,445,028.	73,407,450.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,		
Se	check this box and stop here	ic Support Pe	rcentage				>		
-	Public support percentage for 2018 (I			column (f))		15	99.96 %		
16			•			16	99.94 %		
	16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 16 99.94 %								
17	-			ne 13 column (f))		17	•00 %		
18									
	a 33 1/3% support tests - 2018. If the								
130	more than 33 1/3%, check this box a						N V		
٢	33 1/3% support tests - 2017. If the								
L	line 18 is not more than 33 1/3%, che	-							
20	Private foundation. If the organizatio			-		-			
20	rivate ioundation. Il the organizatio	n dia not check a		a, of 190, check li		dulo A (Earm 990			

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	•
Yes N	5
1	
2	_
3a	_
3b	
3c	_
4a	_
4b	
4c	-
5a	_
-	
5b 5c	_
30	
6	
7	
8	_
9a	
54	
9b	
9c	_
10a	
10b	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	Ŭ		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	-)	
-		uctions	y. Yes	No
2	Activities Test. Answer (a) and (b) below.		Tes	NO
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018 PLACER FOOD BANK

 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 P

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.

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Fauna 000 au 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Employer identification number

PLACER FOOD BANK

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$383,601.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>158,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>102,572.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 20,000. Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 17,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 15,589. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 13,535. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,506.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PLACER FOOD BANK

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$7,478.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$6,833.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,677.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$6,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$6,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,889.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u>1,308,503.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Page 2 Employer identification number

PLACER FOOD BANK

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$ 1,122,702. Person Payroll \$ 0.00000000000000000000000000000000000
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		\$652,394. Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		\$ 641,259. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		* 356,936. * Sourceshield contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

PLACER FOOD BANK

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$316,126.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$314,063.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$298,926.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$270,193.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$ 253,045.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u>		\$ <u>178,534.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I

94-1740316

PLACER FOOD BANK

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 Person Payroll 174,742. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 50 Person Payroll 162,903. X Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 Person Payroll 157,626. Noncash X \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 52 Person Payroll X 156,905. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 Person Payroll X 150,642. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 Person Pavroll 123,656. Noncash X \$ (Complete Part II for noncash contributions.)

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

94-1740316

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55		\$116,442.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$115,602.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ <u>106,011.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 105,119.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$101,939.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>60</u>		\$ <u>99,448.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$83,140.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$82,995.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ <u>77,592.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$74,899.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$74,474.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$72,816.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$68,833.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$62,380.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$59,353.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>58,530.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$57,234.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$57,224.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>56,196.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$ 55,754.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$54,432.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$49,031.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$44,918.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I

94-1740316

PLACER FOOD BANK

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>79</u>		\$ <u>44,239</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
80		\$40,622.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
81		\$ <u>39,971.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82		\$39,750.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
83		\$36,105.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
84		\$28,088.	Person Payroll Noncash X

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$24,481.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ <u>21,786.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$21,289.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$21,035.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$13,438.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$12,264.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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PLACER FOOD BANK

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,871.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$10,396. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		- \$\$9,201.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		- \$\$8,375.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		- \$\$7,560.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$ <u>6,137.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

PLACER FOOD BANK

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ <u>6,117.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$6,048.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,514.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$5,477.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$5,317.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$ <u>5,075.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of c	organization		Emplo	yer identification number
PLACE	R FOOD BANK		94	-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
36	FOOD INVENTORY			
		\$1,308,5	503.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
37	FOOD INVENTORY			
		\$1,122,7	02.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
38	FOOD INVENTORY			
		\$652,3	894.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
39	FOOD INVENTORY			
		\$641,2	259.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
40	FOOD INVENTORY			
		\$392,7	<u>/57.</u>	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
41	FOOD INVENTORY			
		\$ <u>356,9</u>	936.	06/30/19

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
42			
		\$321,868.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
43	FOOD INVENTORY		
<u>45</u>		\$316,126.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
44	FOOD INVENTORY		
<u> </u>			
		\$314,063.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4 5	FOOD INVENTORY		
45			
		\$298,926.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	FOOD INVENTORY		
46			
		\$	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	FOOD INVENTORY		
		\$ 253,045.	06/30/19
		······································	

PLACER FOOD BANK

Employer identification number

94-1740316

823453 11-08-18

Name of c	organization		Employ	yer identification number
PLACE	R FOOD BANK		94	-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
48	FOOD INVENTORY			
		\$ 178,5	534.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
49	FOOD INVENTORY			
		\$174,7	42.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
50	FOOD INVENTORY			
		\$162,9	003.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
51	FOOD INVENTORY			
		\$157,6	526.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
52	FOOD INVENTORY			
		\$156,9	05.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
53	FOOD INVENTORY			
		\$	542.	06/30/19

PLACE	R FOOD BANK		94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	FOOD INVENTORY		
		<u> </u>	6. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
55	FOOD INVENTORY		
		\$116,44	2. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
56	FOOD INVENTORY		
		\$115,60	2. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
57	FOOD INVENTORY		
		\$106,01	106/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
58	FOOD INVENTORY		
		\$105,11	9. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
59	FOOD INVENTORY		
		\$101,93	9. 06/30/19

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additio	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY			
60				
		\$_	99,448.	06/30/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY			
61				
		\$_	89,154.	06/30/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
6.0	FOOD INVENTORY			
62				
		\$_	83,140.	06/30/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY			
63				
		\$_	82,995.	06/30/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY			
64				
		\$_	77,592.	06/30/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
65	FOOD INVENTORY			
		\$	74,899.	06/30/19

PLACER FOOD BANK

Employer identification number

94-1740316

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823453 11-08-18

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
66			
		\$74,474.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
67			
		\$72,816.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
68			
		\$68,833.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
69			
		\$62,380.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70	FOOD INVENTORY		
		\$59,353.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
71			

58,530. 06/30/19

\$

Employer identification number

94-1740316

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

PLACER FOOD BANK

PLACE	LACER FOOD BANK		94-1740316	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	FOOD INVENTORY			
72				
		\$57,234.	06/30/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	FOOD INVENTORY			
73		\$57,224.	06/30/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
74	FOOD INVENTORY			
		\$56,196.	06/30/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
75	FOOD INVENTORY			
		\$55,754.	06/30/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
76	FOOD INVENTORY			
76		\$54,432.	06/30/19	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	

Name of organization

Employer identification number

06/30/19

Part I

77

FOOD INVENTORY

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(See instructions.)

\$

49,031.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78	FOOD INVENTORY	_	
		\$44,918.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	FOOD INVENTORY	_	
		\$44,239.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
80	FOOD INVENTORY	_	
		\$40,622.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
81	FOOD INVENTORY	_	
		\$39,971.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
82	FOOD INVENTORY	_	
		\$39,750.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
83	FOOD INVENTORY	-	
			06/30/19

PLACER FOOD BANK

Employer identification number

94-1740316

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)
84	FOOD INVENTORY	
		\$28,08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)
85	FOOD INVENTORY	
		\$24,48
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)
86	FOOD INVENTORY	
		\$21,78
(a)		

Farti		
86	FOOD INVENTORY	—
		\$\$\$
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (See instructions.)
87	FOOD INVENTORY	
		<u>\$ 21,289.</u> <u>06/30/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (See instructions.)
88	FOOD INVENTORY	—
		\$\$
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (d) (See instructions.) Date received
89	FOOD INVENTORY	

(d)

Date received

06/30/19

(d)

Date received

06/30/19

(d)

Date received

94-1740316

PLACE	R FOOD BANK		94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	əd.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	Listo rocolvod
90	FOOD INVENTORY	\$12,2	26406/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	Listo received
91	FOOD INVENTORY	\$10,8	<u>. 06/30/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	1) ato received
92	FOOD INVENTORY	\$10,3	<u>. 06/30/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	Listo received
93	FOOD INVENTORY	\$9,2	201. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
94	FOOD INVENTORY	\$8,3	<u>. 06/30/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	Listo received
95	FOOD INVENTORY	\$7,5	560. 06/30/19

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	
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Employer identification number

94-1740316

PLACER FOOD BANK

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
96	FOOD INVENTORY		
		\$6,137.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
97	FOOD INVENTORY		
		\$6,117.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
98	FOOD INVENTORY		
		\$6,048.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
99	FOOD INVENTORY		
		\$5,514.	06/30/19
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.00	FOOD INVENTORY		
		\$5,477.	06/30/19
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L01	FOOD INVENTORY		
		\$	06/30/19

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is need	led.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	•
102	FOOD INVENTORY	\$5,	075
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
823453 11-08-18		\$Schedule B (Eorm	990, 990-EZ, or 990-PF) (2018)

(d)

Date received

06/30/19

94-1740316

Name of or	rganization			Employer identification number
PLACEI	R FOOD BANK			94-1740316
Part III		hthrough (e) and the following line er charitable, etc., contributions of \$1,000 or	try For organizations	0) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
F		(e) Transfer of gi	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
-		(e) Transfer of git	 ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No.			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of git		
-	Transferee's name, address, ar			ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
ŀ		(e) Transfer of gi	l	
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee

(Form 9	990)
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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.



	tment of the Treasury al Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n.	Inspection
-	e of the organizat	ion			over identification number
Da	rt I Organiz	PLACER FOOD BANK	d Funda ar Othar Similar Funda ar	<u> </u>	<u>94-1740316</u>
Pa		_	ed Funds or Other Similar Funds or	Accoun	LS. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Eunde	and other accounts
	T -				
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	0		writing that the assets held in donor advised fu		
	-		exclusive legal control?		Yes 📖 No
6			dvisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose conf	-	
Da	impermissible priv		ganization answered "Yes" on Form 990, Part		Yes No
				v, line 7.	
1		servation easements held by the organizati		lle increate	ut land avec
		n of land for public use (e.g., recreation or e		• •	
		of natural habitat	Preservation of a certified	nistoric str	ucture
•		n of open space			
2			fied conservation contribution in the form of a		
_	day of the tax yea				leld at the End of the Tax Year
			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
•					
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization d	luring the tax
	year		e e e e e e e e e e e e e e e e e e e		
4		where property subject to conservation ea			
5	•	ation have a written policy regarding the per			
~		forcement of the conservation easements i			
6	Statt and voluntee	er nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ition easen	nents during the year
-					
7	· ·	ses incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation	easements	during the year
•	►\$		a setisfy the user increases of section 170/b)(//		
8			ve satisfy the requirements of section 170(h)(4)		
•			on easements in its revenue and expense stat		
9	,	0		,	,
	conservation ease		tion's financial statements that describes the o	rganizatio	in s accounting for
Pa			f Art, Historical Treasures, or Othe	r Similar	Assets
I U		f the organization answered "Yes" on Form		Omman	
10			SC 958), not to report in its revenue statement	and halan	ce sheet works of art
Ia			nibition, education, or research in furtherance		
		the to its financial statements that descri			or vide, provide, in Fart All,
h			SC 958), to report in its revenue statement and	halance c	heet works of art historical
D D	-		ducation, or research in furtherance of public s		
	relating to these it		uddation, or research in furtherance of public s	, civice, pro	while the following amounts
	-			▶ \$	
2			asures, or other similar assets for financial gai	···· · · -	
2	0	unts required to be reported under SFAS 1		, provide	
2	-	l on Form 990, Part VIII, line 1	To (noo boo) relating to these items.	▶ \$	
u				• •	

h	Assets	included	in Form	990	Part X

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

Schedule D (Form 990) 2018

\$

Sche	dule D (Form 990) 2018 PLACER	FOOD BANK						94-17	4031	6 Ра	ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	at are a si	gnificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or excl	nange progra	ams					
b	Scholarly research	e	, L C	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further th	ne organizati	ion's exer	npt purpo	ose in Par	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or oth	er similar	assets		-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance						1 f				
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes		∫ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										1
1 0								voare back	(a) Four	Voare	back
10	Designing of year balance	(a) Current year	(D) Pr	ior year	(c) Two yea	IS DACK	(a) Thee y	Ears Dack	(e) Four	years	Jack
	Beginning of year balance										
b	Contributions										
с d	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs										
t	Administrative expenses End of year balance										
9 2	End of year balance Provide the estimated percentage of the cur		L Se (line 1 c	u column (a)) held as:						
ے a	Board designated or quasi-endowment	Tent year end baland	%	y, column (a	ij) neiu as.						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ũ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administe	ered for th	ne organiz	ration			
	by:	g							Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								LL		
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Bool	< value	3
	· · · ·	basis (investr	ment)	basis (preciation				
1a	Land										
	Buildings										
	Leasehold improvements				3,128.		82,7			0,3	
	Equipment				4,447.	4	190,4			3,9'	
	Other				8,255.		24,3	80.		3,8'	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				25	8,2	J1.

Schedule D (Form 990) 2018

(a) Discription of statulity or Callagory uncasing same et examp; (b) Book value (c) Method of valuation: Cost or end of year market value (1) Financial deviations (c) (c) (c) (3) Other (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) Other (c) (c) (9) (c) (c) (9) (c) (c) (9) (c) (c) (c) (9) (c) Instategual from 980, Part X, col. (b) line 12.) ► (c) Method of valuation: Cost or end of year market value (1) (c) Description of investment = Program Related. (c) Method of valuation: Cost or end of year market value (1) (c) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (9) (c) (c) Method of valuation: Cost or end of year market value (9) (c) (c) Method of valuation: Cost or end of year market value (9) (c) (c) Method of valuation: Cost or end of year market value <t< th=""><th>Complet</th><th>e if the organization answered "Yes"</th><th>on Form 990, Part IV</th><th>/, line 11b. See Form 990</th><th>), Part X, line 12.</th><th></th></t<>	Complet	e if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 990), Part X, line 12.	
(2) Cocesy-held equity interests	(a) Description of secu	Irity Or Category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(2) Closely-held equity interests	(1) Financial derivativ	/es				
(3) Other (4) (4) (5) (6) (6) (7) (7) (8) (7) (9) (7) (10) (10) (10) (10) (11) (12) (12) (11) (12) (12) (13) (12) (14) (12) (15) (12) (16) (12) (17) (12) (18) (11) (19) (11) (10) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (19) (11) (10) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17)						
(A)						
(B)	. /					
(c)						
0) (B) (B) (C) (C) (C) (B) (C) (C) (C) (D)						
(E) (G) (G) (G) (G) (G) (H) (G) (Patt VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Mathed of valuation: Cost or end of year market value (1) (c) (a) (c) (a) (c) (a) (c) (b) (c) (c) (c) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
(F) (G) (G) (H) (G) (
(9) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (a) Description of investments (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (6) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Deck value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (1) (a) Description (c) Method of valuation <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
(+) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c)						
Total. (Col. (b) must equal Form 990, Part X, tot. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (f) (g) (h) Book value (c) Method of valuation: Cost or end-of-year market value (h) Book value (c) Method of valuation: Cost or end-of-year market value (h) (h) Book value (c) Method of valuation: Cost or end-of-year market value (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h)						
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation. Cost or end-of-year market value (2) (a) (b) Book value (c) Method of valuation. Cost or end-of-year market value (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (7) (c) (c) (c) (c) (7) (c) (c) (c) (c) (a) Description (c) (c) (c) (c) (a) Description (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
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(3)						
(4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (2) (9) (3) (4) (4) (9) (6) (1) (7) (9) (8) (9) (9) (9) (1) (9) (6) (1) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9)						
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(8)						
(9) Total: (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (4) (c) (6) (c) (7) (c) (8) (c) (9) (c) Unter the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Unter the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (c) (3) (d) (d) (4) (b) Book value (c) (6) (c) (c) (6) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶						
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c)						
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) (3) (4) (5) (5) (6) (7) (8)		(a)	Description			(b) Book value
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) (b) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c)					F	
1. (a) Description of liability (b) Book value (1) Federal income taxes			on Form 990 Part IV	/ line 11e or 11f. See Fo	rm 990 Part X line 2	5
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(2) (3) (4) (5) (6) (7) (8)				(1) 20011 10100	-	
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(5) (6) (7) (8)					-	
(6) (7) (8)					4	
(7) (8)					_	
(8)					_	
(9)	(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Column (b) mu	ist equal Form 990, Part X, col. (B) line	e 25.) 🕨			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liability for uncer	tain tax positions. In Part XIII, provide	the text of the footn	note to the organization's	s financial statements	that reports the

Schedul	e D (Form 990) 2018 PLACER FOOD BANK			94-	1740316	Page 4
Part X	I Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1 To	tal revenue, gains, and other support per audited financial statements			1	13,106	,728.
2 Ar	nounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Ne	t unrealized gains (losses) on investments	. 2a				
b Do	nated services and use of facilities	2b				
	coveries of prior year grants					
	her (Describe in Part XIII.)		605,881.			
e Ac	d lines 2a through 2d			2e		,881.
3 Si	btract line 2e from line 1			3	12,500	,847.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b Ot	her (Describe in Part XIII.)	. 4b				
c Ac	d lines 4a and 4b			4c		0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,500	,847.
Part >	II Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
	tal expenses and losses per audited financial statements			1	13,028	,946.
	nounts included on line 1 but not on Form 990, Part IX, line 25:					
a Do	nated services and use of facilities	. 2a				
b Pr	or year adjustments	2b				
c Ot	her losses	2c				
d Ot	her (Describe in Part XIII.)	. 2d	605,881.			
e Ac	d lines 2a through 2d			2e		<u>,881.</u>
3 Si	btract line 2e from line 1			3	12,423	,065.
4 Ar	nounts included on Form 990, Part IX, line 25, but not on line 1:					
a Inv	restment expenses not included on Form 990, Part VIII, line 7b	. 4a				
	her (Describe in Part XIII.)	. 4b				-
b Ot	her (Describe in Part XIII.) d lines 4a and 4b			4c		0.
b Ot c Ac <u>5</u> To				4c 5	12,423	0. ,065.

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 HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE

IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS,

THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAMING ACTIVITY EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING ACTIVITY EXPENSES

605,881.

Part XIII Supplemental	Information (continued)		

SCHEDULE G Supp	plemental Information Regarding	ng Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) Comple	te if the organization answered "Yes" organization entered more than					2018
Department of the Treasury	Attach to Form 9					Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for ins	struction	s and	the latest informat		Inspection r identification number
-	CER FOOD BANK					40316
	vities. Complete if the organization ans	wered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
required to complete t						
 a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a w key employees listed in Form 		itation of itation of cial fundra ual (includ h profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or	
compensated at least \$5,000) by the organization.					
(i) Name and address of individ or entity (fundraiser)	lual (ii) Activity	(iii) fundr have c or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
ONE & ALL - 2 N LAKE AVENU	Ε,	Yes	No			
PASADENA, CA 91101 DEANNE THORNTON - PO BOX	DIRECT MAIL CONTACT		X	368,740.	243,7	741. 124,999.
1861, FOLSOM, CA 95630-18	61 GRANT WRITING		x	280,000.	13,9	266,035.
NEWPORT ONE, INC 21				,	,	
RAILROAD AVENUE, DUXBURY, 1	MA DIRECT MAIL CONTACT		X	105,550.	72,9	32,575.
Total		<u></u>		754,290.	330,6	581. 423,609.
3 List all states in which the organic or licensing.	anization is registered or licensed to solid	cit contrib	outions			

Schedule G (Form 990 or 990-EZ) 2018 PLACER FOOD BANK

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-FZ, 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
			FILL THE			(add col. (a) through
			PANTRY	TURKEY DRIVE	1	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	41,114.	31,231.	1,376.	73,721
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	41,114.	31,231.	1,376.	73,721
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
1	8	Entertainment				
	9	Other direct expenses	13,859.	2,843.	523.	17,225
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	17,225
		Net income summary. Subtract line 10 from				56,496
'a	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
-		\$15,000 on Form 990-EZ, line 6a.		(1) Dull to be (instant		(n = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
00000	1	Gross revenue	4,322,645.			4,322,645
	2	Cash prizes	3,321,075.			3,321,075
		Cash prizes				3,321,075
חוובתו דעלים ואבא	3					
הוויההו באתבוומפס	3 4	Noncash prizes	249,915. 355,966.			3,321,075 249,915 355,966
4: 44: EX4: 200	3 4 5	Noncash prizes Rent/facility costs	249,915.	└── Yes% └── No	Yes % No	249,915
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	249,915. 355,966. X Yes59.20 %		No No	249,915
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	249,915. 355,966. X Yes <u>59.20</u> % No	□ No	No No	249,915 355,966

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes X No b If "Yes," explain: _____

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	iedule G (Form 990 or 990-EZ) 2018 PLACER FOOD BANK 94-2	1740316	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	X 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	X No
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		<u>%</u>
	An outside facility	<u>13</u> ы 100	•00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name DAVE MARTINEZ		
	Address 8284 INDUSTRIAL AVENUE - ROSEVILLE, CA 95678		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	X No
k	o 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 MONIQUE VALENCIA		
	Gaming manager compensation 🕨 \$51,312.		
	Description of services provided SESSION MANAGER		
	Director/officer		
17	Mandatory distributions:		
a	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_
	retain the state gaming license?	🗌 Yes	LX No
k	• 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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS :	
/ 7	NAME OF FUNDDATCED. NEWDODT ONE THO		
(1) NAME OF FUNDRAISER: NEWPORT ONE, INC.		
(I) ADDRESS OF FUNDRAISER: 21 RAILROAD AVENUE, DUXBURY, MA 0233	32-3807	
-			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

Name	of the	organization

Go to www.irs.gov/Form990 for instructions and the latest information.
Attach to I officiation

Employer identification number
94-1740316

Pai	t I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Mathad of da	tormini	20	
		applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 1g				
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	Х	78	9,608,372.	\$1.68 PER P	OUNI	2	
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 organiz	ation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be	used for			
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncasł	1			-
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							

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

94-1740316 Page 2

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

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

PLACER FOOD BANK

94-1740316

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

THREE CALIFORNIA COUNTIES INCLUDING PLACER, EL DORADO AND NEVADA

COUNTIES, AND PROVIDE AN EFFICIENT, COORDINATED SYSTEM FOR THE

COLLECTION AND DISTRIBUTION OF FOOD TO THE NEEDY THROUGH OUR AFFILIATED

NETWORK OF OVER 70 FEEDING AGENCIES. THE PLACER FOOD BANK ALSO STRIVES

TO INCREASE PUBLIC AWARENESS REGARDING HUNGER SO THAT INDIVIDUALS HAVE

AN OPPORTUNITY TO DONATE FOOD, FUNDS AND IDEAS TO REDUCE OR MINIMIZE

HUNGER IN THE COMMUNITIES SERVED.

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

990 IS CIRCULATED TO PLACER FOOD BANK EXECUTIVE DIRECTOR AND DIRECTOR OF

FINANCE & ADMINISTRATION FOR PREVIEW. THE DIRECTOR OF FINANCE &

ADMINISTRATION SUBMITS QUESTIONS FOR FURTHER ACTION TO CPA. WHEN FINAL

CHANGES ARE COMPLETED BY THE CPA, THE PRE-SUBMISSION FINAL 990 WILL BE

CIRCULATED TO THE CHAIR, TREASURER, ED, DIRECTOR OF FINANCE &

ADMINISTRATION FOR REVIEW PRIOR TO EXECUTIVE DIRECTOR SIGNING THE RETURNS FOR SUBMISSION.

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

EACH NEW BOARD MEMBER SIGNS A WRITTEN PLEDGE TO HAVE NO CONFLICTS OF INTEREST UPON INITIATION AND THEN REDECLARES THEIR STATUS ANNUALLY. ANY POTENTIAL CONFLICTS OF INTEREST MUST BE BROUGHT TO THE ATTENTION OF THE BOARD FOR THEIR CONSIDERATION.

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

COMPENSATION PROCESS FOR TOP OFFICIALS PER OUR BYLAWS - EXECUTIVE GOALING,

Schedule O (Form 990 or 990-EZ) (2018)	Page 2				
Name of the organization PLACER FOOD BANK	Employer identification number 94-1740316				
PERFORMANCE AND COMPENSATION REVIEWS ARE CONDUCTED ANNUAL	LY. THE EXECUTIVE				
COMMITTEE OF OUR BOARD OF DIRECTORS COLLECTS INPUT FROM T	HE BOARD MEMBERS				
AND REVIEWS ANNUAL COMPENSATION SURVEY INFORMATION COMPIL	ED BY STAFF TO				
DETERMINE APPROPRIATE INCOME RANGES, AS WELL AS SCOPE OF	DUTIES. THIS IS				
DONE ANNUALLY. COMPENSATION PROCESS FOR OFFICERS - OFFICERS ARE NOT					
COMPENSATED. KEY STAFF GOALING, PERFORMANCE AND SALARY REVIEWS ARE					
PERFORMED BY THE EXECUTIVE DIRECTOR AFTER REVIEWING THEM	WITH THE BOARD FOR				
FINAL APPROVAL.					

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATIONS WEBSITE AT WWW.PLACERFOODBANK.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ACCOUNTING METHOD

-189,143.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS

THE JUNE 30, 2018 FINANCIAL STATEMENTS HAVE BEEN RESTATED RELATING TO A CHANGE IN THE METHOD OF ACCOUNTING FOR IN-KIND FOOD DONATIONS RECEIVED FROM THE USDA. IN PREVIOUS YEARS, THE USDA IN-KIND FOOD DONATIONS WERE RECOGNIZED AS REVENUE WHEN RECEIVED, WHICH IS CONSISTENT WITH ALL OTHER IN-KIND FOOD DONATIONS RECEIVED. BASED ON THE RESPONSIBILITIES AND REQUIREMENTS ASSOCIATED WITH RECEIVING THESE DONATIONS FROM THE USDA, THE ORGANIZATION BELIEVES IT IS MORE APPROPRIATE TO RECOGNIZE REVENUE FROM THESE DONATIONS IN THE PERIOD THE FOOD IS DISTRIBUTED.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Schedule O (Form 990 or Name of the organization				Page Employer identification numbe
Name of the organization	PLACER	FOOD	BANK	Employer identification numbe $94-1740316$

(Rev. January 2019)

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

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

					er sindemutyr	ng number			
Type or	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN) or						
print	PLACER FOOD BANK		94-1740316						
File by the due date for filing your	8284 INDUSTRIAL AVENUE	Social se	Social security number (SSN)						
instruction	turn. See								
Enter th	e Return Code for the return that this application is for (fi	ile a separa	ate application for each return)						
Application Return Application					Retu				
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL 02			Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)	dual) 09					
Form 99	0-PF	04	Form 5227		10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above) DAVE MARTINEZ	06	Form 8870	12					
 If the If this box 1 1 th th 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or . X tax year beginning JUL 1, 2018 the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta MA` ganization's	emption Number (GEN) I uch a list with the names and EINs of Y 15, 2020 , to file s return for: d ending JUN 30, 2019	f this is fo f all memb	r the whole <u>c</u> pers the exten npt organizat 	roup, check this			
ar	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.		,	3a	\$	0.			
b If	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•			
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your p	-				•			
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.			
Caution instruct	: If you are going to make an electronic funds withdrawa ons.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment			

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