				EXTENDED TO MAY	-				
For	9	90	Return of	Organization Exel 27, or 4947(a)(1) of the Internal			ncome Tax	ons)	OMB No. 1545-0047
1 011			• •	er social security numbers on t		•			
Depa Interr	rtment nal Reve	of the Treasury enue Service		ww.irs.gov/Form990 for instruct		-			Open to Public Inspection
				nning JUL 1, 2020			UN 30, 2021	L	
B c	Check if pplicab	le: C Name of	organization				D Employer identif	ficatio	n number
	Addre chang		ER FOOD BANK				04 1740	110	
H	_]chang ]Initial	pe Doing bi	siness as				94-17403		
	return Final return	Number 8284	INDUSTRIAL	nail is not delivered to street address) AVENUE	K	oom/suite	E Telephone numb (916)783		481
	termir ated	City or t		ountry, and ZIP or foreign postal o	code		<b>G</b> Gross receipts \$	2	20,471,215.
	Amen		/ILLE, CA 95				H(a) Is this a group	return	
	Applio tion pendi			ficer:DAVE MARTINEZ			for subordinate		
	-	SAME	AS C ABOVE				H(b) Are all subordinates		
		empt status:			947(a)(1) or	527			See instructions
			PLACERFOODBAL			_	H(c) Group exemption		
		f organization:	Corporation Tru	st Association Other		<b>L</b> Year	of formation: 1970	M Stat	te of legal domicile: CA
Pa	art I				DOTIO	DIIGT			
e	1	Briefly describ	the organization's miss	ion or most significant activities:	DOING	BUSI	NESS AS THE	<u>s pi</u>	JACER
ane				MISSION HAS BEEN					
Activities & Governance			-	ation discontinued its operations	or dispose	ed of more	1	1	
2 So	3		•					_	11
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4			rs of the governing body (Part VI,				_	11
ties				n calendar year 2020 (Part V, line				-	34
tivit				necessary)					2700
Ac				Part VIII, column (C), line 12				+	0.
	b	Net unrelated	ousiness taxable income	from Form 990-T, Part I, line 11		<u> </u>		<u>'</u>	
		o					Prior Year 14,759,431.	-	Current Year
Revenue	8			1h)			264,438		211,702.
ven	9			2g)			542		928.
Ве				), lines 3, 4, and 7d)			321,083		154,547.
				es 5, 6d, 8c, 9c, 10c, and 11e) $\dots$			15,345,494		20,320,084.
			ilar amounts paid (Part I	must equal Part VIII, column (A), I			15,545,454	_	0.
	14		o or for members (Part I)	, , , , ,			0.		0.
6							1,214,329		1,682,124.
Ise	162	Professional fi	ndraising fees (Part IX) c	olumn (A) line $11e$ )			0.		0.
Expenses	h	Total fundraisi	nd expenses (Part IX, col	e benefits (Part IX, column (A), lin olumn (A), line 11e) umn (D), line 25)	80.21	2.	•	-	•••
Щ	17	Other expense	s (Part IX column (A) lin	es 11a-11d, 11f-24e)			11,781,942	. :	15,949,831.
				equal Part IX, column (A), line 25)			12,996,271		17,631,955.
	19			8 from line 12			2,349,223		2,688,129.
or			1				ginning of Current Year	_	End of Year
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)				4,378,632.		7,032,405.
d Ba	21						627,615.		591,363.
Fund	22		· · · · · · · · · · · · · · · · · · ·	ine 21 from line 20			3,751,017.		6,441,042.
Pa	art II					<b>-</b>		•	
Und	er pen	alties of perjury,	declare that I have examine	d this return, including accompanying	g schedules a	and statem	ents, and to the best of r	ny kno	wledge and belief, it is
				er than officer) is based on all informa	-				·
			、	· · · ·					

Sign Here	Signature of officer           DAVE MARTINEZ, EXECUTI           Type or print name and title	VE DIRECTOR	Date								
	Print/Type preparer's name	Preparer's signature									
Paid	AMANDA H. WILLIAMS	AMANDA H. WILLIAMS	01/10/22 self-employed P01281212								
Preparer	Firm's name 🕞 GILBERT CPAS	•	Firm's EIN 🕨 68-0037990								
Use Only	Firm's address 2880 GATEWAY OAF	KS DR, STE 100									
	SACRAMENTO, CA 95833 Phone no.916-646-6464										
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No								
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form <b>990</b> (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) PLACER FOOD BANK	94-1740310	5 Page <b>2</b>
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		
	FAMILIES EXPERIENCING FOOD INSECURITY, EDUCATING THE	COMMUNITY ABO	JUT
	HUNGER, WHILE ADVOCATING FOR HUNGER RELIEF.		
2	Did the organization undertake any significant program services during the year which were not listed on th		<b>TT</b>
	prior Form 990 or 990-EZ?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Y	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expense	es, and
	revenue, if any, for each program service reported.		
4a			5 <b>,676.</b> )
	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 NOI	1
	PROFIT FOOD AGENCIES.		
4b	(Code:) (Expenses \$ including grants of \$) (F	levenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (F	levenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 16,511,849.	)	
<u>4e</u>	Total program service expenses 10, 511, 849.		

 Form 990 (2020)
 PLACER
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 Part IV
 Checklist of Required Schedules

			X	
			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		Х
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
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,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	15		
16		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 11
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	Δ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		77	
	complete Schedule G, Part III	19	Х	L
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 (2020)
 PLACER
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u>л</u>	
24a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	24		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		L	
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	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	38	Х	
Pa	t 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

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 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 34										
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)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х							
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).			37							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v							
_	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	-		Х							
	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									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x							
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		- 23							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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									
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:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	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 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
<b>I</b> 4	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
a	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         Enter the amount of reserves on hand       13c										
		14a		Х							
		14a 14b									
15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10									
	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	) (2020)
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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Χ				
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 1a 11							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11							
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, 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 have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	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? If "No," go to line 13	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	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
	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 Emple	oyees, Hi	ighest (	Compensa	ated
	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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	noto	Position heck more than one				Reportable	Reportable	Estimated
	hours per	box	k, unless person i icer and a directo			is bot	h an	compensation	compensation	amount of
	week		cer ar	ndad I	recto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	tcorr				and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVE MARTINEZ	40.00	<u> </u>	<u> </u>	0	×	Ξ	E.			
EXECUTIVE DIRECTOR		1		x				135,431.	Ο.	19,397.
(2) DAVID LARSON	1.00									
CHAIR		x		x				0.	Ο.	Ο.
(3) REBECCA ENDRES	1.00									
VICE CHAIR		X		X				0.	0.	0.
(4) SUE HAZEGHAZAM	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) BRIAN ERNEST	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARTIN A. JONES	1.00								_	
MEMBER AT LARGE		х						0.	0.	0.
(7) HAAVARD STERRI	1.00									_
MEMBER AT LARGE		X						0.	0.	0.
(8) DIDIER GIRON	1.00									
MEMBER AT LARGE	1 00	X						0.	0.	0.
(9) AMY BRESHEARS	1.00	.,							0	0
MEMBER AT LARGE	1 00	X						0.	0.	0.
(10) JON NEXSEN	1.00							0.	0	0
MEMBER AT LARGE	1 00	X						0.	0.	0.
(11) LAMILLS GARRETT	1.00	x						0.	0.	0.
MEMBER AT LARGE	1.00	^						0.	0.	0.
(12) SUSAN GUTOWSKY	1.00	x						0.	0.	0.
MEMBER AT LARGE		^						0.	0.	0.
		<u> </u>					<u> </u>			
		1								
		1								
		1								
		•	-	-	•	•	•	•		

	1 990 (2020) PLACER FC	OOD BANK	ζ							94-17	740	316	Pa	ige <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week (list any			not c , unle	ss pe	ition more rson i	than o is both pr/trust	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am (	(F) timate ount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizati I relate nizatio	e on ed
1h	Subtotal							<u> </u>	135,431.		0.	-10	9,39	97.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.		9,3	0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	),000 of reportabl	e			1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si			-	•	-						3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab ),000? <i>If "Yes,</i>	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n anc edule	l ot 9 <i>J 1</i>	for such individual	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	•							<b>v</b>			5		X
1	Complete this table for your five highest con the organization. Report compensation for t										pensa	ation fr	rom	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	C	(C omper		ı
								_						
								_						
	Total number of independent contractors (ii		ot li	mita	d to	the		tor	t above) whe received a	oro than				
2	\$100,000 of compensation from the organiz	•	UL III	mie	u 10		3e iis )	net.						

		Check if Schedule O					(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue exclude from tax under sections 512 - 51
JIS	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues								
A	С	Fundraising events		1c						
lar	d	Related organizations		1d						
Ē	е	Government grants (contr	ributio	ons) <b>1e</b>		882,406.				
5	f	All other contributions, gifts,								
5		similar amounts not included	abov			19,070,501.				
	-	Noncash contributions included in			-	13,469,942.				
a	h	Total. Add lines 1a-1f					19,952,907.			
						Business Code				
	_	PURCHASED PRODUCT I	NCOM	E		900099	106,145.	106,145.		
a	b	SHARED MAINTENANCE				900099	105,557.	105,557.		
/eu	с									
Revenue	d									
	e	<u>.</u>								
		All other program service					011 700			
_		Total. Add lines 2a-2f					211,702.			
	3	Investment income (includ	•				928.			92
		other similar amounts)					920.			92
	4	Income from investment of		-	-					
	5	Royalties	<u> </u>	(i) Re	 al	(ii) Personal				
	<b>c</b> -	Overe verte			ai	(ii) Personal				
		Gross rents	6a 6b							
		Less: rental expenses	60 60							
		Rental income or (loss)								
		Net rental income or (loss Gross amount from sales of	,	(i) Secu		(ii) Other				
	<i>i</i> a	assets other than inventory			nies					
	h	Less: cost or other basis	7a							
	b		76							
	•	and sales expenses								
		Gain or (loss)								
		Net gain or (loss) Gross income from fundraisin								
	0 a	including \$	iy eve	of						
		contributions reported on	lino							
		Part IV, line 18		-	8a					
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin		•						
	Ju	Part IV, line 19	-			181,704.				
	h	Less: direct expenses				151,131.				
		Net income or (loss) from				▶	30,573.			30,57
		Gross sales of inventory, I	-	-			,			<b>/</b>
	.5 a	and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from								
+	<u> </u>		54163		Jiy	Business Code				
	11 -	MISCELLANEOUS REVEN	UE			900099	123,974.	123,974.		
Hevenue	n a b									
š										
ř	c d									
		All other revenue Total. Add lines 11a-11d					123,974.			
	~									

Form 990 (2020) PLACER D Part VIII Statement of Revenue PLACER FOOD BANK

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).

Ch	eck if Schedule O contains a respor	nse or note to any line in	this Part IX		
Do not include am	ounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10	b of Part VIII.		expenses	general expenses	expenses
	er assistance to domestic organizations governments. See Part IV, line 21				
-	ther assistance to domestic				
	See Part IV, line 22				
	ther assistance to foreign				
	s, foreign governments, and foreign				
	see Part IV, lines 15 and 16				
	to or for members				
	on of current officers, directors,	1 5 4 0 2 0	02 052	40 671	20 205
	key employees	154,828.	93,952.	40,671.	20,205
	not included above to disqualified				
	fined under section $4958(f)(1)$ and				
	bed in section 4958(c)(3)(B)	1,187,618.	706,231.	317,138.	164,249
	s and wages ccruals and contributions (include	±,±07,0±0•	100,2310	517,150.	101,2490
	and 403(b) employer contributions)	30,195.	20,885.	7,014.	2,296
	/ee benefits	209,993.	145,243.	48,780.	15,970
		99,490.	65,615.	19,162.	14,713
	ices (nonemployees):				,,
	·				
	Indraising services. See Part IV, line 17				
	nanagement fees				
	11g amount exceeds 10% of line 25,				
column (A) am	ount, list line 11g expenses on Sch 0.)	225,201.	37,898.	56,888.	130,415.
12 Advertising a	nd promotion	16,567.	14,658.	1,909.	
13 Office expense	ses	229,560.	151,900.	24,765.	52,895
	echnology				
16 Occupancy		272,554.	246,550.	20,116.	5,888,
17 Travel					
18 Payments of	travel or entertainment expenses				
for any federa	al, state, or local public officials $\dots$				
19 Conferences	, conventions, and meetings	5,269.	504	1,483.	3,786.
		4,578.	504.	4,074.	
	affiliates	100 004		20 051	7 7/5
	, depletion, and amortization	180,864. 63,295.	135,368. 35,929.	38,251. 27,366.	7,245.
-	Itomiza avpanaga not opvarad	03,295.	35,949.	41,300.	
above (List mis line 24e amour	s. Itemize expenses not covered scellaneous expenses on line 24e. If nt exceeds 10% of line 25, column (A) e 24e expenses on Schedule 0.)				
	D FOOD DISTRIB'S	13,570,160.	13,570,160.		
	SED FOOD DISTRIBU	1,074,186.	1,074,186.		
	ARDS FOR PROGRAMS	121,246.	121,246.		
d AUTO AN	ND TRUCK	90,747.	86,625.	2,844.	1,278.
e All other expe	enses	95,604.	4,899.	29,433.	61,272
	al expenses. Add lines 1 through 24e	17,631,955.	16,511,849.	639,894.	480,212
	omplete this line only if the organization				
reported in col	umn (B) joint costs from a combined				
educational car	mpaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2020

PLACER FOOD BANK

		Check if Schedule O contains a response or note t	0 201	line in this Part X			
		Check in Schedule O Contains a response of fible t	o any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,817,203.	1	3,393,730.
	2	Savings and temporary cash investments			, - ,	2	-,,
	3	Pledges and grants receivable, net			880,215.	3	1,484,082.
	4	Accounts receivable, net			109,023.	4	160,914.
	5	Loans and other receivables from any current or fo				-	
	_	trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified				_	
		under section 4958(f)(1)), and persons described ir				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			813,597.	8	650,149.
As	9				61,088.	9	45,243.
		Land, buildings, and equipment: cost or other			-		
		basis. Complete Part VI of Schedule D	I0a	2,105,483.			
	b	Less: accumulated depreciation	IOb	2,105,483. 869,953.	684,447.	10c	1,235,530.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			0.	12	33,569.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			506.	14	17,563.
	15	Other assets. See Part IV, line 11			12,553.	15	11,625.
	16	Total assets. Add lines 1 through 15 (must equal l			4,378,632.	16	7,032,405.
	17	Accounts payable and accrued expenses			169,878.	17	186,810.
	18	Grants payable				18	
	19	Deferred revenue			149,392.	19	125,326.
	20					20	
	21	Escrow or custodial account liability. Complete Par	rt IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or former	office	er, director,			
liti		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate	d thir	d parties	71,442.	23	42,324.
	24	Unsecured notes and loans payable to unrelated the	hird p	arties		24	
	25	Other liabilities (including federal income tax, payal	bles t	o related third			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X			
		of Schedule D			236,903.	25	236,903.
	26	Total liabilities. Add lines 17 through 25			627,615.	26	591,363.
ŝ		Organizations that follow FASB ASC 958, check	here				
JCe		and complete lines 27, 28, 32, and 33.			2 200 110		
alaı	27			·····	3,392,119.	27	5,970,770. 470,272.
а В	28				358,898.	28	470,272.
ň		Organizations that do not follow FASB ASC 958	, che	ck here 🕨 🛄			
л Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds $\dots$				29	
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
ĭΑ	31	Retained earnings, endowment, accumulated inco				31	
ž	32	Total net assets or fund balances			3,751,017.	32	6,441,042.
	33	Total liabilities and net assets/fund balances			4,378,632.	33	7,032,405.

Form **990** (2020)

# Form 990 (2020) Part X Balance Sheet

2 T 3 R 4 N	XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         otal revenue (must equal Part VIII, column (A), line 12)         otal expenses (must equal Part IX, column (A), line 25)         evenue less expenses. Subtract line 2 from line 1         et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 2 3	20	),320	 ) . ()	
2 T 3 R 4 N	otal revenue (must equal Part VIII, column (A), line 12) otal expenses (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 2 from line 1	1	20	),320	 ) . ()	
2 T 3 R 4 N	otal expenses (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 2 from line 1	2			0.0	
2 T 3 R 4 N	otal expenses (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 2 from line 1	2			).0	
3 R 4 N	evenue less expenses. Subtract line 2 from line 1		17			
<b>4</b> N	l	3		7,631		
	et assets or fund balances at beginning of vear (must equal Part X. line 32, column (A))			2,688		
5 N	<b>J J J L L L L L L L L L L</b>	4		3,751		
	et unrealized gains (losses) on investments	5		-	L,8	96.
	onated services and use of facilities	6				
	ivestment expenses	7				
	rior period adjustments	8				
	ther changes in net assets or fund balances (explain on Schedule O)	9				0.
<b>10</b> N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
с	olumn (B))	10	6	5,441	L,0	42.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1 A	ccounting method used to prepare the Form 990: 🔲 Cash 🛛 🖾 Accrual 💭 Other					
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
<b>2</b> a V	/ere the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
S	eparate basis, consolidated basis, or both:					
[	Separate basis Consolidated basis Both consolidated and separate basis					
ьV	/ere the organization's financial statements audited by an independent accountant?			2b	Х	
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
с	onsolidated basis, or both:					
[	X Separate basis Consolidated basis Both consolidated and separate basis					
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	eview, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	the organization changed either its oversight process or selection process during the tax year, explain on Scl		O.			
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	ct and OMB Circular A-133?	5		3a	х	
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	r audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	х	

Form **990** (2020)

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

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

	2020
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

L

			de le ministige			ie lateot i			-
Nan	ne of	the organization							identification number
Da	rt I	Reason for Public	ER FOOD BA		omplata ti	hia nart ) C	· a inatruation		4-1740316
								15.	
	orgar	nization is not a private found							
1	$\square$	A church, convention of ch					1)(A)(I).		
2	$\square$	A school described in sect							
3	$\square$	A hospital or a cooperative					-		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	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, state, or local go	vernment or governr	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or	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-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10	Х	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and corr	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	<i>r</i> giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	iving
		control or management c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct			-		-		
е		Check this box if the orga		-				e II, Type III	
		functionally integrated, o							
f	Ent	ter the number of supported of	organizations						
g	Pro	ovide the following information	n about the supporte	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
			1	1	1	1	1		1

### Schedule A (Form 990 or 990 EZ) 2020 PLACER FOOD BANK

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.)

1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest,						
	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						
	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,	oto (soo instructi	one)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth toy			
	organization, check this box and stop						
	tion C. Computation of Publi		rcentage				
	Public support percentage for 2020 (li			colump (f))		14	%
			•	( //		15	%
	Public support percentage from 2019						
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	t - <b>2019.</b> If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
I	more, and if the organization meets th	e facts-and-circur	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a public	ly supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990 EZ) 2020 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	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,648,734.	11,403,007.	11,800,111.	14,759,431.	19,952,907.	69,564,190.
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	278,856.	230,267.	246,257.	264,438.	211,702.	1,231,520.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	3,772,373.	4,080,455.	4,396,366.	3,133,754.	181,704.	15,564,652.
4	Tax revenues levied for the organ-						
	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	15,699,963.	15,713,729.	16,442,734.	18,157,623.	20,346,313.	86,360,362.
	Amounts included on lines 1, 2, and	, , ,	, , ,	, ,	, , ,	, , , ,	, ,
	3 received from disgualified persons						0.
ł	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.
	1						0.
	Add lines 7a and 7b						86,360,362.
	Public support. (Subtract line 7c from line 6.)						00,000,002.
		(-) 0010	(h) 0017	(-) 0010	(4) 0010	(-) 0000	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016 15,699,963.	(b) 2017	(c) 2018	(d) 2019 18,157,623.	(e) 2020 20,346,313.	(f) Total 86,360,362.
	Amounts from line 6	15,099,903.	15,713,729.	16,442,734.	10,157,023.	20,340,313.	80,300,302.
108	dividends, payments received on						
	securities loans, rents, royalties,	100	2.2.1	202	E 4 0	0.00	2 1 6 0
	and income from similar sources	196.	221.	282.	542.	928.	2,169.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	196.	221.	282.	542.	928.	2,169.
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	4,921.	1,812.	2,012.	15,071.	123,974.	147,790.
13	assets (Explain in Part VI.)	15,705,080.	15,715,762.	16,445,028.		20,471,215.	86,510,321.
	<b>First 5 years.</b> If the Form 990 is for th					, ,	
	check this box and <b>stop here</b>	0			-		▶□
Se	ction C. Computation of Publi						
-	Public support percentage for 2020 (I			column (f))		15	99.83 %
16	Public support percentage from 2019					16	99.97 %
	ction D. Computation of Invest						<u> </u>
-	•			a 10 a a luma (f)		17	.00 %
	Investment income percentage for 20						,-
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						N V
-	more than 33 1/3%, check this box an						
k	<b>33 1/3% support tests - 2019.</b> If the						
<i></i>	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th		tructions	

Schedule A (Form 990 or 990-EZ) 2020

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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	No
1		
-		
2		
3a		
3b		
3c		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
-		
_		
7		
8		
9a		
50		
0.1		
9b		
9c		
100		
10a		
10b		

1

2

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No

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

enent of any supported orga 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.

|--|

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Section D All Type III Supporting Organizations

			Yes	N
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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

supported organizations played in this regard.

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2a

2b

За

3b

Yes No

Schedule A	(Form 990 or 990-EZ) 2020 PLA	CER FOOD	BANK	
Part V	Type III Non-Functionally	Integrated 5	09(a)(3) Supporti	ng Organizations

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

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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the ourrent year is the ergenization's first as a pap functions			

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) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	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):

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## **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

2020

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 <b>not</b> 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.

Part I

#### PLACER FOOD BANK

94-1740316 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,183,732.	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		\$645,275.	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		\$337,985.	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>150,000.</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		\$ <u>120,000.</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
6		\$100,000.	Person X Payroll Noncash (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
7		\$72,215.	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
8		\$52,754.	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		\$61,850.	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>    10</u>		\$50,000.	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
11		\$37,954.	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
12		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### 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
		\$26,400.	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		\$25,000.	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
15		\$24,914.	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
16		\$23,000.	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
17		\$	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		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PLACER FOOD BANK

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)		(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
<u>   19</u>		\$20,000.	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		
		\$20,000.	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		
		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$         15,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23		\$15,000.	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		
24		\$ <u>14,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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#### PLACER FOOD BANK

Part I	<b>Contributors</b> (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		
		\$     13,870.     Person     X       Payroll     Noncash     Noncash       (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
26		\$     12,500.       Person     X       Payroll     Image: Second sec		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
		\$     12,000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
28		\$11,000. Person X Payroll D Noncash C (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
29		\$     11,000.       \$     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		
30		*     10,250.     Person     X       Payroll     Noncash     (Complete Part II for noncash contributions.)		

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#### PLACER FOOD BANK

Part I	<b>Contributors</b> (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
		\$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
32		\$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
33		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$10,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$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
36		\$ <u>10,000</u> .	Person X Payroll Noncash (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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>10,000.</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
39		\$ <u>10,000.</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
<u>40</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
41		\$9,000.	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
42		\$6,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### PLACER FOOD BANK

94-174031	6
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Part I	<b>Contributors</b> (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
43		- \$\$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
44		- \$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
45		- \$\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           -           \$5,198.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		- \$\$5,198.	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
48	· · ·	- \$\$5,000.	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
49		\$ <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
50		\$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
51		\$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
52		\$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
53		\$ <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
54		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

(a) No.

55

(a) No.

56

(a) No.

57

(a) No.

58

(a)

No.

59

(a)

No.

60

Employer identification number

#### PLACER FOOD BANK

FOOD BANK		94-1740316
Contributors (see instructions). Use duplicate copies of Part I	l if additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	\$5,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
	\$5,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
	\$5,0	00. (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		Person X Payroll O. Noncash

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

> Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

X

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

5,000.

5,000.

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
61		\$ <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
62		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$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
65		\$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
66		\$5,000.	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 additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$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
68		\$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
69		\$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
70		\$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
		\$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
		\$2,300,141.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

94-1740316

#### PLACER FOOD BANK

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 Person Payroll 777,770. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 74 Person Payroll 742,629. X Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 Person Payroll 727,572. Noncash X \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 76 Person Payroll X 610,949. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 Person Payroll 553,764. X Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 Person Pavroll 533,249. Noncash X \$ (Complete Part II for

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

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) (d) Total contributions Type of contribution
<u>79</u>		\$     532,986.       Person       Payroll       Noncash       X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
80		\$ 390,224.     Person     Payroll       Noncash     X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
81		\$ 334,752.       Person       Payroll         Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
82		\$ 327,038.       Person       Payroll         Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
83		\$ 302,849.       Person       Payroll         \$ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
84		\$ 292,010.     Person       Payroll     Noncash       X     (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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
85		\$243,847.	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		\$237,922.	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		\$ <u>231,321.</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
88		\$230,345.	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		\$ <u>224</u> ,451.	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		\$ <u>223,910.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

94-1740316

## 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
91		\$209,595.	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		\$ <u>181,740.</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
93		\$177,181.	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		\$171,888.	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		\$154,338.	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		\$148,666.	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 addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$         139,181.	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
98		\$133,632.	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		\$119,421.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$         110,401.	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
101		\$107,153.	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		\$103,185.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

## PLACER FOOD BANK

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
103		\$ 100,922.       Person       Payroll         \$ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
104		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
105		\$ 68,867.       Person         Payroll       Payroll         Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
106		\$     62,967.     Person       Payroll     Noncash     X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
107		\$62,777.       Person       Payroll         \$62,777.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
108		\$     61,203.       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 addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109		\$60,616.	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
		\$55,001.	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
		\$49,110.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions       \$48,570.	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
113		\$47,335.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>47,316.</u>	Type of contribution         Person       Payroll         Payroll       X         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 additio	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$45,595. 	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
		\$43,932.	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
		\$42,635.	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         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>119</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           -           \$37,045.	Type of contribution         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	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_121		\$36,879.	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
122		\$33,862.	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
123		\$28,493.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$19,445.	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
125		\$17,696.	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>    126</u>	Name, auuress, anu ∠ır + 4	\$ <u>12,403.</u>	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 addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
127		\$ 10,617.       Person       Payroll         \$ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
128		\$9,814.       Person       Payroll         \$9,814.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
129		\$7,668.       Person       Payroll         \$7,668.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
130		*     5,509.       *     Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$781,443.       PersonX         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
132		\$80,489.       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	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
133		- \$ <u>340,574.</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
134		\$10,524.	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
135		\$\$116,829.	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
136		- \$ <u>17,151.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	- \$\$44,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions           -           \$15,000.	Type of contribution         Person       X         Payroll

Employer identification number

PLACER FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions       \$     28,980.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$72,259.	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
141		\$6,362.	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
142		\$106,875.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2020)
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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
9	GIFT CARDS		
		\$61,850.	06/30/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
72	FOOD INVENTORY		
		\$\$_300,141.	06/30/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
73	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
74	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom vart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
75	FOOD INVENTORY		
		\$\$_727,572.	06/30/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
76	FOOD INVENTORY		
			06/30/21

Schedule B	(Form	990,	990-EZ,	or 990-	PF) (2020)
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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.

		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
77	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
80	FOOD INVENTORY		
		\$\$390,224.	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
81	FOOD INVENTORY		
		\$ <u>334,752.</u>	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
82	FOOD INVENTORY		

Schedule B	(Form	990,	990-EZ,	or 990	-PF) (2020)
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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.

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.)	(d) Date received
83	FOOD INVENTORY		
		\$302,849.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
84	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
85	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
86	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
88	FOOD INVENTORY		
_		\$ 230,345.	06/30/21

Schedule B	(Form	990,	990-EZ,	or 990-	PF) (2020)
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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)	Noncash Property (see instructions). Use duplicate copies of F	(c)	
No. from Part I	(b) Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	(d) Date received
89	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
90	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
91	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
92	FOOD INVENTORY		
		\$ <u>181,740.</u>	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
93	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
94	FOOD INVENTORY		
			06/30/21

Schedule B	(Form	990,	990-EZ,	or 990	-PF) (2020)
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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.

······································	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY		
	<u> </u>	06/30/21
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY		
	\$148,666.	06/30/21
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY		
	\$139,181.	06/30/21
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY		
	<u> </u>	06/30/21
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY		
	\$119,421.	06/30/21
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD INVENTORY	<u> </u>	
		06/30/21
-	Description of noncash property given         FOOD       INVENTORY         bescription of noncash property given	Image: bit description of noncash property given     FWV (or estimate) (See instructions.)       FOOD INVENTORY     s       (b)     (c)       Description of noncash property given     (c)       FOOD INVENTORY     s       (b)     (c)       FOOD INVENTORY     s       (b)     s       Description of noncash property given     (c)       FOOD INVENTORY     s       (c)     FWV (or estimate) (See instructions.)       FOOD INVENTORY     (c)       (b)     Description of noncash property given       FOOD INVENTORY     (c)       (b)     (c)       Description of noncash property given     (c)       FOOD INVENTORY     (c)       (b)     Description of noncash property given       FOOD INVENTORY     (c)       (b)     Description of noncash property given       (c)     FWV (or estimate) (See instructions.)       FOOD INVENTORY     (c)       (b)     Description of noncash property given       (c)     FWV (or estimate) (See instructions.)       FOOD INVENTORY     (c)       (b)     FWV (or estimate) (See instructions.)       FOOD INVENTORY     (c)       (b)     Integration of noncash property given       (c)     FWV (or estimate) (See instructions.)

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	)
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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.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of F	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
L01	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.02	FOOD INVENTORY		
		\$103,185.	06/30/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.03	FOOD INVENTORY		
		\$100,922.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L04	FOOD INVENTORY		
		\$94,139.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L05	FOOD INVENTORY		
		\$68,867.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L06	FOOD INVENTORY		
_			06/30/21

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2020)
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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
107	FOOD INVENTORY		
		\$62,777.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L08	FOOD INVENTORY		
		\$61,203.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L09	FOOD INVENTORY		
		\$ 60,616.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L10	FOOD INVENTORY		
		\$\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L11	FOOD INVENTORY		
		\$ 49,110.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
112	FOOD INVENTORY		

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2020)
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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.

		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
113	FOOD INVENTORY		
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
114	FOOD INVENTORY		
		\$ 47,316.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
115	FOOD INVENTORY		
		\$ <u>45,595.</u>	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
116	FOOD INVENTORY		
		\$ 43,932.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
117	FOOD INVENTORY		
		\$42,635.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
118			

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2020)
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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.

	······································	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
119	FOOD INVENTORY		
		\$39,073.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
120	FOOD INVENTORY		
		\$37,045.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
121	FOOD INVENTORY		
		\$36,879.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
122	FOOD INVENTORY		
		\$33,862.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123	FOOD INVENTORY		
		\$28,493.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
124	FOOD INVENTORY		
			06/30/21

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2020)
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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.

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
125	FOOD INVENTORY		
		\$17,696.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
126	FOOD INVENTORY		
		\$\$12,403.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
127	FOOD INVENTORY		
		\$10,617.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
128	FOOD INVENTORY		
		\$9,814.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
129	FOOD INVENTORY		
		\$7,668.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
130	FOOD INVENTORY		
		\$5,509 <b>.</b>	06/30/21
3453 11-2	5-20	Schedule B (Form	990 990-EZ or 990-PE) (2

Name of or	ganization		Employer identification number
PLACEF	R FOOD BANK		94-1740316
Part III		through (e) and the following line charitable, etc., contributions of <b>\$1,000</b> charitable.	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Department of the Treasury

(Form 990)

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. to www irs gov/Form990 for instructions and the latest informat



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Interna	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information.	ı.	Inspecti	on
Nam	e of the organizatio			Employe	ridentification 4 - 1 7 4 0 3	
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts.	Complete if th	ie
		n answered "Yes" on Form 990, Part IV, lin			·	
	5	, , ,		( <b>b)</b> Funds an	d other accou	Ints
1	Total number at en	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5			writing that the assets held in donor advised fur	nds		
-	•		exclusive legal control?		Yes	
6			dvisors in writing that grant funds can be used			
			or donor advisor, or for any other purpose confe			
	impermissible priva			-	Yes	🗌 No
Par			ganization answered "Yes" on Form 990, Part IV			
1		ervation easements held by the organizati				
		of land for public use (for example, recrea		orically impo	rtant land area	a
		natural habitat	Preservation of a cert	ified historic	structure	
	Preservation	of open space				
2	Complete lines 2a 1	through 2d if the organization held a qualit	fied conservation contribution in the form of a co	onservation	easement on t	he last
	day of the tax year.				at the End of th	
а				2a		
b				2b		
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
	listed in the Nation	al Register		2d		
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization duri	ng the tax	
	year 🕨					
4	Number of states v	where property subject to conservation ear	sement is located 🕨			
5	Does the organizat	ion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements i	t holds?		Yes	l No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easemer	its during the	<i>y</i> ear
	►					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements du	iring the year	
	▶\$					
8		• • • • • •	ve satisfy the requirements of section 170(h)(4)(l	, . ,		
	and section 170(h)	(4)(B)(ii)?			Yes	└── No
9		<b>c</b> .	on easements in its revenue and expense state			
			note to the organization's financial statements the	nat describe	s the	
De		ounting for conservation easements.	f Art Historical Tracquires or Other	Cimilar A		
Fai		-	f Art, Historical Treasures, or Other	Similar A	55615.	
		the organization answered "Yes" on Form				
та	0	, I	8, not to report in its revenue statement and ba			
	-		olic exhibition, education, or research in furthera	ince of publi	С	
	· •		ncial statements that describes these items.		le of	
b			8, to report in its revenue statement and balance			
			exhibition, education, or research in furtherance	e of public s	ervice,	
	•	ng amounts relating to these items:				
~	.,					
2	it the organization i	received or neid works of art, historical tre	asures, or other similar assets for financial gain,	provide		

the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

\$

\$

		FOOD BANK					94-17	4031	<u>6 Ра</u>	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Oth	er Simil	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following tha	at make :	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	ion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	asures, or oth	er simila	r assets		-		_
	to be sold to raise funds rather than to be ma		0					Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" or	n Form 990	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par									
<b>1</b> a	Is the organization an agent, trustee, custodi							-		-
	on Form 990, Part X?						L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
t	Ending balance									<b></b>
	Did the organization include an amount on Fe						L	Yes		_ No □
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in						<u></u>			<u></u>
ľ		(a) Current year	(b) Prior year	(c) Two yea			ears hack	(e) Fou	rveare	hack
10	Regipping of year balance	(a) Current year	(b) Flior year		13 Dack	<b>(u)</b> mice <u></u>		(e) 100	i yoars	Dack
h	Beginning of year balance Contributions	31,657.								
с С	Net investment earnings, gains, and losses	1,912.								
о Ь	Grants or scholarships	-,•								
	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance	33,569.								
2	Provide the estimated percentage of the curr	,	e (line 1a. column	(a)) held as:						
a	Board designated or quasi-endowment	,	%	(-))						
b	Permanent endowment  100.0000	%								
с		<u></u> ^								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held	and administe	ered for t	the organiz	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	rt VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990	), Part X	, line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investn		st or other s (other)		ccumulate preciation		( <b>d)</b> Boo	k valu	е
1a	Land									
	Buildings			04 051					<del>~ -</del>	~ -
С	Leasehold improvements			04,271.		175,6			8,5	
d	Equipment			48,262.		665,0			3,1	
	Other			52,950.		29,1			<u>3,7</u>	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)	<u></u>			1,23		

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
		11-1 One France 200 David V lives 15	
Complete if the organization answered "Yes"	Description	TID. See Form 990, Part X, line 15.	(b) Book value
	Description		(D) BOOK VAIUE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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	
			(b) Book value
(1) Federal income taxes (2) PPP LOAN			236,903.
			230,903.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		236,903.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D (Form 990) 2020 PLACER FOOD BANK			94-	1740316 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	20,348,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,896.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	26,895.		
е	Add lines 2a through 2d			2e	28,791.
3	Subtract line 2e from line 1			3	20,320,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,320,084.
_					
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With			
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With a.	n Expenses per	Retu	ırn.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With a.	n Expenses per		
Pa	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	n Expenses per	Retu	ırn.
<b>P</b> a 1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents With	n Expenses per	Retu	ırn.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With a. 	n Expenses per	Retu	ırn.
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	I Expenses per	Retu	ırn.
Pa 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	n Expenses per	Retu	ırn. 17,658,850.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per	Retu	ırn. 17,658,850.
Pa 1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per	Retu	ırn.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per	Retu 1 2e	ırn. 17,658,850.
Pa 1 2 a b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per	Retu 1 2e	ırn. 17,658,850.
Pa 1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per	Retu 1 2e	ırn. 17,658,850.
Pa 1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	26,895.	2e         3           4c         4c	rn. 17,658,850. 26,895. 17,631,955. 0.
Pa 1 2 4 6 3 4 8 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	26,895.	1 2e 3	ırn. 17,658,850.

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

## PART V, LINE 4:

THE ENDOWMENT FUNDS ARE FOR THE EXCLUSIVE USE OF SUPPORTING THE CHARITABLE

USES OF THE ORGANIZATION.

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 2017.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

PLACER FOOD BANK

Part XIII Supplemental Information (continued)

## GAMING ACTIVITY EXPENSES

26,895.

26,895.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

## GAMING ACTIVITY EXPENSES

(Form 990 or 990-EZ) Complete if the organization entered more than \$15,000 on Form 990-EZ, line 6a. b Attach to Form 990 or Form 990-EZ, line 6a. b Attach to Form 990 or Form 990-EZ, line 6a. b Attach to Form 990 or Form 990-EZ, line 6a. b Attach to Form 990 or Form 990-EZ, line 6a. b Attach to Form 990 or Form 990, Part IV, line 17, 18, or 119, or 110, line 0 the organization number 94 - 17 40 31.6 <b>PLACER FOOD BANK PLACRES TOOD TOON PLACES TOOL PLACES TOOL PLACRES T</b>	SCHEDULE G	G Supplemental Information Regarding Fundraising or Gaming Activities										
Inference Service?         Image control by the organization         Image control by the organization         Image control by the organization         Image control by the organization number (94-1740316)           PLACER FOOD BANK         PLACER FOOD BANK         94-1740316         (94-1740316)           Puthor isoling Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990, EZ filers are not regulated to complete this part.         Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a <ul> <li>All isolicitations</li> <li>C            </li> <li>Phone solicitations</li> <li>C</li></ul>	(Form 990 or 990-EZ)											
Name of the organization       Employer identification number 94-1740316         Part PLACER FOOD BANK       Employer identification number 94-1740316         Part Indication for the organization answered "Yes" on Form 990, Part IV, lies 17. Form 990-EZ filers are not required to complete this part.       Employer identification number 94-1740316         Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Employer identification and a mail solicitations       Image: Check all that apply.         Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Check all that apply.       Check all that apply.         Indicate whether the organization and the state of non-government grants       C       Phone solicitations       G       Solicitation of government grants         Image: Check all that solicitations       g I Solicitation of government grants       C       Phone solicitations       G       Yes       No       If 'Yes, 'Ist the 10 highest paid individual or ontity (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Activity       (iii) Contractive of the contrecontractive of the contractive of the contr												
PLACER FOOD BANK       94-1740316         Part Indicate vehicles. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a Mail solicitations       f Solicitation of non-government grants         b X Internet and email solicitations       f X Solicitation of government grants       g X Special fundraising events       m No         b If Yes, 'Is the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Pare and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (iii) Pare and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Amount paid (or or tained by) fundraiser is be to compensate the paid individual (or or to ito ito (or ito ito (or ito ito (or ito ito (or organization))		► Go	<sub>o to</sub> www.irs.gov/Form990 for instr	uction	is and	the latest informat			•			
Part       Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       X       Mail solicitations       e       X       Solicitation of non-government grants         b       X       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       e       X       Solicitation of non-government grants         b       X       Indicate whether the organization so       g       X       Solicitation of government grants         c       Phone solicitations       g       X       Solicitation of government grants         c       Phone solicitations       g       X       Solicitation of government grants         d       Imperson solicitations       g       X       Solicitation of government grants         d       Imperson solicitations       g       X       Solicitation of government grants         d       Imperson solicitations       g       X       Solicitation of more government grants         d       Indicate and the ast \$5,000 by the organization.       (i) or retained by incorections from activity       (i) or retained by incoretained by incorections         DEALNE	Name of the organization	PLACER	FOOD BANK									
Indicate whether the organization raised funds through any of the following activities. Check all that apply.         Indicate whether the organization raised funds through any of the following activities. Check all that apply.         Image: All all solicitations       e Solicitation of non-government grants         Image: All all solicitations       f Image: Solicitation of non-government grants         Image: All all solicitations       g Image: Solicitation of non-government grants         Image: All all solicitations       g Image: Solicitation of non-government grants         Image: All all solicitations       g Image: Solicitation of non-government grants         Image: All all solicitations       g Image: Solicitation of non-government grants         Image: All all solicitations       g Image: Solicitation of non-government grants         Image: All all all attract and mail solicitations       g Image: Solicitation of non-government grants         Image: All all all attract and the organization       g Image: Solicitation of non-government grants         Image: All all all attract and mail solicitations       g Image: Solicitation of non-government grants         Image: All all all attract and mail solicitations       g Image: Solicitation of non-government grants         Image: All all all attract and mails solicitations       g Image: Solicitation of non-government grants         Image: All	Part I Fundraisir			arad "Y	/es" 0	n Form 990 Part IV						
a ∑ Mail solicitations					03 0	11 onn 550, 1 art 10,		550 L2				
b ∑ Internet and email solicitations       f ∑ Solicitation of government grants         c ☐ Prone solicitations       g ∑ Special fundraising events         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       Image: Compensated at least \$5,000 by the organization.         (I) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (II) Activity       (III) Det fundraiser is to be compensated at least \$5,000 by the organization.       (III) Activity       (III) Det fundraiser is to be compensated at least \$5,000 by the organization.       (III) Activity       (III) Det fundraiser is to be compensated at least \$5,000 by the organization.       (III) Activity       (III) Det fundraiser is to be compensated at least \$5,000 by the organization.       (III) Activity       (IIII) Activity       (IIII) Activity       (IIII) Ac	1 Indicate whether the	organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply						
c       Phone solicitations       g I Special fundraising events         d       In-person solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       I Yes       No         b If the vest, "list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Organization from activity       (iv) Amount paid to (or retained by) organization         1861, POLSON, Ca. 95630-1861       SRANT WRITING       X       105,000.       9,973.       95,027.         NEWFORT ONE, INC 21       RAIL CONTACT       X       11,629.       0.       11,629.         NE & ALL - 2 N TAKE AVENUE, PARADENA, CA. 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         MARADENA, CA. 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         MARADENA, CA. 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         MARADENA, CA. 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         MARADENA, CA. 91101       D		ns										
d □ In-person solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? I Yes □ No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (ii) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (iii) Additional or entity (fundraiser)       (iii) Activity         (iv) Gross receipt fundraiser       (v) Amount paid to (or retained by) organization         DEANNE THORNTON - PO BOX       rest Not the fundraiser         1861, POLSOM, CA 95630-1861       BRANT WRITING       Yes         NEWEORD, DURBURY, MA DIRECT MAIL CONTACT       X       11, 629.         ONE & ALL - 2 N LAKE AVENUE, PLANEL ONTACT       X       3, 320.       0.       3, 320.         PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3, 320.       0.       3, 320.         Integrational data data data data data data data da					-							
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Image: Constraint of the constraint of th			g 🔼 Special	fundra	aising	events						
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Image: Compensated at least \$5,000 by the organization.         (i) No and address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (ii) Definition of the organization.         (iii) Definition of the organization.         (iii) Activity       (iii) Definition of the organization of the organization of the organization or entity (fundraiser)       (iv) Amount paid for retained by) form activity       (iv) Amount paid for retained by) form activity       (iv) Amount paid for retained by) form activity         DEANNE THORNTON - PO BOX       BRANT WRITING       X       105,000.       9,973.       95,027.         NewFOOR TONE, INC, - 21       RAILROAD AVENUE, DUXBURY, MA       DIRECT MAIL CONTACT       X       11,629.       0.       11,629.         ONE & ALL - 2 N LARE AVENUE,       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Mail contract       X       3,320.       0.       3,320.       0.       3,320.         ONE & ALL - 2 N LARE AVENUE,       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Total       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-		or oral agroomont with any individua	l (inclu	dina o	fficare directore tru	stoos or					
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.          (i) Name and address of individual or entities (fundraiser)       (ii) Activity       (iii) Dit fundraiser is constructed or entities (fundraiser)       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) organization         DERNNE THORNTON - PO BOX       Image: state of the	•		<b>e</b> ,	•	•		·					
compensated at least \$5,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity broadback combules       (iv) Gross receipts from activity combules       (v) Amount paid to (or retained by) from activity listed in col. (i)       (vi) Amount paid to (or retained by) organization         DEANNE THORNTON - PO BOX 1861, FOLSON, CA 95630-1861       BRANT WRITING       Yes       No       9,973.       95,027.         NEWFORT ONE, INC, - 21       RAIL CONTACT       X       11,629.       0.       11,629.         NEWFORT ONE, DUXBURY, MA       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         NE & ALL - 2 N LAKE AVENUE, PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Complexity of the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.       Ill9,949.       9,973.       109,976.						-						
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Indiaes meccase contributions?       (iv) Gross receipts from activity       to (or retained by) fundraiser)       (iv) Annount path fundraiser         DEANNE THORNTON - PO BOX       3 RANT WRITING       Yes       No       9,973.       95,027.         1861, FOLSOM, CA 95630-1861       SRANT WRITING       X       105,000.       9,973.       95,027.         NEWPORT ONE, INC 21       RAILROAD AVENUE, DUXBURY, MA       DIRECT MAIL CONTACT       X       11,629.       0.       11,629.         ONE & ALL - 2 N LAKE AVENUE, PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Call of the state		-			0							
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Indiaes meccase contributions?       (iv) Gross receipts from activity       to (or retained by) fundraiser)       (iv) Annount path fundraiser         DEANNE THORNTON - PO BOX       3 RANT WRITING       Yes       No       9,973.       95,027.         1861, FOLSOM, CA 95630-1861       SRANT WRITING       X       105,000.       9,973.       95,027.         NEWPORT ONE, INC 21       RAILROAD AVENUE, DUXBURY, MA       DIRECT MAIL CONTACT       X       11,629.       0.       11,629.         ONE & ALL - 2 N LAKE AVENUE, PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Call of the state				()			(v) Amount	paid				
Or entity (fundraiser)     International set of the	(i) Name and address	of individual	(iii) Activity	fundi have c	Did raiser ustody		to (or retaine	d by)	(vi) Amount paid			
DEANNE THORNTON - PO BOX         Yes         No           1861, FOLSOM, CA 95630-1861         SRANT WRITING         X         105,000.         9,973.         95,027.           NEWPORT ONE, INC 21         RAILROAD AVENUE, DUXBURY, MA         DIRECT MAIL CONTACT         X         11,629.         0.         11,629.           ONE & ALL - 2 N LAKE AVENUE,         DIRECT MAIL CONTACT         X         3,320.         0.         3,320.           PASADENA, CA 91101         DIRECT MAIL CONTACT         X         3,320.         0.         3,320.           Image: Control of the state states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.         119,949.         9,973.         109,976.	or entity (fundra	aiser)			ntrol of	from activity						
1861, FOLSOM, CA       95630-1861       SRANT WRITING       X       105,000.       9,973.       95,027.         NEWPORT ONE, INC 21       III,629.       0.       11,629.       0.       11,629.         RATLROAD AVENUE, DUXBURY, MA       DIRECT MAIL CONTACT       X       11,629.       0.       11,629.         ONE & ALL - 2 N LAKE AVENUE,       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         PASADENA, CA       91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Contract of the second	DEANNE THORNTON - PO	BOX		Yes	No			.,				
NEWPORT ONE, INC 21       DIRECT MAIL CONTACT       X       11,629.       0.       11,629.         ONE & ALL - 2 N LAKE AVENUE,       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Contract of the second secon			GRANT WRITING			105,000.	9,973.		95,027.			
ONE & ALL - 2 N LAKE AVENUE,       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Control of the	<u> </u>					,			,			
PASADENA, CA 91101       DIRECT MAIL CONTACT       X       3,320.       0.       3,320.         Image: Contract in the c	RAILROAD AVENUE, DUX	KBURY, MA	DIRECT MAIL CONTACT		х	11,629.		0.	11,629.			
		E AVENUE,										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	PASADENA, CA 91101		DIRECT MAIL CONTACT	<u> </u>	X	3,320.		0.	3,320.			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.												
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.												
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							_	0 - 0				
or licensing.				0000	. 🕨			-	,			
		n me organizatio	on is registered or licensed to solicit	CONTRIC	Jucions	S OF Has been notifie	u it is exempt	nom	egistration			
	0											

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

					-	· · ·
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue						
Seve	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ő	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			•	
	11	Net income summary. Subtract line 10 from li				
Pa	irt I					•
		\$15,000 on Form 990-EZ, line 6a.				
sevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						

0							
Reve	1	Gross revenue	181,704.			181,70	4.
S	2	Cash prizes	124,236.			124,23	6.
xpense	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs	12,842.			12,84	2.
D	5		14,053.			14,05	3.
	6	Volunteer labor	X Yes <u>59.20</u> %	└── Yes % └── No	└── Yes % └── No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	151,13	1.
	8	30,57	3.				
9	<ul> <li>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</li> <li>9 Enter the state(s) in which the organization conducts gaming activities: CA</li> </ul>						
	a Is the organization licensed to conduct gaming activities in each of these states?						
D		No," explain:					
10a	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 PLACER FOOD BANK 94-1	1740316	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	Yes	X No
	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	XNo
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	4 0 0	%
	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		
<b>15</b> a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 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 $\triangleright$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name  MONIQUE VALENCIA		
	0.044		
	Gaming manager compensation 🕨 \$2,241.		
	DESCRIPTION MANAGED		
	Description of services provided  SESSION MANAGER		
	Director/officer		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🖸 Yes	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 <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 1, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	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 FUNDRAISER	RS:	
(I	) NAME OF FUNDRAISER: NEWPORT ONE, INC.		
,	· · · · · · · · · · · · · · · · · · ·		
(1	) ADDRESS OF FUNDRAISER: 21 RAILROAD AVENUE, DUXBURY, MA 0233	32-3807	


(Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest         Department of the finance         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Detain the basis         Part I Question Regarding Compensation         PLACER FOOD BANK         Part I Question Regarding Compensation         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant III to provide any relevant information regarding these terms.         Plant reveal Plant III to provide any relevant information regarding these terms.         Plant reveal indowing openees terms and the diverse terms.         Plant reveal III to explain         Travel for comparison on the target to the information regarding the terms checked on the 1ar         reveal proval present to main regarding the terms checked on the 1ar         reveal present is an other terms to provide the application reveal to the infimatory present tereveal present to non an equiptee terms the terms	SC	HEDULE J   Compensation Information	ОМВ	No. 154	5-004	.7	
	(Fo	•		20			
Department         Departm	-			UZ	U.		
Interesting of the organization         Implementation         Implementation           Part I         Questions Regarding Compensation         94 - 17.40.31.6           Part I         Questions Regarding Compensation         Yes           Is Check the appropriate box(e) if the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Implementation and gross-up payments         Payments for business use of personal residence         Payments for business use of personal residence         Payments for business use of personal residence           Implementation and gross-up payments         Payments for business use of personal residence         Payments for business use of personal residence           Implementation and gross-up payments         Personal services (such as maid, chauffeur, chef)         Ib           If the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustese, and officers, including the CEOF/secultive Director, checked not line 1a?         2         Ib           Indicate which, if any, of the following the organization used to establish the compensation orbit or allowing and personal services or substantiation prior to reimbursing or allowing error substantiation prior to reimbursing an allowing sub bacard companization 's         2         Ib           During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	Depa					с	
PLACER FOOD BANK         94-1740316           Part I         Questions Regarding Compensation           Image: Compensation of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these tens.         Image: Compensation organization provide any relevant information regarding these tens.         Image: Compensation organization provide any relevant information regarding the set tens.         Image: Compensation organization regarding the organization tens observes (such as maid, chaufeur, chel)           b         If any of the boxes on line 1a are checked, dd the organization follow a written policy regarding payment or reimbursment or provision of all of the expenses described above? If 1%A's, complete Part III to explain or reimbursment or provision of all of the expenses described above? If 1%A's, complete Part III to explain or reimbursment or provision of all of the expenses of II: Na's, complete Part III to explain or reimbursment or provision of all of the expenses described above? II: Na's, complete Part III to explain or reimbursment or provision of all of the expenses incurred by all directors, trustees, and efficers, including the CEO/Executive Director, but explain in Part III.         Image: III Compensation committee         Image: III Compensation solution is CEO/Executive Director, but explain in Part III.         Compensation committee         X           4         During the year, dd any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a subplementation arrangement?         4a         X           4         During the year, dd any person listed o	Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		•			
Part I       Questions Regarding Compensation       Yes       No         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       No         Impact Liss or charter travel       Impact Liss or charter Liss or charter travel       Impact Liss or charter Liss or c	Nan	-			nun	nber	
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           B Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         No           B Track ideamond and prose up payments         Health or social club dues or inflation fees         Discretionary spending account         Personal services (such as maid, chariffeur, chef)           b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If No, "Complete Part III to explain.         Ito           2 Udt the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the complerastion to establish compensation committee         Ito           3 Indicate which, If any, of the following the organization works for methods used by a related organization to establish compensation committee         With employment contract         Ito           M Compensation committee         With engloyment?         4a         X           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         4a         X           6 Partici			94-1740	316			
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-list as or charter travel           Housing allowance or residence for personal use             First-list as or charter travel           Housing allowance or residence for personal use             First-list or comparisons           Hayments for business use of personal residence for personal use             Travel for companions           Hayments for business use of personal residence for personal use             Discretionary spending account            Personal services (such as maid, chauffeur, chef)             Di If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or               Di If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or               Di If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or               Di Id the organization require usbattation provide to reinburbanic por allowing by all directors,               Di Indicate which, if any, of the following the organization oused to establish the compensation or the CEO/Executive Director, but explain in Part III. <th>Pa</th> <th>rt I Questions Regarding Compensation</th> <th></th> <th></th> <th>. 1</th> <th></th>	Pa	rt I Questions Regarding Compensation			. 1		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison				<u> </u>	es	No	
First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain fill to explain	та		90,				
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Ib If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, the explain in Part III.       2         Image: Tax indemification as the organization is compensation and any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       2         a Receive a severance payment from a supplemental nonqualified retriement plan?       4a       X         Complete in or receive payment from a supplemental nonqualified retriement plan?       4b       X         Participate in or receive payment from a supplemental nonqualified retriement plan?       4b       X         Participate in or receive payment from an equity based compensation arrangement?       4b       X         Participate in or receive payment from an equity based compensation arrangement?       4b							
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Image: Compensation committee       Written employment contract       2         Independent compensation consultant       Image: Compensation committee       3         Participate in or receive payment from an supplemental nonqualified retirement plan?       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         6 Participate in or receive payment from an equity-based compensation arrangement?       4a       X         6 Participate in or receive payment from an equity-based compensation arrangement?       4a       X         7 Yee's to any of lines 4a-c, list the persons and provide the applicable amounts for							
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the corganization is GEO/Executive Director, but explain in Part III.       2         INC compensation committee       Written employment contract       2         Independent compensation consultant       X Compensation survey or study       Form 990 of other organization:         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Participate in or receive payment from a supplemental monqualified retirement plan?       5a       X         Participate in or receive payment from a supplemental monqualified retirement plan?       5a       X         Participate in or receive payment from a supplemental monqualified retirement plan?       5a       X         Participate in or receive payment f			Jence				
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Implement compensation consultant       Compensation committee       Witten employment contract         Implement compensation consultant       Compensation argument or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       For persons listed on Form 990, Part VII			chof				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         3 Compensation committee       Written employment contract       1         3 Organization require substantiation survey or study       2       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c For persons listed on Form 990, Part VI			cher)				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         3 Compensation committee       Written employment contract       1         3 Organization require substantiation survey or study       2       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c For persons listed on Form 990, Part VI	h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         7       Ab       X       Participate in or receive payment from a supplemental monqualified retirement plan?       4b       X         9       Participate in or receive payment from a supplemation must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X       X	b			1h			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Written employment contract         4a       X         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a         4a       X         4b       X         6a       X         6a       X         6a	2						
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Compensation or the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation and provide the applicable amounts for each item in Part III.         6       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensization Part III.         7       The organization?       Sa       X         6       X       Image: Compensation Part III.       Image: Compensation Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Commise	-			2			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Image: Compensation survey or study         Image: Independent compensation consultant       Image: Compensation survey or study       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X       5b       X         if "Yes" on line 6a or 5b, describe in Part III.       6b       X         b Any related organization?				-			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Image: Compensation survey or study         Image: Independent compensation consultant       Image: Compensation survey or study       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X       5b       X         if "Yes" on line 6a or 5b, describe in Part III.       6b       X         b Any related organization?	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         the vary of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <th></th> <th></th> <th>n to</th> <th></th> <th></th> <th></th>			n to				
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey of other organizations       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation organization:         a       Receive a severance payment or change-of-control payment?       Image: Compensation arrangement?       Image: Compensation arrangement?         b       Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation arrangement?       Image: Compensation arrangement?         c       Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation arrangement?       Image: Compensation contingement?         d       If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the revenues of:         a       The organization?       Image: Compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:       Image: Compensation pay or accrue any compensation contingent on the reservation							
Independent compensation consultant       X       Compensation survey or study         Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X       X <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th></tr<>							
Image: Some set of the s							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f       Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       1f		Form 990 of other organizations	nmittee				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f       Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       1f							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization?	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		organization or a related organization:					
c       Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.<	а	Receive a severance payment or change-of-control payment?	[4	4a			
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a con	b			4b			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>b</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul>	С	c Participate in or receive payment from an equity-based compensation arrangement?				<u> </u>	
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9 <th></th> <th colspan="6">If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</th>		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	_						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5						
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		•		_		v	
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         8       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a		<u>-</u>		-+		
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b		······ F	ac		<u>^</u>	
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	~						
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	0						
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	~			32		x	
If "Yes" on line 6a or 6b, describe in Part III.       Image: constraint of the second s							
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	u		·····				
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	7						
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>	'			7		х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	8			-		-	
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5					х	
Regulations section 53.4958-6(c)?	9		·····	-			
	5			9			
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Schedule J (Form 990) 2020

## 94-1740316

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVE MARTINEZ	(i)	135,431.	0.	0.	4,263.	15,134.	154,828.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION PROCESS FOR TOP OFFICIALS PER OUR BYLAWS EXECUTIVE GOALING AND

PERFORMANCE AND COMPENSATION REVIEWS ARE CONDUCTED ANNUALLY. THE EXECUTIVE

COMMITTEE OF OUR BOARD OF DIRECTORS COLLECTS INPUT FROM THE BOARD MEMBERS

AND REVIEWS ANNUAL COMPENSATION SURVEY INFORMATION COMPILED BY STAFF TO

DETERMINE APPROPRIATE INCOME RANGES AS WELL AS SCOPE OF DUTIES.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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Employer identification number

94-1740316

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Department of the Treasury
Internal Revenue Service

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Dout

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public Inspection

20

Name of the organizatio
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# PLACER FOOD BANK

Pa	TT Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	S
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	77	13,408,092.	\$1.74 PER P	OUN	D	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (GIFT CARDS)	Х	1	61,850.	FMV			
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for c	contributions				
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	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 r	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2020

32a

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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.



94-1740316

PLACER FOOD BANK

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 DIRECTOR OF FINANCE & ADMINISTRATION AND ACCOUNTANT 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 AUDIT COMMITTEE 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) 2020	Page <b>2</b>
Name of the organization PLACER FOOD BANK	Employer identification number 94–1740316
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 COMP	ENSATED. KEY STAFF

GOALING, PERFORMANCE AND SALARY REVIEWS ARE PERFORMED BY THE EXECUTIVE

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

PROCESS HAS NOT CHANGED FROM PRIOR YEAR