Source Control of constraints Constraints Constraints Description Defense social sociality numbers on this form as it may be made public. Go to www.sing.gov/Grompol for instructions and the latest information. Constraints Constant constraints Constraints </th <th></th> <th></th> <th></th> <th>EXTENDED TO MAY 15, 2024</th> <th>тт.</th> <th>L OMD No. 1545 0047</th>				EXTENDED TO MAY 15, 2024	т т .	L OMD No. 1545 0047
Donot enter social security numbers on this form as it may be made public. Open to Public Inspection A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 B Check Life Charne of organization D Employer identification number Image State PLACER FOOD BANK 94–1740316 Image State State of organization P Encloser 94–1740316 Image State Number and street (or P.0. box if mails not delivered to street address) Room/suit E Telephone number Image State Dial glusiness as 94–1740316 (1) Image State State of province, country, and 2P or foreign postal code E Gross receives 23,460,750. Image State F Hame and address of principal officer/DAVE MARTINEZ (1)		0		Return of Organization Exempt From	Income lax	OMB No. 1545-0047
Description Octo www.irc.gov/Form990 for instructions and the latest information. Display instruction A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 B Group of the Information PLACER FOOD BANK PLACER FOOD BANK 94–1740316 Damp of organization PLACER FOOD BANK 94–1740316 Damp of the Information Inspection (916) 783–0481 City or town, state or porvince, county, and 2/P or foreign postal code G. Group excepts 2, 33, 460, 750. Regreter ROSEVILLE, CA 95678 Yes X No F Name and address of principal officer-DAVE MARTINEZ SAME AS C ABOVE Yes X No SAME X S C ABOVE Hilb Are all suborinates inclusted? Yes X No J Website: WWW. PLACERFOODBANK. ORG Hilb Are all suborinates inclusted? Yes X No Form of organization: X Corporation Trust Association Other L Year of formation: 1970 M State of legal domicile: CA Part I Summary If the organization discontinued its operations or disposed of more than 25% of its net assets. 8 10 A Number of indedindatus of the governing body (Part V, line 1b)	Form JJU					
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 B Creat in Corganization D Employer identification number PLACER FOOD BANK Diamber and street (or P.0. box if mail is not delivered to street address) P4-1740316 Plance and street (or P.0. box if mail is not delivered to street address) P4-1740316 Plance and address of privoles, country, and 21P or foreign postal code G Green excepts 23, 460, 750. Ros EVILLE, CA 95678 Fame and address of privoles, country, and 21P or foreign postal code G Green excepts 23, 460, 750. Part I Summary Fame and address of privoles, country, and 21P or foreign postal code H(a) is a group return for subordinates notwer? 1 Weebsite: Now PLACERFOODBANK. ORG H(b) Are al abdreams notwer? Yes IX No Part I Summary To subordinates notwer? Yes IX No 1 Briefly describe the organization is mission or most significant activities: DOING BUSINESS AS THE PLACER PODD BANK, OUR SOLE MISSION HAS BEEN FOCUSED TO ALLEVIATE HUNGRER IN 4 8 2 Check this box If the organization iscontinue to play or this group not significant activities: DOING BUSINESS AS THE PLACER 9000 Banki determent noome (Part VIII, ine 11) 2 2 <	Depar	tment	of the Treasury		•	
B Charding Production D Employer identification number PlaceR FOOD BANK 94-1740316 Doing business as 93-0481 Construction 016 business as Description 8284 INDUSTRIAL AVENUE City or town, state or province, country, and 2P or foreign postal code 0 constructions as a usordinates includer? Particiption SAME AS C ABOVE 10 bits a group return for subordinates? I Tax-exempt status: X 100(01) 501(0) (insert no.) J Wobsite: WWW -PLACERFOODBANK. ORG Hc (Group exemption number Form of organization Torsubordinates? Yes Yoo Danks, OUR SOLE MISSION HAS BEEN FOCUSED TO ALLEVIATE HUNGRER IN 10 the organization discontinue discontinue discontinue disconter to a disposed of more than 25% of its net assets. Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 8 2 Orbeck this box If the organization discontinue disconter on the appendix of its net assets. 17, 12, 2, 2, 88. 19, 199, 483. </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>Inspection</th>						Inspection
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attending City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code Memory FOSSEVILLE, C.A. 95678 Foreign postal code H(a) is this a group return for subordinates: Soft Site of province, country, and ZIP or foreign postal code H(b) Are all subordinates included? Yes No I Taxexempt status: XS 10(c)(3) 1501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No Part II Summary Its recepts a subordinates included? Yes No H(c) Group exemption number 1 Briefly describe the organization is mission or most significant activities: DOING BUSINESS AS THE PLACER FOOD BANK, OUR SOLE MISSION HAS BEEN FOCUSED TO ALLEVIATE HUNGER IN 4 8 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar yea 2022 (Part V, line 1a) 4 8 4 Number of individuals employed in calendar yea 2022 (Part V, line 1b) 7 0 9 Program service revenue (Part VIII,		Jreturr		INDUSTRIAL AVENUE	(916)783-	
Instrument ROSSVILLIE, CA Solve Perform Fight Status For subordinates? Yes X No How and address of principal officer.DAVE MARTINEZ For subordinates? Yes X No I tax exempt status: X officing 1 (in subordinates included?) Yes X No How and address of principal officer.DAVE MARTINEZ H(b) Are all subordinates Yes X No How and address of principal officer.DAVE MARTINEZ For subordinates Yes X No Website: WW PLACERFOODBANK.ORG H(c) Group exemption number H(c) Group exemption number Form of organization: X organization's mission or most significant activities: DOING BUSINESS AS THE PLACER FOOD BANK, OUR SOLE MISSION HAS BEEN FOCUSED TO ALLEVIATE HUNCER IN 3 8 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voing members of the governing body (Part VI, line 1a) 4 8 Number of voing members of the governing body (Part VI, line 1a) 1 7a 0. Yes additions and grants (Part VIII, column for m990.T, Part I, line 11 Prior Year Current Year		ated	City or to		G Gross receipts \$	23,460,750.
Bendming SAME AS C ABOVE I Tax exempt status: X 501(c)(3) 501(c) (1) (insert no.) 4947(a)(1) or 527 If No.* attach a list. See instructions Mebsite: WWW. PLACERFOODBANK. ORG H(b) Are all subordinates included? Yes No. ME Form of organization: X Corporation Trust Association Other L Year of formation: 1970 M State of legal domicile: CA PartI Summary Ising describe the organization's mission or most significant activities: DOING BUSINESS AS THE PLACER POD BANK, OUR SOLE MISSION HAS BEEN FOCUSED TO ALLEVIATE HUNGER IN 3 8 Number of voting members of the governing body (Part VI, line 1a) 3 8 9 Number of voting members of the governing body (Part VI, line 1a) 3 4 6 1934 A Number of voting members of the governing body (Part VI, line 1a) 3 4 6 1934 A Number of voting members of the governing body (Part VI, line 1a) 1 7 10 1 7 1 0 0 0 A Number of voting members of the governing body (Part VI, line 1a) 1<		Ireturr	I KOSE		H(a) Is this a group ret	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 567, 503. 555, 632. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18, 026, 272. 20, 190, 263. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 22, 634. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 032, 228. 2, 532, 947. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 606, 839. 15, 016, 891. 18, 097, 814. 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 17, 049, 119. 20, 653, 395. 19 Revenue less expenses. Subtract line 18 from line 12 977, 153. -463, 132. 18 Total assets (Part X, line 16) 7, 740, 934. 9, 946, 782. 20 Total liabilities (Part X, line 26) 481, 097. 3, 096, 431.	nue					
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,026,272. 20,190,263. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 22,634. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,032,228. 2,532,947. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 606,839. 15,016,891. 18,097,814. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 977,153. -463,132. 19 Revenue less expenses. Subtract line 18 from line 12 977,153. -463,132. 10 Total assets (Part X, line 16) 7,740,934. 9,946,782. 21 Total liabilities (Part X, line 26) 481,097. 3,096,431.	μ.	11			567,503.	555,652.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,032,228.2,532,947.00 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.000 b Total fundraising expenses (Part IX, column (D), line 25) 606,839.000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,016,891.018,097,814.007,814.000 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 977,153.0-463,132.000 19 Revenue less expenses. Subtract line 18 from line 12 977,153.0-463,132.000 20 Total assets (Part X, line 16) 7,740,934.09,946,782.000 21 Total liabilities (Part X, line 26) 481,097.3,096,431.000		12		F	18,026,272.	20,190,263.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,032,228. 2,532,947. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 606,839. 15,016,891. 18,097,814. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,016,891. 18,097,814. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 977,153. -463,132. 19 Revenue less expenses. Subtract line 18 from line 12 977,153. -463,132. 20 Total assets (Part X, line 16) 7,740,9344. 9,946,782. 21 Total liabilities (Part X, line 26) 481,097. 3,096,431.		13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 606, 839. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15, 016, 891. 18, 097, 814. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 977, 153. -463, 132. 19 Revenue less expenses. Subtract line 18 from line 12 977, 153. -463, 132. 20 Total assets (Part X, line 16) 7, 740, 934. 9, 946, 782. 21 Total liabilities (Part X, line 26) 481, 097. 3, 096, 431.						•••
17 Other expenses (Part X, column (A), lines 112-113, 111-24e) 13, 010, 0511, 10, 0511, 10, 057, 014. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17, 049, 119. 20, 653, 395. 19 Revenue less expenses. Subtract line 18 from line 12 977, 153463, 132. 20 Total assets (Part X, line 16) 7, 740, 934. 9, 946, 782. 21 Total liabilities (Part X, line 26) 481, 097. 3, 096, 431.	ŝes					
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,049,119.20,653,395. 19 Revenue less expenses. Subtract line 18 from line 12 977,153463,132. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,740,934.9,946,782. 21 Total liabilities (Part X, line 26) 481,097.3,096,431.	Ä			5 1 1 1 1 1 1 1 1 1 1	15 016 891	18 097 814
19 Revenue less expenses. Subtract line 18 from line 12 977,153. -463,132. 588 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,740,934. 9,946,782. 21 Total liabilities (Part X, line 26) 481,097. 3,096,431.			-			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,740,934. 9,946,782. 21 Total liabilities (Part X, line 26) 481,097. 3,096,431.						
20 Total assets (Part X, line 16) 7,740,934. 9,946,782. 21 Total liabilities (Part X, line 26) 481,097. 3,096,431.	es Sec	13				-
	ilanc	20	Total assets (F	Part X, line 16)		
	d Ba			F	481,097.	
	Fun	22	Net assets or	fund balances. Subtract line 21 from line 20	7,259,837.	6,850,351.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Clanature of officer			Doto		
Sign	Signature of officer			Date		
Here	DAVE MARTINEZ, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	AMANDA H. WILLIAMS	AMANDA H. WILLIAMS		• oon omproyou	P01281212	
Preparer	Firm's name GILBERT CPAS			Firm's EIN 68-	0037990	
Use Only	Firm's address 2880 GATEWAY OAKS	DR, STE 100				
	SACRAMENTO, CA 95	833		Phone no.916-	646-6464	
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 No					
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) PLACER FOOD BANK 94-1740316 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	PLACER FOOD BANK'S MISSION IS TO SUSTAIN COMMUNITIES BY NOURISHING
	FAMILIES EXPERIENCING FOOD INSECURITY, EDUCATING THE COMMUNITY ABOUT
	HUNGER, WHILE ADVOCATING FOR HUNGER RELIEF.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 17,747,660. including grants of \$ 22,634.) (Revenue \$ 443,540.
	PLACER FOOD BANK (PFB), A 501C3 NONPROFIT ORGANIZATION, IS THE LEADING
	HUNGER-RELIEF CHARITY IN EL DORADO, NEVADA AND PLACER COUNTIES. EACH
	DAY, OUR PFB TEAM WORKS DILIGENTLY TO STRENGTHEN OUR ABILITY TO PROVIDE
	ACCESS TO HEALTHY FOODS FOR PEOPLE OF ALL AGES, GENDERS, RACE, AND
	ETHNICITIES IMPACTED BY THE PANDEMIC, INFLATION, AND/OR NATURAL
	DISASTERS. PFB SERVES AS THE PRIMARY FOOD COLLECTION AND DISTRIBUTION
	CENTER FOR HUNGER-RELIEF EFFORTS IN THE AREA - DISTRIBUTING FRESH AND
	NON-PERISHABLE FOOD TO 758,766 INDIVIDUALS SERVED THROUGH ITS NETWORK
	OF OVER 80+ HUNGER-RELIEF AND CHARITABLE ORGANIZATIONS. IN FY
	2022-2023, PFB DISTRIBUTED 9,462,577M POUNDS OF FOOD THROUGH OUR HUNGER
	RELIEF PARTNERS, WITH 13,267,916 MEALS PROVIDED. DURING THE 2022
	WILDFIRE SEASON, 7,323 INDIVIDUALS DISPLACED BY WILDFIRES IN PLACER AND
4b	(Code:) (Expenses \$1,117,926. including grants of \$) (Revenue \$)
	PLACER FOOD BANK'S FEED OUR FUTURE PROGRAM ENCOMPASSES THE SEVERAL
	OUTREACH PROGRAMS WHICH INCLUDES: PANTRYTOGO - A FREE DRIVE-THRU FOOD
	DISTRIBUTION IN 10 LOCATIONS IN PLACER AND EL DORADO COUNTIES (CAMERON
	PARK, COLFAX, FOREST HILL, GEORGETOWN, LINCOLN, PLACERVILLE, POLLOCK
	PINES, ROCKLIN, ROSEVILLE, SHERIDAN). IN FY 2022-2023, PFB DISTRIBUTED
	1,616,172M POUNDS OF FOOD TO 104,136 RECIPIENTS WITH 33,893 HOUSEHOLDS
	SERVED. PFB'S KIDS BACKPACK PROGRAM PROVIDED 678 SNACK BAGS EACH MONTH
	OF NUTRITIOUS, EASY-TO-PREPARE FOOD DELIVERED EACH FRIDAY FOR STUDENTS
	IN THE 14 TITLE ONE SCHOOLS PARTNERED WITHIN PLACER AND EL DORADO
	COUNTIES. THE SCHOOL PANTRY PROGRAM PROVIDES A FAMILY-SIZED BAG OF
	PRODUCE ONE WEEK AND A FAMILY-SIZED BAG OF NON-PERISHABLE FOOD THE
	NEXT, BENEFITTED 681 FAMILIES/WEEK. WE ALSO ELEVATED OUR VOLUNTEER
40	(Code:) (Expenses \$ 278,431. including grants of \$) (Revenue \$
40	OUR CALFRESH OUTREACH TEAM WORKS IN COORDINATION WITH OUR HUNGER-RELIEF
	AGENCIES. WE EDUCATE AND PRE-SCREEN CLIENTS FOR ASSISTANCE ELIGIBILITY.
	IF ELIGIBLE, WE PROVIDE ASSISTANCE WITH SUBMITTING A CLIENT'S
	APPLICATION. THROUGH AN ACTIVE DIGITAL OUTREACH CAMPAIGN, CALFRESH
	MESSAGING DELIVERED NEARLY 180K DIGITAL IMPRESSIONS, REACHING 65K
	INDIVIDUALS, DIRECTING 2K USERS TO THE CALFRESH WEBPAGE TO APPLY. OF
	APPLICANTS THAT APPLIED FOR CALFRESH, 59% WERE APPLICATIONS WERE
	APPROVED; AVERAGE BENEFIT ALLOTMENT PER APPLICANT: \$245+ DOLLARS;
	ESTIMATED BENEFITS GENERATED: \$579K+; ESTIMATED IMPACT IN LOCAL
	ECONOMY: \$892K+, CALFRESH MEALS PROVIDED: 158K+.

4d	d Other program services (Describe on Schedule O.)					
	(Expenses \$	including grants of \$) (Revenue \$)		
4e	Total program service expenses	19,144,017.				
				Form 990 (2022)		

Form **990** (20 122)

 Form 990 (2022)
 PLACER
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 BANK

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
Ū	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			
U	similar amounts as defined in Rev. Proc. 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			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	-	8		x
9	Schedule D, Part III	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 (2022)
 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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	054		x
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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			
u	"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	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			v
	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			x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ו מו	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15		162	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	

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022)	PLACER	FOOD	BANK	
Statements	Regarding C	Other IRS	S Filings and	Tax Compliance (continued)

Form 990 (2022)

Part V

					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	46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	Х	
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	Ο.		Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		X
С	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					
	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 contribut		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
b	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 w		•			v
_	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f 7g		<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					<u> </u>
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
9	sponsoring organization have excess business holdings at any time during the year?					
э а						
b						
10	Section 501(c)(7) organizations. Enter:			9b		
a	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			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	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		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		_			17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069					

Form	990	(2022)
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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	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	3		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	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			37
	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:		v	
a	The governing body?	8a	X X	
	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on 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	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
• -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
Sec	exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	,- - y	,a.ii	
	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, a	nd fina	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 Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)							(D)	(E)	(F)		
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated		
	hours per	box	oox, unles		do not check more the ox, unless person is to officer and a director/to			is bot	h an	compensation	compensation	amount of
	week			officer and a director/trustee)			or/trus	tee)	from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation		
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the		
	organizations	rustee	l trust		ee	npen		1099-NEC)	1099-NEC)	organization and related		
	below	dual ti	tiona		nploy	stcor	-	1000 1120)		organizations		
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie		
(1) DAVE MARTINEZ	40.00	_	_		-							
EXECUTIVE DIRECTOR				x				147,000.	0.	20,304.		
(2) ANDREA GUY	40.00											
DIRECTOR OF FINANCE & ADMINISTRATION				x				86,636.	0.	15,426.		
(3) BRIAN ERNST	1.00											
CHAIR		Х		X				0.	0.	0.		
(4) SUSAN GUTOWSKY	1.00											
VICE CHAIR		Х		X				0.	0.	0.		
(5) JON NEXSEN	1.00											
TREASURER		Х		Х				0.	0.	0.		
(6) JIMMY FRANCO	1.00											
MEMBER AT LARGE		Х						0.	0.	0.		
(7) LAMILLS GARRETT	1.00											
MEMBER AT LARGE		Х						0.	0.	0.		
(8) MICHAEL GARNER	1.00									_		
MEMBER AT LARGE		Х						0.	0.	0.		
(9) DELL GOETZ	1.00											
MEMBER AT LARGE		X						0.	0.	0.		
(10) KIRAN MALANCHARUVIL	1.00											
MEMBER AT LARGE		Х						0.	0.	0.		
			-	-		-				·		
				I	I	L						

	990 (2022) PLACER FC									94-174	0316	; Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees			ghes	t C		es (continued)			
	(A) Name and title	(B) (C) (D) (E) Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation			Reportable compensation		(F) stimate mount other						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	t org ar	npensa from the ganizat nd relat ganizatie	e ion ed
1b	Subtotal								233,636.	0		35,7	30.
С	Total from continuation sheets to Part VI	I, Section A							0. 233,636.	0		35,7	0.
2	Total number of individuals (including but no								-				
	compensation from the organization											Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,					,		, , , ,	,	3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le co	omp	ensa	ation	n and	otł	her compensation from	the organization		x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	-				-			-		5		x
	tion B. Independent Contractors									• • • • • • • •			
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						n the organization's tax				
MAT	(A) Name and business RKETSHARE PR,970 RESER		SI	דדי	म	10	<u>) ()</u>	_	(B) Description of s	ervices		C) ensatio	n
	SEVILLE, CA 95678							1	PUBLIC RELAT	IONS	14	6,1	60.
								_					
								+					
								+					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	mite	d to	thos 1		ted	above) who received m	nore than			

		Check if Schedule O	50110	anio a 100µ0	130		(A)	(B)	(C)	<u> </u>
							Total revenue	Related or exempt	Unrelated	Revenuè exclu
								function revenue	business revenue	from tax und sections 512 -
	4 -			4.						30010113 3 12
		Federated campaigns								
		Membership dues								
		Fundraising events Related organizations								
		Government grants (conti				1,726,909.				
		All other contributions, gifts,								
	•	similar amounts not included				17,472,574.				
	n	Noncash contributions included in				14,112,342.				
	-	Total. Add lines 1a-1f					19,199,483.			
T						Business Code	, ,			
	2 a	PURCHASED PRODUCT I	NCON	1E		900099	268,709.	268,709.		
	b	SHARED MAINTENANCE				900099	128,407.	128,407.		
	c				_		,	,		
	d				_					
	e									
	f	All other program service	reve	nue	_					
	q	Total. Add lines 2a-2f					397,116.			
T	3	Investment income (inclue								
		other similar amounts)	-				14,918.			14,9
	4	Income from investment of				Г				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	.) <u></u>							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	269,7	76.	23,027.				
	b	Less: cost or other basis								
		and sales expenses	7b	269,7	09.	0.				
		Gain or (loss)	7c		67.	23,027.				
	d	Net gain or (loss)					23,094.			23,
	8 a	Gross income from fundraisi		-						
		including \$								
		contributions reported on		-						
		Part IV, line 18			8a	7,559.				
		Less: direct expenses			8b	0.				
		Net income or (loss) from			ts I		7,559.			7,
	9 a	Gross income from gamin								
		Part IV, line 19			9a	3,502,447.				
		Less: direct expenses			9b	3,000,778.	E01 660			E 0.1
L		Net income or (loss) from			;		501,669.			501,0
Γ	iu a	Gross sales of inventory,			10					
	Ŀ	and allowances			10a					
1		Less: cost of goods sold			10b	1				
┝	C	Net income or (loss) from	sales	s or inventor	у	Business Code				
.	44 -	MISCELLANEOUS REVEN	पान			900099	46,424.	46,424.		
-		WISCENTWREODS KEVEN	05			500099	40,424.	40,424.		
	b					├				
	с С	All other reverses				├				
1		All other revenue				<u> </u>	46,424.			
1	е	Total. Add lines 11a-11d Total revenue. See instruction					20,190,263.	443,540.	0.	547,2

Form 990 (2022) PLACER F
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).

	Check if Schedule O contains a respo	, aso or noto to any lino in	this Part IV	, , ,	
		(A)	I (B) I	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	22 624	22 624		
	and domestic governments. See Part IV, line 21	22,634.	22,634.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	269,366.	173,175.	59,816.	36,375.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,781,300.	1,131,532.	398,866.	250,902.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,587.	33,673.	10,200.	4,714.
9	Other employee benefits	275,467.	190,914.	57,828.	<u>4,714.</u> 26,725.
10	Payroll taxes	158,227.	102,154.	33,603.	22,470.
11	Fees for services (nonemployees):		· · ·		
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,632.		8,632.	
' a		0,0020			
y	column (A), amount, list line 11g expenses on Sch O.)	388,857.	168,248.	108,750.	111,859.
40		27,231.	19,465.	1,503.	6,263.
12	Advertising and promotion	374,807.	259,402.	45,734.	69,671.
13	Office expenses	5/4,007.	237,402.		05,071.
14	Information technology				
15	Royalties	694,256.	651,333.	39,981.	2,942.
16	Occupancy	094,230.	051,555.	59,901.	2,942.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	21 010	02 024	7 000	
19	Conferences, conventions, and meetings	31,812.	23,924.	7,888.	
20	Interest				
21	Payments to affiliates				10 040
22	Depreciation, depletion, and amortization	378,047.	326,527.	37,680.	13,840.
23	Insurance	91,672.	51,676.	39,996.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND FOOD DISTRIBUTI	14,351,764.	14,351,764.		
b	PURCHASED FOOD DISTRIBU	1,462,173.	1,462,173.		
с	AUTO AND TRUCK	131,943.	128,163.	2,730.	1,050.
d	BANK AND CREDIT CARD FE	41,949.	244.	3,093.	38,612.
е	All other expenses	114,671.	47,016.	46,239.	21,416.
25	Total functional expenses. Add lines 1 through 24e	20,653,395.	19,144,017.	902,539.	606,839.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0000)

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PLACER FOOD BANK

	Check if Schedule O contains a response or not	e to any	line in this Part X			
	· · · · ·	_		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,964,680.	1	2,198,788.
2			2			
3				1,589,120.	3	1,497,157.
4				132,582.	4	182,995.
5						
				5		
6						
	-				6	
7					7	
8				663,008.	8	984,926
9				92,660.	9	110,522
10a						
		10a	3,215,635.			
b	Less: accumulated depreciation	10b		1,379,226.	10c	1,782,801
	Investments - publicly traded securities			853,083.		886,576
						31,244
			- , -		- /	
			6,823.		4,925	
				2,266,848		
						9,946,782
						409,975
		,				
			157,959.		419,428	
				•		
					22	
23				17,420.		0.
				,		
20						
	of Schedule D			0.	25	2,267,028.
26						3,096,431.
20		ck here	X		20	
	•					
27				6,496,913.	27	6,177,733.
		762,924.		6,177,733. 672,618.		
				•		
	-	00, 0110				
29					29	
29 30	Paid-in or capital surplus, or land, building, or ec				30	
	, all in or oupliar ourplus, or land, building, of et	1 anpinon				
	Retained earnings endowment accumulated in	come o	r other funds		31	
31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances			7,259,837.	31 32	6,850,351.
	2 3 4 5 6 7 8 9 10a	 Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subsi- controlled entity or family member of any of these controlled expenses and deferred charges Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equility Accounts payable and accrued expenses Grants payable Deferred revenue Case and other payables to any current or form trustee, key employee, creator or founder, subsi- controlled entity or family member of any of these Secured mortgages and notes payable to unrelate Other liabilities (including federal income tax, pa- parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restriction	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso 6 Loans and other receivables from other disqualified persounder section 4958(f)(1), and persons described in section 4958(f)(1), and persons described in section 4958(f)(1), and persons described in section and other receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 32 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 2	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 3, 215, 635. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intraugible assets 15 Other assets. See Part IV, line 11 14 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 21 Escrow or cust	(A) Beginning of year 1 Cash - non-interest-bearing 2 , 964 , 680 . 2 Savings and temporary cash investments 1 , 589 , 120 . 3 Pledges and grants receivable, net 1 , 589 , 120 . 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 1 32 , 582 . 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventrois for sale or use 663 , 008 . 9 Prepaid expenses and deferred charges 92 , 660 . 10a 3 , 215 , 635 . 1 as 3 , 215 , 635 . b Less: accumulated depreciation 10a 3 , 215 , 635 . 11 Investments - publicly traded securities 853 , 083 . 12 Investments - publicly traded securities 853 , 083 . 13 Investments - program-related. See Part IV, line 11 28 , 527 . 14 Intangible assets 66 , 823 . 15 Total assets. Add lines 1 through 15 (must equal line 33) 7 , 740 , 934 . 17 Acc	Beginning of year 1 Cash - non-interest-bearing 2,964,680.1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 1,589,120.3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 92,660.9 9 Prepaid expenses and deferred charges 92,660.9 10a 3,215,635. 6 11 Investments - oublicly traded securities 853,083.11 12 Investments - publicly traded securities 853,083.11 13 Investments - publicly traded securities 10a 3,215,635. 14 Intangible assets 663,003.8 13 15 Total assets. Add lines 1 through 15 (must equal line 33) 7,740,934.16 14 14 Intangible assets 305,718.17 17

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Form	990 (2022) PLACER FOOD BANK	94	-1740316	Pa	.ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,65		
3	Revenue less expenses. Subtract line 2 from line 1	3	-46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,25		
5	Net unrealized gains (losses) on investments	5	5	3,6	646.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,85	0,3	51.
Pa	t 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	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	э О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection
 identification number

Nam	e of	the organization		NTT7					identification nur	nber
Pa			ER FOOD BA			·			4-1740316	
		Reason for Public						IS.		
	orgar	ization is not a private found								
1		A church, convention of ch	,			n 170(b)(1	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's nam	e,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit descrik	oed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	-	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7		An organization that norma						he general	public described in	n
•		section 170(b)(1)(A)(vi). (C			. en la ger			general		
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11)					
9	\square	An agricultural research org				nd in coniu	unction with a	land grant	collogo	
5										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enterthe	name, city	y, and state of	r the colleg	e or	
10	V	university:		·····						
10	Δ	An organization that norma	• • • •						•	
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 197	5.
		See section 509(a)(2). (Con	. ,							
11		An organization organized a	and operated exclusion	ively to test for public sa	fety. See s	section 50	09(a)(4).			
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one of	or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 5	5 09(a)(3). (Check the box on	
		_lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), 1	typically by	' giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte			in connec [.]	tion with. a	and functiona	llv integrate	ed with.	
		its supported organizatio						, ,	,	
d		Type III non-functionally						rted organi	zation(s)	
		that is not functionally int								
		requirement (see instruct						a an attorn	iveness.	
~		- · ·	,	•						
C		Check this box if the orga					а туре ї, туре	n, type m		
	Ent	functionally integrated, or								
		er the number of supported o								
g		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of oth	ner
		organization	(1) =	(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instruct	
				above (see instructions))	165	INU				
Tota	1									

Schedule A	(Form	990)	202

	(Form 990) 2022	PLACER	FOOD	BANK	94-1740316	Page 2
Part II	Support Schedule f	or Organiza	ations D	escribed ir	Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you chee	cked the box o	n line 5, 7	, or 8 of Part I	or if the organization failed to qualify under Part III. If the organiz	ation
	fails to qualify under the te	ests listed belo	w, please	complete Part	III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	· ·	,				
	organization, check this box and stop			,			
See	ction C. Computation of Publ						
-	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	า			
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported orgar	nization	
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		

Schedule A (Form 990) 2022

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,800,111.	14,759,431.	19,952,907.	17,216,288.	19,199,483.	82,928,220.
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	246,257.	264,438.	211,702.	225,284.	397,116.	1,344,797.
3	Gross receipts from activities that		-	-		-	<u> </u>
	are not an unrelated trade or bus-						
	iness under section 513	4,396,366.	3,133,754.	181,704.	3,189,552.	3,502,447.	14,403,823.
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	16,442,734.	18,157,623.	20,346,313.	20,631,124.	23,099,046.	98,676,840.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						98,676,840.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	16,442,734.	18,157,623.	20,346,313.	20,631,124.	23,099,046.	98,676,840.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	282.	542.	928.	14,338.	14,918.	31,008.
ŀ	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	282.	542.	928.	14,338.	14,918.	31,008.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,012.	15,071.	123,974.	27,422.	46,424.	214,903.
13	Total support. (Add lines 9, 10c, 11, and 12.)	16,445,028.	18,173,236.	20,471,215.	20,672,884.	23,160,388.	98,922,751.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.75 %
16	Public support percentage from 2021					16	99.80 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.03 %
18	Investment income percentage from	2021 Schedule A, I	Part III, line 17			18	.02 %
19 a	a 33 1/3% support tests - 2022. If the					3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ies as a publicly s	upported organiza	tion	X
k	33 1/3% support tests - 2021. If the	•					
	line 18 is not more than 33 1/3%, che	eck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 5a 5b 5c 6 7 8 9a 9b 9c 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 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 Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	Did the summing the term of the term of the former sector term of the state of the sector sector term.

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section C.	Type II	Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		

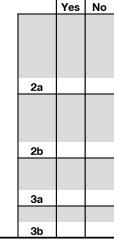
Section D. All	Type III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to s	atisfy the Integral Part T	est during the yea(see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.*



232026 12-09-22

instructions).

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

1

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Schedule A (Form 990) 2022

Schedule A	Form (Form	990)	2022

PLACER	FOOD	BANK		

1 2 3 4 5 6 7 8 9 10	on D - Distributions Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemple organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions.	ot purposes of supported es of supported organization ovide details in Part VI)		1 2 3 4 5 6 7 7 8 9 10 s	Current Year
2 3 4 5 6 7 8 9 9 10 Sect	Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	es of supported organization ovide details in Part VI) he organization is responsive (i)	e (ii) Underdistribution	2 3 4 5 6 7 7 8 9 10	Distributable
3 4 5 6 7 8 9 10 Sect	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (<i>provide details in</i> Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	es of supported organization ovide details in Part VI) he organization is responsive (i)	e (ii) Underdistribution	3 4 5 6 7 7 8 9 10	Distributable
4 5 6 7 8 9 10 Sect	Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	ovide details in Part VI) he organization is responsive (i)	e (ii) Underdistribution	3 4 5 6 7 7 8 9 10	Distributable
4 5 6 7 8 9 10 Sect	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	ovide details in Part VI) he organization is responsive (i)	e (ii) Underdistribution	4 5 7 8 9 10	Distributable
5 6 7 8 9 10 Sect	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	he organization is responsive	(ii) Underdistribution	5 6 7 8 9 10	Distributable
6 7 8 9 10 Sect	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (<i>provide details in</i> Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	he organization is responsive	(ii) Underdistribution	6 7 8 9 10	Distributable
7 8 9 10 Sect	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	(i)	(ii) Underdistribution	7 8 9 10	Distributable
8 9 10 Sect	Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	(i)	(ii) Underdistribution	8 9 10	Distributable
9 10 Sect	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	(i)	(ii) Underdistribution	9 10	Distributable
10 Sect	Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-		Underdistribution	9 10	Distributable
10 Sect	Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-		Underdistribution	10	Distributable
Sect	on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-		Underdistribution		Distributable
	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-		Underdistribution	IS	Distributable
-1	Underdistributions, if any, for years prior to 2022 (reason-				
2	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990)) 2022
B //		

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

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

PLACER FOOD BANK

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$214,178.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>178,801.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$95,000.	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		\$92,215.	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
<u>6</u> 223452 11-1	5-22	\$67,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
220402 11-1			Schedule D (FUIII 990) (2022)

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

(b)

Name, address, and ZIP + 4

(b)

PLACER FOOD BANK

Employer identification number

(d)

Type of contribution

X

94-1740316

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(c)

Total contributions

(c)

\$

633,334.

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

1

Page 2

anization		Employer identification number
FOOD BANK		94-1740316
Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$55,0	73. Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$53,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$50,7	Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$50,6	62. Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$50,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	\$50,0	Person X Payroll

Name of orga

PLACER

Part I

(a)

No.

(a)

No.

(a) No.

(a)

No.

10

(a)

No.

11

(a) No.

12

9

8

7

ation number

Schedule B (Form 990) (2022)

	\$ 29,1
(b) Name, address, and ZIP + 4	(c) Total contributio
	\$25,0
(b) Name, address, and ZIP + 4	(c) Total contributio
	\$25,0

Schedule B (Form 990) (2022)

PLACER FOOD BANK

Name of organization

Employer identification number

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$40,000.	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
14		\$ <u>35,518.</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
15		\$34,500.	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		\$29,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
<u>18</u> 223452 11-15		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

19		\$24,289.	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
		\$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
22		\$ <u>15,000.</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
23		\$ <u>15,000.</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
24		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

PLACER FOOD BANK

Employer identification number

(d)

Type of contribution

94-1740316

(c)

Total contributions

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

223452 11-15-22

Schedule B (Form 990) (2022) Name of organization

Part I

PLACER FOOD BANK

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$13,020.	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
27		\$ <u>13,000.</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
28		\$12,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$11,196.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

94-1740316

(a)

No.

36

Name of o	rganization	Emplo
PLACE	R FOOD BANK	94
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
31		
		\$ <u>11,000.</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
32	. ,	
		s 10,050.
(a)	(b)	(c)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions
33		
		\$ <u>10,000</u> .
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
34		
		\$ 10,000.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions
35		
		\$10,000.

(b)

Name, address, and ZIP + 4

(Complete Part II for noncash contributions.)

Person Payroll

Noncash

Page 2

yer identification number

(d) Type of contribution

(d)

Type of contribution

X

X

X

X

X

X

-1740316

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

\$

10,000.

223452 11-15-22

(a)

No.

42

Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(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.)
(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.)
(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.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$9,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

PLACER FOOD BANK

(c)

94-1740316

(d)

Schedule B (Form 990) (2022)

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

37

(a)

No.

38

(a)

No.

39

(a)

No.

40

(a)

No.

41

Schedule B (Form 990) (2022)
Name of organization
PLACER FOOD BANK
Part I Contributors (see instructions). Use duplicate copies of Part I if additi

(a) No.

43

(a)

No.

	94-1740316			
iona	l space is needed.			
	(c) Total contributior	าร	(d Type of co	
	\$8,8	00.	Person Payroll Noncash (Complete Pai noncash cont	
	(c) Total contribution	າຣ	(d Type of coi	-
_	\$8,6	50.	Person Payroll Noncash (Complete Pa	X T t II for

(b)

Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4 Employer identification number

44 		\$ <u>8,650.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 46 </u>		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 47 </u>		\$7,500.	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		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$7,500.	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		\$7,400.	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
		\$7,000.	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		\$7,000.	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		\$6,650.	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		\$6,529.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

PLACER FOOD BANK

Name of organization

Employer identification number

94-1740316

	B (Form 990) (2022) rganization		Emplo	Page yer identification number
	R FOOD BANK		94	-1740316
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	-1		ľ
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
55		\$6,1	67.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
56		\$6,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
57		\$5,7	10.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
58		\$5,6	51.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d) Type of contribution
<u> </u>		\$5,1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
60				Person X

Payroll

Noncash

(Complete Part II for

5,040.

\$

66

Schedule B	(Form 990) (2022)		Pag
Name of org	anization	Er	nployer identification numbe
PLACER	FOOD BANK		94-1740316
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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 Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		_ \$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
63		_ \$ <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
64		_ \$5,000 _	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
65		- _ \$5,000	Person X Payroll Payroll Noncash Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

X

Person Payroll

Noncash

(Complete Part II for

5,000.

\$

noncash contributions.) Schedule B (Form 990) (2022)

P

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		\$	5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal 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	Т	(c) otal 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	Т	(c) otal 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	Т	(c) otal contributions	(d) Type of contribution
71		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Т	(c) otal contributions	(d) Type of contribution
72		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

PLACER FOOD BANK

Part I

(a)

No.

67

Employer identification number

Person

(d)

Type of contribution

X

94-1740316

(c)

Total contributions

Schedule B (Form 990) (2022)

PLACER FOOD BANK

Name of organization

Employer identification number

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
74		\$ <u>2,236,709</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
75		\$ <u>2,100,463.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
76		\$ <u>887,553.</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	Type of contribution 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.)		

Schedule B (Form 990) (2022)

PLACER FOOD BANK

Name of organization

Employer identification number

Schedule B (Form 990) (2022)

94-1740316

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
79		\$395,543.	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
80		\$394,383.	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
81		\$ <u>332,517.</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
82		\$329,161.	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
83		\$ <u>301,202.</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
84		\$280,883.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$276,088.	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
86		\$263,808.	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
87		\$ 250,166.	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
88		\$ 240,386.	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
89		\$ 239,604.	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
90		\$ 236,945.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

PLACER FOOD BANK

Part I

Schedule B (Form 990) (2022) Name of organization

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

Employer identification number

Schedule B (Form 990) (2022)

94-1740316

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(a)

No.

96

		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$215,422.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>213,903.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$210,190.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>190,585.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ 173,752.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (20

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

PLACER FOOD BANK

Name of organization

Part I

(a)

No.

91

(a)

No.

92

(a)

No.

93

(a)

No.

94

(a)

No.

95

Employer identification number

Person Payroll

Noncash

(Complete Part II for

(d)

Type of contribution

X

94-1740316

(c)

Total contributions

\$

215,474.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
97		\$164,717. \$\$Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
<u>98</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$_163,455. Person \$_163,455. Person \$_(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
99		_ \$160,691. Person \$\$160,691. Oncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
101		Subscription Person \$ 143,462. Person Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
102		\$138,722. Person [\$\$	

PLACER FOOD BANK

Name of organization

Employer identification number

94-1740316

Part I	Contrib	utors (see instruction	e) Lleo duplicato	conios of Part I	if additional er	naco is noodod
PLACER	FOOD	BANK				

Employer	identification	number
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94-1740316

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
		\$133,716.	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
_104		\$113,403.	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
105		\$104,772.	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
106		\$101,161.	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
_107		\$99,746.	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
108		\$91,688.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

Name of organization

Employer identification number

94-1740316

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109			Person Payroll Noncash X Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
110			Person Payroll Noncash X Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash X Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	n	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>113</u>		\$79,442.	Person Payroll Noncash X Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
No.	Name, address, and ZIP + 4		Pype of contribution Person

PLACER FOOD BANK

		\$ <u>65,430.</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
		\$ <u>65,295.</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
		\$ <u>59,877.</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
118		\$ <u>56,214.</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
		\$ <u>51,567.</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
<u>120</u> 223452 11-15		\$ <u>50,736.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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

(b)

Name, address, and ZIP + 4

PLACER FOOD BANK

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

94-1740316

(c)

Total contributions

		\$50,715.	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		\$47,724.	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> 123 </u>		\$45,062.	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
		\$44,321.	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> 125 </u>		\$41,637.	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
223452 11-15-22		\$ <u>40,332</u> .	Person Payroll Occupient Payroll Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

PLACER FOOD BANK

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

94-1740316

(c)

Total contributions

Employer identification number

PLACER FOOD BANK

Schedule B (Form 990) (2022)

. .

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$36,837.	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
128		\$33,178.	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
129		\$27,817.	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
130		\$26,066.	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
131		\$21,731.	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
132		\$14,477.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_133		\$13,277.	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
		\$12,760.	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
		\$ <u>12,119.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_136		\$11,946.	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
		\$ <u>10,631.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
138		\$9,091.	Person Payroll Noncash X (Complete Part II for
			noncash contributions.)

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

PLACER FOOD BANK

Name of organization

Part I

Employer identification number

Name of organization

PLACER FOOD BANK

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$8,229.	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
140		\$7,225.	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
141		\$5,508.	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
142		\$5,220.	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
143		\$1,532,540.	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
144		\$146,761.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PLACER FOOD BANK

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$47,608.	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of c	organization		Employ	ver identification number	
PLACE	R FOOD BANK		94	-1740316	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
58	OFFICE FURNITURE				
		\$5,65	51.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
74	FOOD INVENTORY				
		\$2,236,70	09.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
75	FOOD INVENTORY				
		\$2,100,40	63.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
76	FOOD INVENTORY				
		\$887,5	53.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
77	FOOD INVENTORY				
		\$605,80	02.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
78	FOOD INVENTORY				
		\$ 423.33	31.	06/30/23	

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Name of o	rganization		Employer ic	lentification number
PLACE	R FOOD BANK		94-17	740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
79	FOOD INVENTORY		4.2	
		\$395,5	43.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
80	FOOD INVENTORY			
		\$394,3	83.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
81	FOOD INVENTORY			
		\$332,5	<u>17.</u>	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
82	FOOD INVENTORY			
		\$329,1	61.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
83	FOOD INVENTORY			
		\$301,2	02.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
84	FOOD INVENTORY			
			83.	06/30/23

	B (Form 990) (2022)		Page 3
Name of c	organization		Employer identification number
PLACE	R FOOD BANK		94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pau	rt II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
	FOOD INVENTORY		
85		\$276,08	38. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
86	FOOD INVENTORY	—	
		\$263,80	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
87	FOOD INVENTORY		
		\$\$	<u>. 06/30/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
88	FOOD INVENTORY		
0		\$\$\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
89	FOOD INVENTORY		
		\$239,60	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
90	FOOD INVENTORY	—	
		\$ 236.94	45. 06/30/23

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Name of o	rganization		Employ	er identification number
PLACE	R FOOD BANK		94	-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
91	FOOD INVENTORY	 \$ 215,4	174.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	ie)	(d) Date received
92	FOOD INVENTORY	\$215,4	122.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
93	FOOD INVENTORY	\$213,9	903.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
94	FOOD INVENTORY	\$210,1	<u>190.</u>	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
95	FOOD INVENTORY	\$190,5	585.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
96	FOOD INVENTORY	 s 173,7	/52.	06/30/23

Name of o	rganization	Emp	bloyer identification number
PLACE	R FOOD BANK	9	94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
97			
		\$164,717.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
98		\$163,455.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
99		\$160,691.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100	FOOD INVENTORY		
100		\$159,314.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
101			
		\$143,462.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
102			
			06/30/23

Name of c	organization		Emplo	yer identification number
PLACE	R FOOD BANK		94	-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
103	FOOD INVENTORY			
		\$133,7	716.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
104	FOOD INVENTORY			
		\$113,4	103.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
105	FOOD INVENTORY			
		\$104,7	72.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
106	FOOD INVENTORY			
		\$101,1	<u>161.</u>	_06/30/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
107	FOOD INVENTORY			
		\$99,7	46.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
108	FOOD INVENTORY			
		91_6	588.	06/30/23

Page 3

	R FOOD BANK		94-1740316
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
	FOOD INVENTORY		
109			
		\$89,080.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	FOOD INVENTORY		
110		\$82,308.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
111	FOOD INVENTORY		
<u></u>			
		\$80,740.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
112			
		\$80,183.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
112	FOOD INVENTORY		
113		—	
		\$79,442.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
114		—	
		69,811.	06/30/23

PLACE	R FOOD BANK		94-1740316
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.)	Listo received
	FOOD INVENTORY		
		\$65,43	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
116	FOOD INVENTORY	—	
		\$65,29	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
117	FOOD INVENTORY	_	
		\$59,87	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Listo received
118	FOOD INVENTORY	_	
		\$56,21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
119	FOOD INVENTORY	—	
		\$51,56	<u>06/30/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Listo received
120	FOOD INVENTORY	—	
		 	36. 06/30/23

Schedule B (Form 990) (2022)

PLACE	R FOOD BANK		94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
		\$50,715	. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
122	FOOD INVENTORY		
		\$47,724	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123	FOOD INVENTORY		
		\$45,062	. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
104	FOOD INVENTORY		
124		\$44,321	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
125	FOOD INVENTORY		
		\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
126	FOOD INVENTORY		
			. 06/30/23

PLACE	R FOOD BANK		94-174031	.6
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Date r	d) eceived
127	FOOD INVENTORY			
		\$36,8	37. 06/3	0/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Date r	d) eceived
128	FOOD INVENTORY	_		
		\$33,1	.78. 06/3	0/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Date r	d) eceived
129	FOOD INVENTORY			
		\$27,8	17. 06/3	0/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Date r	d) eceived
130	FOOD INVENTORY			
		\$26,0	66. 06/3	0/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Data r	d) eceived
131	FOOD INVENTORY			
		\$21,7	31. 06/3	0/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) Data r	d) eceived
132	FOOD INVENTORY	—		
		 _s 14,4	77. 06/3	0/23

Schedule B (Form 990) (2022)

Page 3

	R FOOD BANK		94-1740316
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
	FOOD INVENTORY		
133			
		\$13,2'	77. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
134	FOOD INVENTORY		
191		\$12,70	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
135	FOOD INVENTORY		
		\$12,12	19. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
136	FOOD INVENTORY		
		\$11,94	46. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
137	FOOD INVENTORY		
<u> </u>		\$10,62	31. 06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
120	FOOD INVENTORY		
138	l	—	
		<u> </u>	91. 06/30/23

Page 3 Employer identification number

Schedule B (Form 990) (2022) Name of organization

LACE	R FOOD BANK		94-1740316
art 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
139	FOOD INVENTORY		
		\$8,229	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
140	FOOD INVENTORY		
		\$7,225	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
141	FOOD INVENTORY		
		\$5,508	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
142	FOOD INVENTORY		
		\$5,220	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_¢	

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Schedule E	3 (Form 990) (2022)		Page 4
Name of or	ganization		Employer identification number
PLACE	R FOOD BANK		94-1740316
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line entry , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	ft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		e) Transfer of git	lft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE	D
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(Form 9	9 90)
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232051 09-01-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

PLACER FOOD BANK

Employer identification number 94-1740316

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area					
	Protection of natural habitat	Preservation of	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic str		2c					
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a						
	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
	year							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year					
-								
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conserva	ation easements during the year					
0	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of eastion 170						
8								
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat							
9	balance sheet, and include, if applicable, the text of the foot	•						
	organization's accounting for conservation easements.	note to the organization's infancial statem						
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 98		and balance sheet works					
	of art, historical treasures, or other similar assets held for pu	-						
	service, provide in Part XIII the text of the footnote to its fina		-					
b	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1		\$					
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022					

		FOOD BANK				94-17			age 2
Par	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any of the	following that ma	ike significa	ant use of its			
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other	0.0					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	how they further the	ne organization's	exempt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other si	milar assets	5			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets	not include	ed	_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun		
с	Beginning balance				10	>			
d	Additions during the year				10	t l			
е	Distributions during the year				16	e			
f	Ending balance					f			
	Did the organization include an amount on F				• • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par	t V Endowment Funds. Complete					a vaara baak	(-) [00	VOORO	haali
		(a) Current year	(b) Prior year	(c) Two years ba	ск (а) ппе	ee years back	(e) Four	years	DACK
	Beginning of year balance	28,527.	33,569.	21.6					
	Contributions	500.	F 040	31,65					
	Net investment earnings, gains, and losses	2,217.	-5,042.	1,91					
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	31,244.	28,527.	33,56	:0				
-	End of year balance		,	,	•••				
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end balance	%	i)) heid as.					
	Permanent endowment 100.0000	%							
		% %							
Ũ	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	for the				
	organization by:						Ι	Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line 10).			
	Description of property	(a) Cost or ot basis (investm	• •		c) Accumul depreciati		(d) Boo	< value	9
1a	Land								
	Buildings								
	Leasehold improvements			6,233.	284,			1,89	
d	Equipment		-		1,103,		97	0,9	09.
	Other		4	5,035.	45,	035.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)			1,78	2,8	01.

Schedule D (Form 990) 2022

(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
• •			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEPOSITS			31,543
(2) OPERATING LEASE, RIGHT-OF	-USE ASSETS		2,235,305
1741			2,255,505
(3)			2,233,303
(4)			2,255,505
(4) (5)			2,255,505
(4) (5) (6)			2,255,505
(4) (5)			2,255,505
(4) (5) (6)			2,255,505
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9)	e 15.)		
(4) (5) (6) (7) (8) (9)	e 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25.	2,266,848
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2 , 266 , 848 (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	2,266,848

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

	dule D (Form 990) 2022 PLACER FOOD BANK				1740316 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	21,008,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	53,646.		
b	Donated services and use of facilities	2b	180,286.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		593,111.		
е	Add lines 2a through 2d			2e	827,043.
3	Subtract line 2e from line 1			3	20,181,631.
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	8,632.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,632.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,190,263.
Par	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1 21 718 160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				21,418,160.
а					21,410,100.
	Donated services and use of facilities	2a	180,286.		21,410,100.
b	Donated services and use of facilities Prior year adjustments		180,286.		21,410,100.
b c		2b			21,410,100.
b c d	Prior year adjustments	2b 2c	180,286. 593,111.		
c d	Prior year adjustments Other losses	2b 2c 2d	593,111.	2e	773,397.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d	593,111.	2e 3	
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d	593,111.		773,397.
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d	593,111.		773,397.
с d e 3 4 а	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:	2b 2c 2d 4a	593,111.		773,397. 20,644,763.
c d 3 4 a b	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	2b 2c 2d 4a 4b	593,111.		773,397. 20,644,763. 8,632.
c d 3 4 b 5	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.)	2b 2c 2d 4a 4b	593,111. 8,632.	3	773,397. 20,644,763.

PLACER FOOD BANK

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 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

94-1740316 Daga 4

Part XIII Supplemental Information (continued)

GAMING ACTIVITY EXPENSES

593,111.

593,111.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING ACTIVITY EXPENSES

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activit	ies	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19, or	if the	2022
Department of the Treasury Internal Revenue Service	Got	Attach to Form 990 www.irs.gov/Form990 for instru				on.		Open to Public Inspection
Name of the organization						E		entification number
		FOOD BANK					4-1740	
	complete this par	 Complete if the organization answ 	rered "	es" o	n Form 990, Part IV,	line 17.	Form 990-E	Z filers are not
 Indicate whether the a X Mail solicitate b X Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P	sed funds through any of the follow $\mathbf{e} \begin{bmatrix} \mathbf{X} \\ \mathbf{X} \end{bmatrix}$ Solicita	ation of ation of al fundra al (inclu profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, o	X Yes	
compensated at le	east \$5,000 by the	e organization.						
(i) Name and addres or entity (fund		(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or r fun	nount paid etained by) Idraiser I in col. (i)	(vi) Amount paid to (or retained by) organization
DEANNE THORNTON -	PO BOX		Yes	No				
1861, FOLSOM, CA		GRANT WRITING		X	547,363.		17,594	. 529,769.
ONE & ALL - 2 N LA PASADENA, CA 9110		DIRECT MAIL CONTACT		x	950.		0	. 950.
3 List all states in wh or licensing.		on is registered or licensed to solicit		oution	548 , 313 . s or has been notified	d it is ex	17 , 594 empt from r	. 530,719. registration
CA								

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

Schedule G (Form 990) 2022

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	3,502,447.			3,502,447.
S	2	Cash prizes	2,407,667.			2,407,667.
kpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	205,931.			205,931.
Δ	5	Other direct expenses	387,180.			387,180.
	6	Volunteer labor	X Yes <u>74.96</u> %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			3,000,778.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			501,669.
9	En	ter the state(s) in which the organization condu	icts gaming activities: C	A		
	ls t	the organization licensed to conduct gaming ac No," explain:				X Yes No
IJ		ino, εκριαπ.				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No
b	lf "	Yes," explain:				

Sch	edule G (Form 990) 2022	PLACER FOOD	BANK	94-17	40316	Page 3
11	Does the organization conduct ga	aming activities with nor	nmembers?	L	Yes	X No
12			rust, or a member of a partnership or other entity formed	-		
				L	Yes	X No
	Indicate the percentage of gaming			Ι.		
					За Зb 100	<u>%</u>
			the organization's gaming/special events books and reco	·····	36 1 0 0	0.00 %
17	Lifter the name and address of th	e person who prepares	the organization's gaming/special events books and reco	103.		
	Name DAVE MARTIN	EZ				
	Address 8284 INDUS	TRIAL AVENUE	E – ROSEVILLE, CA 95678			
				Г		X No
15a	Does the organization have a con	tract with a third party f	irom whom the organization receives gaming revenue? \ldots	L	Yes	LA No
	If "Yes," enter the amount of gam	ing revenue received by	y the organization \$ and the am	ount		
•	of gaming revenue retained by the			lount		
c	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
10	Carning manager mormation.					
	Name MONIQUE VAL	ENCIA				
	Gaming manager compensation	\$ 4,424	•			
		SESSION MA	NACEP			
	Description of services provided	DEDDION MA	INAGEN			
	Director/officer	X Employee	Independent contractor			
	Mandatory distributions:					
â			ritable distributions from the gaming proceeds to	Г	Ves	X No
ł			w to be distributed to other exempt organizations or spent			
	organization's own exempt activiti		\$			
Pa	rt IV Supplemental Infor	mation. Provide the e	explanations required by Part I, line 2b, columns (iii) and (v)	; and Part I	II, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provid	le any additional information. See instructions.			

Schedule G (Form 990) FLACER FOOD BANK	94-1740310 Page 4
Part IV Supplemental Information (continued)	

-	n PLACER FO formation on Grants a ation maintain records t	Go Comp OD BANK nd Assistance		n answered "Yes" Attach to Forn .gov/Form990 for	Is in the Ŭn ' on Form 990, Pa n 990. the latest inform	ited States art IV, line 21 or 22. nation.	sistance and the selec	OMB No. 1545-0047 2022 Open to Public Inspection Employer identification number 94–1740316
criteria used to av	vard the grants or assis	stance?	-					
Part II Grants and	V the organization's pro Other Assistance to at received more than S	Domestic Organ	izations and Domesti	c Governments. C	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
.,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTIST COMMUNIT 12225 ROCK CREEK R AUBURN, CA 95602		68-0260677	N/A	0.	6,493.	FMV	REFRIGERATOR AND FREEZER	TEFAP FOOD PROGRAM
FIRST UNITED METHO LOOMIS - 6414 BRAC CA 65650		90-1177784	N/A	٥.	6,493.	FMV	REFRIGERATOR AND FREEZER	TEFAP FOOD PROGRAM
THE SALT MINE 590 LINCOLN BLVD LINCOLN, CA 95648		68-0026528	501(C)(3)	0.	6,493.	FMV	REFRIGERATOR AND FREEZER	TEFAP FOOD PROGRAM
	er of section 501(c)(3) a er of other organizations			l ne line 1 table	<u> </u>	I	l	<u>1.</u>

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Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

PLACER FOOD BANK

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCI	HEDULE J	Compensation Information	OMB N	o. 1545-00)47							
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	2022								
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		JLL	•							
Depar	tment of the Treasury	Attach to Form 990.		Open to Public								
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		pection								
Nam	Name of the organization Employer ide											
		PLACER FOOD BANK	94-17403	16								
Pa	rt I Question	s Regarding Compensation			<u> </u>							
4-				Yes	No							
та		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,									
		line 1a. Complete Part III to provide any relevant information regarding these items.										
	First-class or c											
	Travel for com	panions Payments for business use of personal re ation and gross-up payments I Health or social club dues or initiation fee										
		spending account Expending account Expending account										
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or										
5		provision of all of the expenses described above? If "No," complete Part III to explain	11	,								
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,										
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s									
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat										
		ation of the CEO/Executive Director, but explain in Part III.										
	Compensation											
	Independent compensation consultant											
	X Form 990 of o		ommittee									
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 re	lated organization:										
		e payment or change-of-control payment?		1	X							
		eive payment from a supplemental nonqualified retirement plan?		>	X X							
С	c Participate in or receive payment from an equity-based compensation arrangement?											
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
	.											
_		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on									
_	contingent on the r		54		X							
a ⊾	a The organization?											
D	 b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 											
c		or 5D, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on									
6	contingent on the r											
~	-	-	6		x							
a h	a The organization?b Any related organization?											
5		or 6b, describe in Part III.	61		X							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	۰ I									
		nes 5 and 6? If "Yes," describe in Part III			x							
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t										
5	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x							
9		id the organization also follow the rebuttable presumption procedure described in	Ľ									
-		1 53.4958-6(c)?	9									
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo) 2022							

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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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVE MARTINEZ	(i)	147,000.	0.	0.	4,622.	15,682.	167,304.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	L
(Form 990)	

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB	No.	1545-0047	

2022
Open To Public

Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for instructions and the latest information.							Open To Public Inspection						
Name of the organizatio	'n										-	r identi		on nu	mber
	PLACER	FO	OD BANK							94	-17	403	16		
Part I Excess	Benefit Trans	sacti	ons (section 5	01(c)(3	s), sect	ion 50	1(c)(4), and se	ectic	on 501(c)(29) orga	anizat	ions o	nly).			
Complete i	if the organizatio	n ansv	vered "Yes" on	Form 9	990, Pa	art IV,	line 25a or 25	b, o	r Form 990-EZ, P	art V,	line 40)b.			
1 (a) Name of disqual	lified person	(b) F	Relationship bet			lified		-) D	escription of tran	eactio	n		(d)	Corre	cted?
			person and o	rganiza	ation					54010	,,,,		<u> </u>	es	No
													_		
													_		
													_		
													_		
													_		
0 F ata the ansatz	6 b a b b b b b b b b b b	41			a u alla				41						
2 Enter the amount of section 4958	-		-	-		-	-	-	-		¢				
3 Enter the amount of															
	or tax, if any, of t	ne 2, i	above, reimburg	seu by		ganza					Ψ				
Part II Loans to	o and/or From	n Int	erested Per	sons											
	if the organizatio	n ansv	vered "Yes" on	Form 9	990-EZ	, Part	V, line 38a or	Forr	n 990, Part IV, lin	e 26;	or if th	ne orga	nizati	on	
•	n amount on For								, ,			0			
(a) Name of	(b) Relatio		(c) Purpose		an to or n the		e) Original	(1	f) Balance due) In	(h) App by boa	proved ard or	(i) W	ritten
interested person	with organ	zation	of loan		zation?	princ	cipal amount	defa		ault?	comm	nittee? agreemer		ment?	
				То	From					Yes	No	Yes	No	Yes	No
								-							<u> </u>
								\vdash							<u> </u>
Total							\$				1				
	or Assistance	Ber	nefiting Inte	reste	d Pe	rsons									
	if the organizatio		-												
(a) Name of intere	ested person	((b) Relationship	betwe	en	(c) Amount of		(d) Type	of		(e)	Purp	ose o	f
			interested per	son an			assistance		assistan			á	assista	ance	
			the organiz	ation											
		_													
		_													
		_													

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

Schedule L (Form 990) 2022

232132 11-01-22

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PLACER FO	OD BANH
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
							Yes	No
MICHAEL NICOLAS VALENCIA-M	CHILD	OF	DAVE	MARTI	45,837.	MICHAEL IS		Х
FAITH KATHRYN MENDIVIL	CHILD	OF	DAVE	MARTI	16,750.	FAITH IS EM		Х

Part V Supplemental Information.

Schedule L (Form 990) 2022

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL NICOLAS VALENCIA-MENDIVIL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF DAVE MARTINEZ (EXECUTIVE DIRECTOR)

(D) DESCRIPTION OF TRANSACTION: MICHAEL IS EMPLOYED BY PLACER FOOD BANK

(A) NAME OF PERSON: FAITH KATHRYN MENDIVIL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF DAVE MARTINEZ (EXECUTIVE DIRECTOR)

(D) DESCRIPTION OF TRANSACTION: FAITH IS EMPLOYED BY PLACER FOOD BANK

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer	identification number
9	4-1740316

PLACER FOOD BANK

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	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	69	14,104,866.	\$1.53/\$1.92	PE	R PO	OUN
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FURNITURE)	Х	1	5,651.				
26	Other (TVS))	X	1	1,725.				
27	Other (FOOD FOR VOLUNT)	Х	1	100.				
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			•				v
_	exempt purposes for the entire holding period?	•				30a		<u> </u>
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of		•					х
	contributions?					32a		<u>л</u>
b	If "Yes," describe in Part II.							

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

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

Schedule M (Form 990) 2022

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)

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

EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

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 57 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EL DORADO COUNTIES RECEIVED 298,270 POUNDS OF FOOD. PFB IS A MEMBER OF

THE CALIFORNIA ASSOCIATION OF FOOD BANKS, AND IS THE ONLY LOCAL

HUNGER-RELIEF ORGANIZATION AND ONE OF ONLY 200 FOOD BANKS NATIONWIDE,

TO BE TO BE A MEMBER OF FEEDING AMERICA, THE NATION'S LEADING DOMESTIC

HUNGER-RELIEF ORGANIZATION. PFB STAFF AND VOLUNTEERS LIVE BY ITS

MISSION EVERY DAY WHICH IS TO SUSTAIN COMMUNITIES BY NOURISHING

FAMILIES EXPERIENCING FOOD INSECURITY, EDUCATING THE COMMUNITY ABOUT

HUNGER, WHILE ADVOCATING FOR HUNGER RELIEF.

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

PROGRAM WITH WORKING WITH OVER 1,948 VOLUNTEERS WHO, FOR EXAMPLE,

BAGGED 261,489 BAGS OF FRESH PRODUCE FOR DISTRIBUTION AT PANTRYTOGO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH OUR ON-GOING COMMUNITY-DRIVEN INITIATIVES TO ADVOCATE ABOUT THE

Schedule O (Form 990) 2022 Name of the organization PLACER FOOD BANK	Page 2 Employer identification number 94–1740316
COMMUNITY THROUGH SOCIAL MEDIA, STORYTELLING, DIRECT MAIL	AND
E-COMMUNICATIONS APPEALS, SURVEYS, MEDIA OUTREACH - ALL W	
OF EDUCATING AUDIENCES ABOUT THE CAUSE OF HUNGER SO THAT	WE CAN ELEVATE
THE NARRATIVE ABOUT HUNGER LOCALLY, REGIONALLY, AND EVEN	NATIONALLY. WE
ENGAGE FUNDING SUPPORT FROM OUR COMMUNITY - INDIVIDUALS,	VOLUNTEERS,
CORPORATE AND COMMUNITY PARTNERS. TOGETHER, WITH THE FUND	ING AND MEDIA
ATTENTION WE RECEIVE, WE WORK TO UPLIFT OUR COMMUNITY, FE	ED OUR HUNGRY
NEIGHBORS, AND EXPAND OUR SERVICES TO INCLUDE MORE FAMILI	ES AND
INDIVIDUALS IN NEED OF FOOD ASSISTANCE. THROUGH OUTREACH	EFFORTS ON
SOCIAL MEDIA, IN 2022-2023, WE HAD 1,118,603 IMPRESSIONS,	497,253
REACH, 2,524 NEW AUDIENCE MEMBERS, 6,070 CLICKS TO DONATI	ON EVENTS, AND
REACHED A MILESTONE OF 12,000 FOLLOWERS. WE ALSO RECEIVED	OVER \$100,000
IN EARNED MEDIA. PLACER FOOD BANK HAS BEEN FEEDING THOSE	IN NEED IN OUR
COMMUNITY FOR MORE THAN 50 YEARS. OUR OUTREACH EFFORTS WI	LL HELP US
CONTINUE TO SERVE OUR COMMUNITY FOR THE NEXT 50 YEARS AND	BEYOND, AS
THE RISK OF HUNGER AND FOOD ASSISTANCE NEEDS MULTIPLIES B	EFORE OUR EYES
DUE TO THE RESIDUAL IMPACT OF THE PANDEMIC, NATURAL DISAS	TERS IN THE
COUNTIES WE SERVE, AND CURRENT CHALLENGES WITH ECONOMIC V	OLATILITY AND
INFLATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	

FORM 990 IS CIRCULATED TO PLACER FOOD BANK DIRECTOR OF FINANCE & ADMINISTRATION FOR PREVIEW. THE DIRECTOR OF FINANCE & ADMINISTRATION SUBMITS QUESTIONS FOR FURTHER ACTION TO CPA. WHEN FINAL CHANGES ARE COMPLETED BY THE CPA, THE PRE-SUBMISSION FINAL 990 WILL BE CIRCULATED TO THE 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 15A:

COMPENSATION PROCESS FOR EXECUTIVE DIRECTOR PER OUR BYLAWS - EXECUTIVE GOALING, 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. THIS IS DONE ANNUALLY.

COMPENSATION PROCESS FOR OFFICERS - OFFICERS ARE NOT COMPENSATED. KEY STAFF GOALING, PERFORMANCE AND SALARY REVIEWS ARE PERFORMED BY THE EXECUTIVE DIRECTOR.

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

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

FORM 990, PART XI, LINE 9

PROCESS HAS NOT CHANGED FROM PRIOR YEAR