

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>		<b>D</b> Employer identification number <b>94-2960297</b>	
	Doing business as		<b>E</b> Telephone number <b>(510) 635-3663</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 2599</b>		<b>G</b> Gross receipts \$ <b>70,277,098.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>OAKLAND, CA 94614-0599</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>F</b> Name and address of principal officer: <b>SUZAN BATESON</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ACCFB.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ALAMEDA COUNTY COMMUNITY FOOD BANK PASSIONATELY PURSUES A HUNGER-FREE COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>110</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21900</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>62,118,042.</b>	<b>68,202,637.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>631,164.</b>	<b>707,136.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>115,230.</b>	<b>137,536.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,924.</b>	<b>10,135.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>62,887,360.</b>	<b>69,057,444.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>49,486,630.</b>	<b>52,247,741.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,042,237.</b>	<b>6,885,342.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,178,476.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,630,743.</b>	<b>8,422,060.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>63,159,610.</b>	<b>67,555,143.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-272,250.</b>	<b>1,502,301.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>20,600,743.</b>	<b>22,348,821.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>771,070.</b>	<b>1,028,258.</b>
		<b>19,829,673.</b>	<b>21,320,563.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>SUZAN BATESON, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JULIET SONG</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00857784</b>
	Firm's name ▶ <b>MARCUM LLP</b>	Firm's EIN ▶ <b>11-1986323</b>		Phone no. (415) <b>432-6200</b>
	Firm's address ▶ <b>101 MONTGOMERY STREET #1900</b> <b>SAN FRANCISCO, CA 94104</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALAMEDA COUNTY COMMUNITY FOOD BANK PASSIONATELY PURSUES A HUNGER-FREE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 60,655,344. including grants of \$ 52,174,761. ) (Revenue \$ 707,136. ) FOOD DISTRIBUTION & VOLUNTEERS:

AS ALAMEDA COUNTY'S CENTRAL CLEARINGHOUSE FOR DONATED, SURPLUS AND PURCHASED FOOD FOR NONPROFIT AGENCIES, THE FOOD BANK DISTRIBUTED 34.5 MILLION POUNDS OF FOOD INCLUDING 20.2 MILLION POUNDS OF FRESH FRUITS AND VEGETABLES IN THE 2016 FISCAL YEAR. THE FOOD DISTRIBUTION PROGRAM INCLUDES VARIOUS PROGRAMS SUCH AS CHILDREN'S BACK PACK PROGRAM AND OTHER GOVERNMENT PROGRAMS.

VOLUNTEER RESOURCES ARE AN INTEGRAL PART OF FOOD DISTRIBUTION, PARTICULARLY IN THE PACKAGING OF FRESH PRODUCE, BAGGING CHILDREN'S FOOD BAGS, AND SORTING DONATED FOOD. VOLUNTEERS ARE ALSO UTILIZED FOR THE

4b (Code: ) (Expenses \$ 1,867,182. including grants of \$ ) (Revenue \$ ) OUTREACH: HELPLINE & CAL FRESH:

THE FOOD BANK'S SYSTEMATIC APPROACH TO ALLEVIATING HUNGER INCLUDES: 1) THE FOOD BANK'S MULTILINGUAL EMERGENCY FOOD HELPLINE IS ONE OF CALIFORNIA'S MOST EFFICIENT AND BUSIEST FOOD REFERRAL SYSTEMS. SINCE 1994, CALLERS HAVE BEEN ABLE TO RECEIVE A SAME-DAY BAG OF FOOD OR HOT MEAL AT A LOCATION IN OR NEAR THEIR NEIGHBORHOOD; 2) THE FOOD BANK'S CALFRESH (FORMERLY KNOWN AS FOOD STAMP) OUTREACH PROGRAM, WHICH PIONEERED A PRE-SCREENING PROGRAM THAT QUICKLY GAUGES A POTENTIAL RECIPIENT'S ELIGIBILITY, SERVES AS THE BLUEPRINT FOR PROGRAMS ACROSS THE NATION. THE FOOD BANK'S CALFRESH OUTREACH STAFF HELPS CLIENTS COMPLETE THE APPLICATION PROCESS AND WORK THROUGH THE ALAMEDA COUNTY

4c (Code: ) (Expenses \$ 818,746. including grants of \$ 72,980. ) (Revenue \$ ) AGENCY SERVICES & NUTRITION EDUCATION:

THE FOOD BANK SUPPORTS ITS 240 MEMBER AGENCIES IN MANAGING GOVERNMENT FOOD PROGRAMS, SECURING GOVERNMENT FUNDING, AND ADHERING TO RELATED CONTRACTS. THE FOOD BANK ASSISTS MEMBER AGENCIES IN FOOD SAFETY, EQUIPMENT PROCUREMENT, AND OTHER OPERATIONAL FUNCTIONS. THE FOOD BANK SUPPORTS OUR MEMBER AGENCIES AND CLIENTS THROUGH NUTRITION EDUCATION SERVICES, WHICH ARE DESIGNED TO HELP MEMBER AGENCIES AND CLIENTS UTILIZE THE WIDE VARIETY OF PRODUCTS, INCLUDING FARM FRESH FRUITS AND VEGETABLES, THAT ARE OFTEN NEW TO CLIENTS. SERVICES INCLUDE EDUCATIONAL CLASSES, NUTRITION POLICY DEVELOPMENT, NUTRITION MATERIALS, RECIPES, COOKING CLASSES, AND TASTE TESTING DEMOS TO ENCOURAGE AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 770,592. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 64,111,864.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: AMY DONOVAN, CHIEF FINANCIAL OFFICER - 510-635-3663 7900 EDGEWATER DRIVE, OAKLAND, CA 94621

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TARANG AMIN DIRECTOR	1.00	X					0.	0.	0.	
(2) EDWARD (TED) MONK CHAIR	1.00	X		X			0.	0.	0.	
(3) DAWN WILLOUGBY SECRETARY	1.00	X		X			0.	0.	0.	
(4) MIKE MOYE DIRECTOR	1.00	X					0.	0.	0.	
(5) DOUG ELEFANT VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) SYDNEY FIRESTONE TREASURER	1.00	X		X			0.	0.	0.	
(7) LARRY P. GINSBURG DIRECTOR	1.00	X					0.	0.	0.	
(8) STEVEN CHESTER DIRECTOR	1.00	X					0.	0.	0.	
(9) TEENA MASSINGILL DIRECTOR	1.00	X					0.	0.	0.	
(10) KENNETH PORTER DIRECTOR	1.00	X					0.	0.	0.	
(11) CHUCK REINHARD DIRECTOR	1.00	X					0.	0.	0.	
(12) K.M. TAN DIRECTOR	1.00	X					0.	0.	0.	
(13) KRISTA LUCCHESI DIRECTOR	1.00	X					0.	0.	0.	
(14) AMANUEL GOBENA DIRECTOR	1.00	X					0.	0.	0.	
(15) BETH STRACHAN DIRECTOR	1.00	X					0.	0.	0.	
(16) JENNIFER CABALQUINTO DIRECTOR	1.00	X					0.	0.	0.	
(17) JOEL DICKSON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JON FIELDMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) SARA WEBBER DIRECTOR	1.00	X					0.	0.	0.	
(20) BARBARA DARROW-BLAKE DIRECTOR OF DEVELOPMENT	37.50			X			151,573.	0.	19,169.	
(21) ALLISON PRATT DIRECTOR OF POLICY AND SER	37.50			X			136,489.	0.	21,163.	
(22) SUZAN BATESON EXECUTIVE DIRECTOR	37.50			X			247,774.	0.	37,381.	
(23) AMY DONOVAN CHIEF FINANCIAL OFFICER	37.50			X			144,260.	0.	27,017.	
(24) SAM LAVANAWAY DIRECTOR OF INFORMATION TECHNOLOGY	37.50				X		108,131.	0.	363.	
(25) MARCY BILLETTER DIRECTOR OF HUMAN RESOURCES	37.50				X		100,310.	0.	23,820.	
(26) ERICK LOVDAHL DIRECTOR OF OPERATIONS	37.50				X		121,181.	0.	19,914.	
<b>1b Sub-total</b>							1,009,718.	0.	148,827.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,009,718.	0.	148,827.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PAUL BABER & ASSOC. 5816 GENOA ST., OAKLAND, CA 94608	INFORMATION TECHNOLOGY	406,776.
HILL & COMPANY COMMUNICATIONS 1290 B ST. STE 201, HAYWARD, CA 94541	ADVERTISING	176,875.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	723,298.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	8,626,427.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	58,852,912.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		52,792,193.				
	<b>h Total.</b> Add lines 1a-1f .....		68,202,637.				
	<b>Program Service Revenue</b>	<b>2 a</b> FOOD PURCHASE REVENUE .....	<b>Business Code</b> 900099	866,863.	866,863.		
<b>b</b> SHARED MAINTENANCE .....		900099	111,610.	111,610.			
<b>c</b> AGENCY MEMBERSHIP .....		900099	22,600.	22,600.			
<b>d</b> AGENCY FREE CREDITS .....		900099	-293,937.	-293,937.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			707,136.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		137,855.			137,855.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....			-319.		-319.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 723,298. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	131,100.				
		<b>b</b> Less: direct expenses .....	131,100.				
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> RECYCLING INCOME .....	900099	9,117.	9,117.				
<b>b</b> MISCELLANEOUS INCOME .....	900099	1,018.	1,018.				
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		10,135.					
<b>12 Total revenue.</b> See instructions. ....		69,057,444.	717,271.	0.	137,536.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,247,741.	52,247,741.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	774,695.	350,466.	246,308.	177,921.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,265,587.	3,146,109.	467,357.	652,121.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,971.	133,357.	14,167.	28,447.
<b>9</b> Other employee benefits	1,301,696.	1,046,628.	103,703.	151,365.
<b>10</b> Payroll taxes	367,393.	262,582.	47,671.	57,140.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	13,502.		13,502.	
<b>c</b> Accounting	43,100.		43,100.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	371,012.	115,084.	138,409.	117,519.
<b>12</b> Advertising and promotion	313,906.	257,901.		56,005.
<b>13</b> Office expenses	218,200.	115,792.	75,212.	27,196.
<b>14</b> Information technology	516,503.	300,367.	41,472.	174,664.
<b>15</b> Royalties				
<b>16</b> Occupancy	287,734.	277,617.	4,529.	5,588.
<b>17</b> Travel	77,273.	56,065.	12,771.	8,437.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	60,889.	42,989.	9,534.	8,366.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	533,406.	491,249.	17,754.	24,403.
<b>23</b> Insurance	93,060.	75,333.	16,424.	1,303.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD HANDLING AND PURCH</b>	4,023,260.	4,023,260.		
<b>b</b> <b>RESOURCE DEVELOPMENT</b>	674,313.	33,100.		641,213.
<b>c</b> <b>VEHICLES</b>	644,379.	644,379.		
<b>d</b> <b>EQUIPMENT</b>	175,991.	166,726.	3,643.	5,622.
<b>e</b> All other expenses	375,532.	325,119.	9,247.	41,166.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	67,555,143.	64,111,864.	1,264,803.	2,178,476.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,557,480.	<b>1</b>	2,417,356.
	<b>2</b> Savings and temporary cash investments .....	1,149,166.	<b>2</b>	1,568,380.
	<b>3</b> Pledges and grants receivable, net .....	963,300.	<b>3</b>	1,019,119.
	<b>4</b> Accounts receivable, net .....	110,388.	<b>4</b>	61,112.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,693,854.	<b>8</b>	2,183,390.
	<b>9</b> Prepaid expenses and deferred charges .....	121,066.	<b>9</b>	151,119.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,157,045.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,600,022.		
	<b>11</b> Investments - publicly traded securities .....	4,360,093.	<b>11</b>	4,391,322.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	20,600,743.	<b>16</b>	22,348,821.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	759,615.	<b>17</b>	926,222.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,455.	<b>19</b>	102,036.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	771,070.	<b>26</b>	1,028,258.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	19,551,107.	<b>27</b>	20,285,900.
	<b>28</b> Temporarily restricted net assets .....	278,566.	<b>28</b>	1,034,663.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	19,829,673.	<b>33</b>	21,320,563.	
<b>34</b> Total liabilities and net assets/fund balances .....	20,600,743.	<b>34</b>	22,348,821.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,057,444.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,555,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,502,301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,829,673.
5	Net unrealized gains (losses) on investments	5	-11,411.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,320,563.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: ALAMEDA COUNTY COMMUNITY FOOD BANK
Employer identification number: 94-2960297

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	43,167,158.	51,599,854.	58,901,555.	62,118,041.	68,202,637.	283,989,245.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	43,167,158.	51,599,854.	58,901,555.	62,118,041.	68,202,637.	283,989,245.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						119,579,795.
<b>6 Public support.</b> Subtract line 5 from line 4.						164,409,450.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	43,167,158.	51,599,854.	58,901,555.	62,118,041.	68,202,637.	283,989,245.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	229,557.	537,558.	101,653.	137,979.	147,990.	1,154,737.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						285,143,982.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,598,707.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	57.66 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	97.28 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

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

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number

94-2960297

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization  <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number  <b>94-2960297</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,508,987.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,700,686.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>29,072,719.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>5,509,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number  <b>94-2960297</b>
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	FRESH PRODUCE, FOOD _____ _____ _____	\$ <u>1,700,686.</u>	<u>12/31/15</u>
<u>3</u>	FRESH PRODUCE, FOOD _____ _____ _____	\$ <u>29,072,719.</u>	<u>12/31/15</u>
<u>4</u>	FRESH PRODUCE, FOOD _____ _____ _____	\$ <u>5,509,766.</u>	<u>12/31/15</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number  <b>94-2960297</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number <b>94-2960297</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	24,945.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	24,945.													
<b>d</b>	Other exempt purpose expenditures .....	64,086,921.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	64,111,866.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	31,951.	36,008.	38,349.	24,945.	131,253.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

---



---



---



---



---

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** ALAMEDA COUNTY COMMUNITY FOOD BANK **Employer identification number** 94-2960297

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,540,575.		2,540,575.
b Buildings		10,434,910.	3,332,661.	7,102,249.
c Leasehold improvements				
d Equipment		1,165,401.	669,453.	495,948.
e Other		1,016,159.	597,908.	418,251.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,557,023.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	69,214,137.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-11,411.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	168,103.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	156,692.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	69,057,445.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	69,057,445.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	67,723,247.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	168,103.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	168,103.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	67,555,144.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	67,555,144.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

MANAGEMENT EVALUATED THE FOOD BANK'S TAX POSITIONS AND ONCLUDED THAT THEY MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

THE FOOD BANK'S EVALUATION ON JUNE 30, 2016, REVEALED NO TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. THE TAX RETURNS ON THE FOOD BANK ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. HOWEVER, THERE ARE CURRENTLY NO EXAMINATIONS IN PROGRESS OR PENDING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS DIRECT EXPENSES	131,100.
IN-KIND SERVICES	37,003.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	168,103.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS DIRECT EXPENSES	131,100.
IN-KIND SERVICES	37,003.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	168,103.





**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SAVOR THE SEASON (event type)	EMPTY BOWLS (event type)	NONE (total number)	
1	Gross receipts .....	661,651.	192,747.		854,398.
2	Less: Contributions .....	546,166.	177,132.		723,298.
3	Gross income (line 1 minus line 2) .....	115,485.	15,615.		131,100.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	115,485.	15,615.		131,100.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				131,100.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **ALAMEDA COUNTY COMMUNITY FOOD BANK** Employer identification number **94-2960297**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
13TH AVE CHURCH OF CHRIST 1300 E. 24TH STREET OAKLAND, CA 94606	94-3057533		0.	181,861.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ACTS FULL GOSPEL CHURCH 1034 66TH AVE OAKLAND, CA 94621	94-2936983		0.	51,608.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
AIDS PROJECT OF THE EAST BAY 1320 WEBSTER STREET OAKLAND, CA 94612	94-3061583		0.	39,518.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ALAMEDA FOOD BANK 650 W. RANGER ALAMEDA, CA 94501	94-2878910		0.	1,460,020.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ALL NATIONS COMMUNITY COGIC 9248 INTERNATIONAL BLVD OAKLAND, CA 94603	80-0909806		0.	42,294.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 94577	94-1312341		0.	79,956.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **199.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN TEMPLE BAPTIST CHURCH 8500 A ST. OAKLAND, CA 94621	94-1747125		0.	117,258.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ARIEL OUTREACH MISSION P.O. BOX 5035 OAKLAND, CA 94605	31-1687353		0.	14,713.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ARSOLA'S HOUSE 9006 MAC ARTHUR OAKLAND, CA 94605	38-3783546		0.	446,862.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ASIAN COMMUNITY MENTAL HEALTH SERVICES - 12240 SAN PABLO ST - RICHMOND, CA 94805	94-2248390		0.	18,596.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
B.A.S.I.C. BROTHERS AND SISTERS CHURCH - 925 107TH AVENUE - OAKLAND, CA 94605	74-3126475		0.	63,027.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BACS - HENRY ROBINSON CENTER 559 16TH STREET OAKLAND, CA 94612	94-1708069		0.	24,039.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BAY AREA AMERICAN INDIAN COUNCIL 1436 CLARK ST. SAN LEANDRO, CA 94710	94-3248408		0.	7,781.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BAY AREA CHRISTIAN CONNECTION 2043 21ST AVE OAKLAND, CA 94606	94-3292168		0.	108,667.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BAY COMMUNITY FELLOWSHIP - AKA -WORLD IMPACT INC - 1015 CAMPBELL ST. - OAKLAND, CA 94607	94-1399289		0.	19,779.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKELEY FOOD AND HOUSING PROJECT 2362 BANCROFT WAY BERKELEY, CA 94704	94-2979073		0.	79,556.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BERKELEY FOOD PANTRY 1600 SACRAMENTO ST. BERKELEY, CA 94702	95-1831046		0.	394,905.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BERKELEY YOUTH ALTERNATIVES 1255 ALLSTON AVE. BERKELEY, CA 94702	94-1711728		0.	8,241.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BETHANY BAPTIST CHURCH 5400 ADELINE ST. OAKLAND, CA 94608	94-2936781		0.	43,814.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BETHEL COMMUNITY PRESBYTERIAN CHURCH - 14235 BANCROFT AVE - SAN LEANDRO, CA 94578	23-6393377		0.	690,704.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BOSS 711 HARRISON ST. BERKELEY, CA 94710	51-0173390		0.	140,573.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
BROOKINS AME CHURCH 2201 - 73RD AVE. OAKLAND, CA 94605			0.	116,635.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CAA-AGNES MEMORIAL 2372 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2575541		0.	229,687.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CAL - PEP 2811 ADELINE ST. OAKLAND, CA 94608	94-2971732		0.	5,043.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF HOPE 8411 MACARTHUR BLVD. OAKLAND, CA 94605	24-7426174		0.	360,687.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CENTRO DE SERVICIOS RESOURCE CENTER - 33750 6TH ST - UNION CITY, CA 94587	94-2489691		0.	1,270,862.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRIST CENTERED MISSIONARY BAPTIST CHURCH - 22979 MAUD AVE - HAYWARD, CA 94541	94-3065760		0.	194,319.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRISTIAN LIFE CHURCH P.O. BOX 1088 SAN LEANDRO, CA 94577	94-2863703		0.	8,344.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRISTIAN TABERNACLE CHURCH 930 WALNUT ST. OAKLAND, CA 94603	94-2964929		0.	112,274.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRISTIAN WOMEN SUPPORTING WOM 721 BROCKHURST ST OAKLAND, CA 94609	37-1426880		0.	49,866.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHRYSALIS C/O HORIZON SVCS. P.O. BOX 4217 HAYWARD, CA 94544	94-2365021		0.	19,045.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHURCH OF ALL FAITHS 2100 5TH AVE OAKLAND, CA 94606	94-6187763		0.	234,159.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHURCH OF THE CROSS 354 B ST. HAYWARD, CA 94541	94-1476950		0.	128,467.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE LIVING GOD 310 PERALTA ST. OAKLAND, CA 94607	94-2920532		0.	257,373.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CHURCH OF THE LIVING GOD PG&T 819 37TH ST OAKLAND, CA 94608	23-7017127		0.	21,686.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CITY TEAM MINISTRIES 722 WASHINGTON ST. OAKLAND, CA 94607	94-1501265		0.	356,405.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CIVICORPS 101 MYRTLE ST. OAKLAND, CA 94607	94-2941068		0.	14,946.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
COLUMBIAN GARDENS 9854 KOFORD RD. OAKLAND, CA 94603	94-3081328		0.	2,368,541.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
COMMUNITY OF GRACE/ELMHURST BAPTIST CHURCH - 380 ELMHURST ST. - HAYWARD, CA 94544	94-1384655		0.	26,507.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
COMMUNITY REFORMED CHURCH 457 CAPISTRANO DR. OAKLAND, CA 94603	94-2941595		0.	39,848.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CORINTHIAN BAPTIST CHURCH 928 CASTRO ST. OAKLAND, CA 94607			0.	16,489.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CORNERSTONE BAPTIST CHURCH 3535 - 38TH AVE. OAKLAND, CA 94606	94-2692374		0.	95,761.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT WORSHIP CENTER 2622 SAN PABLO BERKELEY, CA 94702	68-0320343		0.	15,167.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CRONIN HOUSE P.O. BOX 4217 HAYWARD, CA 94544	94-2365021		0.	54,919.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CROSSSTREETS NEIGHBORHOOD SERVICES / HAPPINESS SCH - 20600 JOHN DR - CASTRO VALLEY, CA 94546	94-2221906		0.	104,022.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
CURA INC. 4510 PERALTA ST. FREMONT, CA 94536	23-7226897		0.	75,238.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
D & N INSTITUTE / TRUE VINE BAPTIST CHURCH, THE - 896 ISABELLA ST. - OAKLAND, CA 94611			0.	24,890.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST. SAN LEANDRO, CA 94577	94-3121699		0.	496,867.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
DOROTHY DAY HOUSE P.O. BOX 12701 BERKELEY, CA 94712	94-3158511		0.	99,429.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
DOWNS MEMORIAL UNITED METHODIST CHURCH - 6026 IDAHO ST. - OAKLAND, CA 94608			0.	32,070.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST BAY ASIAN YOUTH CENTER 2025 E.12TH ST. OAKLAND, CA 94606	94-2925799		0.	8,168.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY KOREAN AMERICAN SENIOR SERVICES CENTER - 1723 TELEGRAPH AVE. - OAKLAND, CA 94612	94-2813695		0.	79,814.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST BAY TEEN CHALLENGE PO BOX 5097 OAKLAND, CA 94605	77-0123596		0.	65,850.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND BOXING ASSOCIATION 816 98TH AVE. OAKLAND, CA 94603	94-2967981		0.	201,162.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND COMMUNITY PROJECT 5725 E.14TH ST. OAKLAND, CA 94621	94-3078181		0.	50,592.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND MULTI-PURPOSE SENIOR CENTER - 9255 EDES AVE. - OAKLAND, CA 94603	94-3092404		0.	3,223,674.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EAST OAKLAND SWITCHBOARD 1909 73RD AVE. OAKLAND, CA 94621	94-1716346		0.	61,490.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EBCRP OUTPATIENT PROGRAM 2579 SAN PABLO AVE. OAKLAND, CA 94612	94-3103486		0.	5,090.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EBCRP PROJECT PRIDE 2579 SAN PABLO AVE, STE. #223 OAKLAND, CA 94612	94-3103486		0.	21,838.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ECAP 3610 SAN PABLO AVE. EMERYVILLE, CA 94608	94-3168725		0.	2,556,062.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDEN HOUSING APARTMENTS 1601 165TH AVE SAN LEANDRO, CA 94578	68-0117340		0.	33,457.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
EDEN UNITED CHURCH OF CHRIST - FOOD FOR CHERRYLAND - 21455 BIRCH STREET - HAYWARD, CA 94541	94-0722820		0.	121,861.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ELMHURST PRESBYTERIAN CHURCH 1332 98TH AVE. OAKLAND, CA 94603			0.	12,911.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FACES OF THE EAST BAY 4130 TELEGRAPH AVENUE OAKLAND, CA 94609	94-3311246		0.	25,725.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAITH FAMILY LIFE MINISTRIES 897 MACARTHUR BLVD SAN LEANDRO, CA 94577	94-3147070		0.	26,383.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAITH FELLOWSHIP 577 MANOR BLVD SAN LEANDRO, CA 94579	94-2872271		0.	354,013.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAITH LUTHERAN CHURCH OF CASTRO VALLEY - 20080 REDWOOD RD. - CASTRO VALLEY, CA 94552	94-1659674		0.	153,286.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAITH VISIONARY SERVICES 2680 64TH AVENUE OAKLAND, CA 94605	94-3399880		0.	384,554.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAME 7701 KRAUSE ST. OAKLAND, CA 94609	23-7010426		0.	21,814.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAME-DACA 5818 INTERNATIONAL BLVD OAKLAND, CA 94621	23-7010426		0.	8,289.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAME-FIRST AME 530 37TH STREET OAKLAND, CA 94609	23-7010426		0.	94,800.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAME-RAINBOW RECREATION CENTER 5800 INTERNATIONAL BLVD. OAKLAND, CA 94621	23-7010426		0.	637,643.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAMILY BRIDGES 270 13TH STREET OAKLAND, CA 94612	94-1725018		0.	418,145.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FAMILY EMERGENCY SHELTER COALITION 21455 BIRCH STREET #5 HAYWARD, CA 94541	94-3029991		0.	24,469.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FEED MY SHEEP 9426 BURR ST. OAKLAND, CA 94605	94-2495977		0.	138,081.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FOOD 2 GO CASTRO VALLEY UNITED METHODIST - 19806 WISTERIA STREET - CASTRO VALLEY, CA 94645	36-2167731		0.	198,933.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FOOD OF GOD 4 PEOPLE OF GOD 424 MONTE VISTA AVE OAKLAND, CA 94611	27-5348142		0.	21,773.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FOUR CORNERS PROJECT, THE 3550 SAN PABLO DAM RD. EL SOBRANTE, CA 94803	94-3172311		0.	9,218.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CHRISTIAN CHURCH GERALD AGEE MINISTRIES - 1904 ADELINE AVE - OAKLAND, CA 94607	93-1219544		0.	37,154.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
FRUITVALE PRESBYTERIAN CHURCH COMMUNITY OUTREACH - 2735 MACARTHUR BLVD. - OAKLAND, CA 94602			0.	36,113.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GIRLS INC 510 16TH STREET OAKLAND, CA 94612	94-1558073		0.	12,333.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GOOD SHEPHERD EPISCOPAL CHURCH 1823 9TH STREET BERKELEY, CA 94710	94-1156840		0.	95,425.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GRACE BAPTIST CHURCH OAKLAND 705 98TH AVE. OAKLAND, CA 94603	94-3231644		0.	735,849.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GREATER BETHESDA CHURCH OF GOD IN CHRIST - 5045 FOOTHILL BLVD. - OAKLAND, CA 94601			0.	12,430.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GREATER NEW BEGINNINGS YOUTH SERVICES - 1624 GRAFF CT. - SAN LEANDRO, CA 94577	94-3301988		0.	9,075.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
GREATER ST. PAUL CHURCH 1827 MARTIN LUTHER KING JR. WY OAKLAND, CA 94612			0.	40,613.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HALCYON BAPTIST CHURCH 2860 HALCYON DR. SAN LEANDRO, CA 94578	94-1656825		0.	205,116.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HOUSE 1811 11TH AVE. OAKLAND, CA 94606	23-7133986		0.	65,088.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HAVENSCOURT COMMUNITY CHURCH 1444 HAVENSCOURT BLVD. OAKLAND, CA 94621	94-1422475		0.	106,417.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HAYWARD CHURCH OF THE NAZARENE 26221 GADING RD. HAYWARD, CA 94544	44-0552034		0.	73,629.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HAYWARD SPANISH SDA CHURCH P.O. BOX 628 HAYWARD, CA 94543			0.	915,299.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HEALTHY OAKLAND LOAVES AND FISH FOOD PROGRAM - 1060 32ND STREET - OAKLAND, CA 94608	71-0902919		0.	1,832,671.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HOPE FOR THE HEART 22035 MEEKLAND AVE HAYWARD, CA 94541	26-3857074		0.	1,448,643.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
HORIZON SERVICES/CHERRY HILL 2035 FAIRMONT DRIVE HAYWARD, CA 94545	94-2365021		0.	51,004.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
INTERFAITH SHARING INC. 678 ENOS WAY LIVERMORE, CA 94551	94-3195165		0.	272,542.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
INTERTRIBAL FRIENDSHIP HOUSE 523 INTERNATIONAL BLVD OAKLAND, CA 94606	94-3255070		0.	14,170.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSHUA CHRISTIAN CHURCH 793 WEST GRAND AVE OAKLAND, CA 94612	94-3251747		0.	10,044.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
KINGDOM BUILDERS DREAM CENTER OAKLAND - 7272 MACARTHUR BLVD. - OAKLAND, CA 94619	94-3388342		0.	1,986,275.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LAKE MERRITT UNITED METHODIST CHURCH - 1330 LAKESHORE AVE. - OAKLAND, CA 94606-2220	94-1156847		0.	218,488.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LAST PHASE LOAVES AND FISH FOOD PROGRAM - 1060 32ND STREET - OAKLAND, CA 94608	71-0902919		0.	262,768.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LIBERTY HILLS BAPTIST CHURCH 997 UNIVERSITY AVE. BERKELEY, CA 94710	94-6108675		0.	87,665.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LIFELONG MEDICAL CARE DELLUMS 644 14TH STREET OAKLAND, CA 94612	94-2502308		0.	12,739.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LIFELONG MEDICAL CARE HARRISON HOTEL - 1415 HARRISON ST - OAKLAND, CA 94614	94-2502308		0.	5,999.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LOS ROBLES APARTMENTS 32300 ALMADEN BLVD. UNION CITY, CA 94587	68-0371125		0.	29,599.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
LOVE TEMPLE MISSIONARY BAPTIST CHURCH - 8401 BIRCH STREET - OAKLAND, CA 94621			0.	17,763.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M. A. CENTER MOTHER'S KITCHEN 1802 FAIRVIEW ST. BERKELEY, CA 94703	94-3044871		0.	6,081.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MAGNOLIA WOMEN'S RECOVERY PROG 682 BRIERGATE WAY HAYWARD, CA 94544	81-0603045		0.	23,763.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MARKET STREET SDA CHURCH 900 34TH ST OAKLAND, CA 94621			0.	17,170.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MARY IMMACULATE RESIDENTIAL FACILITY, INC. - 4303 BIDWELL DR. - FREMONT, CA 94538	94-3393862		0.	11,276.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MARYLIN AVE. SCHOOL TRI-VALLEY COMMUNITY FDN. - 800 MARYLIN AVE. - LIVERMORE, CA 94550	91-2078642		0.	340,638.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MATILDA CLEVELAND HOUSING PRO (WITH EOCP) - 7515 INTERNATIONAL - OAKLAND, CA 94621	94-3078181		0.	6,180.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MCGEE AVENUE BAPTIST CHURCH 1640 STUART ST. BERKELEY, CA 94703	94-2184326		0.	17,307.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MEALS ON WHEELS - HAYWARD/SOS 2235 POLVOROSA DR. STE 260 SAN LEANDRO, CA 94577	94-1725204		0.	5,003.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MEALS ON WHEELS-BERKELEY 1900 6TH ST. BERKELEY, CA 94710	94-2651065		0.	14,863.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY BROWN BAG PROGRAM 3431 FOOTHILL BLVD. OAKLAND, CA 94601	94-1156579		0.	1,694,826.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MILLIE'S YOUTH SERVICES 2512 HAVENSCOURT BLVD. OAKLAND, CA 94605	94-3364320		0.	5,563.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MISSION FOR THE HOMELESS, INC. 2626 E. 16TH ST. OAKLAND, CA 94601	46-0674496		0.	128,199.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MORNING STAR CHURCH OF GOD IN CHRIST - 745 WILLOW AVE - OAKLAND, CA 94607	30-0605580		0.	17,936.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MT. SINAI MISSIONARY BAPTIST CHURCH - 7501 MACARTHUR - OAKLAND, CA 94605	94-2240918		0.	67,261.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
MT. ZION MISSIONARY BAPTIST CHURCH 1203 WILLOW ST. OAKLAND, CA 94607	95-0162894		0.	94,515.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
NEW BIRTH CHRISTIAN MINISTRY 21144 MISSION BLVD HAYWARD, CA 94541	26-3718483		0.	40,706.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
NEW LIFE & LOVE RECOVERY HOMES 140 MOUNT WOOD WAY OAKLAND, CA 94605	47-0933517		0.	93,520.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
OAKLAND CATHOLIC WORKER 4848 INTERNATIONAL BOULEVARD OAKLAND, CA 94601	94-3088087		0.	1,266,136.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN HEART KITCHEN OF LIVERMORE 460 N LIVERMORE AVE. LIVERMORE, CA 94550	94-3396038		0.	144,886.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
OPERATION DIGNITY INC. 2519 MARTIN LUTHER KING JR WY OAKLAND, CA 94612	94-3176007		0.	55,563.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PARADISE BAPTIST CHURCH 9670 EMPIRE RD OAKLAND, CA 94603	13-5563018		0.	34,277.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PRAISE FELLOWSHIP MINISTRIES 7711 MACARTHUR BLVD OAKLAND, CA 94605	94-3027868		0.	19,353.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PRESCOTT JOSEPH CENTER 920 PERALTA ST. OAKLAND, CA 94607	94-3248535		0.	1,078,487.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PROJECT OPEN HAND FOOD BANK 1921 SAN PABLO AVE. OAKLAND, CA 94612	94-3023551		0.	169,542.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PROJECT OUTREACH 2708 RITCHIE ST. OAKLAND, CA 94605	94-2953318		0.	370,501.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
PROPHETIC TEACHER INTERCESSORY CHURCH - 16490 KENT AVE - SAN LORENZO, CA 94580	45-2912840		0.	82,701.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
REDWOOD CHAPEL COMM CHURCH 19300 REDWOOD RD CASTRO VALLEY, CA 94546	94-1375798		0.	9,411.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD GARDENS 2951 DERBY STREET BERKELEY, CA 94705	94-2892231		0.	47,882.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
REFUGE COMMUNITY FOOD PANTRY 2001 73RD AVENUE OAKLAND, CA 94621	95-4242822		0.	65,444.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
RESTORATION CHURCH OF GOD 2101 47TH AVE OAKLAND, CA 94601	75-3130021		0.	111,478.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
REVELATION OUTREACH MINISTRIES 308 BURLWOOD AVE OAKLAND, CA 94603	94-3306750		0.	11,272.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ROBERT ALLEN MERCY HOUSE NCCN 3300 SCHOOL STREET OAKLAND, CA 94602	94-6123474		0.	628,769.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SAFE PASSAGES 400 CAPASTRON DR. OAKLAND, CA 94612	20-4535835		0.	99,174.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SALVATION ARMY-ADULT REHABILITATION CENTER - 601 WEBSTER STREET - OAKLAND, CA 94607	94-1156347		0.	238,048.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SALVATION ARMY-BERKELEY ALAMEDA COMMAND - 130 DOOLITTLE DR. STE 12 - SAN LEANDRO, CA 94577	94-1156347		0.	18,319.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SALVATION ARMY-GARDEN ST PO BOX 2058 SAN LEANDRO, CA 94577	94-1156347		0.	231,030.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY-HAYWARD 430 A STREET HAYWARD, CA 94541	94-1156347		0.	294,054.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SALVATION ARMY-NEWARK 36700 NEWARK BLVD. NEWARK, CA 94560	94-1170408		0.	840,823.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SAN LORENZO FAMILY HELP CENTER 100 HACIENDA ST. SAN LORENZO, CA 94580	30-0554038		0.	892,986.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SECOND CHANCE INC 6330 THORNTON AVE NEWARK, CA 94560	94-2152595		0.	9,352.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SECOND COMMANDMENT CHURCH 1422 15TH STREET OAKLAND, CA 94608	56-2621122		0.	484,591.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SEVENTH DAY ADVENTIST OAKLAND SPANISH CHURCH - P.O. BOX 7527 - OAKLAND, CA 94601			0.	9,255.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SEVENTH STEP FOUNDATION 475 MEDFORD AVENUE HAYWARD, CA 94541	94-1696338		0.	9,889.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SHARE FIRST OAKLAND, INC - EAST OAKLAND - 5921 SHATTUCK AVE - OAKLAND, CA 94609	77-0703445		0.	9,148.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SHARE FIRST OAKLAND, INC. 5921 SHATTUCK AVE. OAKLAND, CA 94609	77-0703445		0.	19,612.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL - ST. LEANDER - 474 W. ESTUDILLO - SAN LEANDRO, CA 94577	94-1156493		0.	13,886.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOLID ROCK COGIC UNION CITY ACTION NETWORK - 5970 THORNTON AVE. - NEWARK, CA 94560	94-3332388		0.	50,011.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOLIDARITY FELLOWSHIP P.O. BOX 5007 SAN MATEO, CA 94402	94-3002415		0.	48,625.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOUTH BERKELEY COMMUNITY CHURCH 1802 FAIRVIEW STREET BERKELEY, CA 94703	94-6109091		0.	29,317.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SOUTH HAYWARD PARISH 27287 PATRICK AVE. HAYWARD, CA 94544	94-2250549		0.	1,060,358.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SQUARE MEALS PROJECT/SWAR SANGAM ASSOCIATION - 2607 ELLSWORTH STREET - BERKELEY, CA 94704	68-0158658		0.	10,114.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. ANNE CHURCH 32223 CABELLO STREET UNION CITY, CA 94587	94-1156493		0.	7,130.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. AUGUSTINE'S EPISCOPAL CHURCH 525 29TH ST OAKLAND, CA 94609	94-1156840		0.	13,055.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. BERNARD CATHOLIC CHURCH 1620 62ND AVENUE OAKLAND, CA 94621			0.	222,042.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. COLUMBA / SVDP 6401 SAN PABLO AVE OAKLAND, CA 94608	94-1156493		0.	82,691.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. ELIZABETH FOOD PANTRY 1500 34TH AVE OAKLAND, CA 94601	94-2677202		0.	194,574.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. LAWRENCE O'TOOLE 3725 HIGH STREET OAKLAND, CA 94619	53-0196617		0.	14,171.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. LOUIS BERTRAND CHURCH 1410 100TH AVE. OAKLAND, CA 94603	94-1225387		0.	55,285.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. MARY'S CENTER 925 BROCKHURST ST. OAKLAND, CA 94608	68-0172229		0.	14,232.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. PAUL AME CHURCH 2024 ASHBY AVENUE BERKELEY, CA 94705	94-3088329		0.	10,012.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. PAUL'S EPISCOPAL CHURCH 114 MONTECITO AVE OAKLAND, CA 94610	94-1156840		0.	20,877.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. VINCENT DE PAUL DINING ROOM 675 23RD ST. OAKLAND, CA 94612	94-1156493		0.	280,727.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
ST. VINCENT'S DAY HOME, INC 1086 8TH STREET OAKLAND, CA 94607-2697	94-2195766		0.	25,229.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEW'S LOVE-N-CARE GROUP HOME 10419 FOOTHILL BLVD. OAKLAND, CA 94605	94-3162591		0.	15,479.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
STREET LEVEL HEALTH PROJECT 2501 INTERNATIONAL BLVD OAKLAND, CA 94601	56-2324355		0.	190,959.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
SVDP-ST. BENEDICT CONFERENCE 2245 82ND AVENUE OAKLAND, CA 94605	94-1156493		0.	29,745.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TABERNACLE MISSIONARY BAPTIST CHURCH - P.O. BOX 2605 - OAKLAND, CA 94612	94-2733380		0.	45,239.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TAYLOR MEMORIAL CHURCH/TASK FORCE 1188 12TH STREET OAKLAND, CA 94607	94-1722942		0.	33,324.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TELEGRAPH COMMUNITY CENTER 5316 TELEGRAPH AVE OAKLAND, CA 94609	20-3787649		0.	666,499.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TEMPLO DE LA CRUZ FOOD PANTRY MINISTRY - 24362 THOMAS AVENUE - HAYWARD, CA 94544			0.	35,729.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
THE BRIDGE OF FAITH 27343 WHITMAN STREET HAYWARD, CA 94544	94-6129858		0.	731,095.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
THE CHURCH BY THE SIDE OF THE ROAD 2108 RUSSELL STREET BERKELEY, CA 94705	94-6089524		0.	14,798.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OAKLAND FOOD PANTRY 7051 SKYLINE BLVD OAKLAND, CA 94611	80-0708680		0.	477,414.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
THE WELL COMMUNITY OUTREACH 2333 NISSEN DR. LIVERMORE, CA 94551	76-0722001		0.	253,930.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TRI-CITY VOLUNTEERS 37350 JOSEPH STREET FREMONT, CA 94536	94-2217681		0.	5,186,476.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TRI-VALLEY HAVEN FOOD PANTRY 418 JUNCTION AVENUE LIVERMORE, CA 94550	94-2462357		0.	342,445.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
TURN ON TO AMERICA P.O.BOX 643 LAFAYETTE, CA 94549	27-7110313		0.	31,907.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UNION CITY APOSTOLIC CHURCH 33700 ALVARADO NILES RD UNION CITY, CA 94587	95-6087955		0.	184,055.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UNITED SMITH MEMORIAL CME CHURCH 28105 MISSION BLVD HAYWARD, CA 94544	94-3237891		0.	41,066.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UPPER ROOM CHURCH 836 34TH STREET OAKLAND, CA 94608	94-3157373		0.	28,146.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
UROJAS COMMUNITY SERVICES 8801 INTERNATIONAL BLVD OAKLAND, CA 94621	26-2211142		0.	35,792.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY OUTREACH-HAYWARD 26747 HUNTWOOD AVENUE HAYWARD, CA 94541	95-2788459		0.	37,939.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
VIETNAMESE AMERICAN COMMUNITY CENTER - EAST BAY - 655 INTERNATIONAL BLVD - OAKLAND, CA 94606	20-5358946		0.	207,782.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
VIOLA BLYTHE COMMUNITY SERVICE CENTER - 37365 ASH STREET - NEWARK, CA 94560	94-3122617		0.	289,079.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
WHAT NOW AMERICA 1651 ADELINE ST OAKLAND, CA 94607	26-2314554		0.	30,523.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
WINGS OF LOVE MARANATHA MINISTRIES 3453 GLEN ELLEN DR FAIRFIELD, CA 94534	68-0171700		0.	90,611.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
WOMEN ON THE WAY RECOVERY CNTR HOME - 310 CASWELL - OAKLAND, CA 94603	94-3296354		0.	12,552.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
YA FLUNDER FOUNDATION/WORD OF MOUTH FEEDING PRGM - 8400 ENTERPRISE WAY BOX #120 - OAKLAND, CA 94621	32-0095516		0.	70,748.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
YOUNG VOICE MISSION 7928 INTERNATIONAL BLVD OAKLAND, CA 94621	94-3105649		0.	9,779.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER
YOUTH LEARNING AND CULTURAL INSTITUTE - 895 53RD STREET - OAKLAND, CA 94608	94-3251258		0.	146,494.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION'S TABERNACLE CHURCH OF GOD IN CHRIST - 2147 E. 15TH STREET - OAKLAND, CA 94606	56-3626908		0.	727,859.	FEEDING AMERICA - DONATED VALUE	FOOD	SUPPLEMENT FOOD TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER

**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 non-cash assistance

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

PART I, LINE 2:

FOOD SAFETY TRAINING IS MANDATED AND PROVIDED ANNUALLY. COMPLIANCE IS TRACKED ELECTRONICALLY.

EVERY MEMBER AGENCY RECEIVES AN ON-SITE MONITORING VISIT - EVERY YEAR FOR HIGH-VOLUME AGENCIES, EVERY 2 YEARS FOR LOWER-VOLUME AGENCIES. AT THE ON-SITE MONITORING VISITS, WE MONITOR FOOD SAFETY PRACTICES, RECEIPTS FOR FOOD RECEIVED, AND DISTRIBUTION RECORDS.

**Part IV** Supplemental Information

ALL AGENCIES ARE SCREENED AND MONITORED WHEN JOINING THE FOOD BANK VIA AN AGENCY APPLICATION, SIGNING AN AGENCY AGREEMENT, PROVIDING 501(C)(3) STATUS DOCUMENTATION, UNDERGOING FOOD SAFETY TRAINING, AND HAVING AN ON-SITE MONITORING VISIT.

FOR AGENCIES RECEIVING SPECIAL GRANTS, WE IMPLEMENT ADDITIONAL MONITORING AND/OR ADDITIONAL REPORTS WHICH ARE SUBMITTED TO US ON A REGULAR BASIS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ALAMEDA COUNTY COMMUNITY FOOD BANK**

Employer identification number

**94-2960297**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA DARROW-BLAKE DIRECTOR OF DEVELOPMENT	(i)	151,573.	0.	0.	8,143.	11,026.	170,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLISON PRATT DIRECTOR OF POLICY AND SER	(i)	136,489.	0.	0.	7,212.	13,951.	157,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUZAN BATESON EXECUTIVE DIRECTOR	(i)	247,774.	0.	0.	12,782.	24,599.	285,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY DONOVAN CHIEF FINANCIAL OFFICER	(i)	144,260.	0.	0.	7,734.	19,283.	171,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ALAMEDA COUNTY COMMUNITY FOOD BANK** Employer identification number **94-2960297**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61	321,064.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	323	52,645,907.	FEEDING AMERICA
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENTS)	X	391	113,116.	FMV
26 Other (MISC. SUPPLIE)	X	14	33,170.	FMV
27 Other				
28 Other				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 32B:

AUTOS WERE DONATED TO V-DAC FOR THE FOOD BANK'S BENEFIT. V-DAC PROCESSED THE ENTIRE TRANSACTION AND SENDS THE FOOD BANK A CHECK FOR THE PROCEEDS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number

94-2960297

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

VISION STATEMENT: CHILDREN, ADULTS, AND SENIORS OF ALAMEDA COUNTY DO  
NOT WORRY ABOUT WHERE THEIR NEXT MEAL IS COMING FROM.

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

HELPLINE, OFFICE ASSISTANCE, ADVOCACY, AND EVENTS. VOLUNTEER HOURS FOR  
THE 2016 FISCAL YEAR WERE EQUIVALENT TO 51 FULL-TIME EMPLOYEES.

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

SOCIAL SERVICES AGENCY TO SUBMIT THE APPLICATION.

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

SUPPORT HEALTHFUL EATING. NUTRITION EDUCATION SERVICES ALSO HELP  
CLIENTS MAXIMIZE THEIR OTHER FOOD RESOURCES TO BRING HEALTHY CHOICES TO  
THEIR FAMILIES.

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

OTHER: HUNGER EDUCATION AND ADVOCACY - THE FOOD BANK'S HUNGER EDUCATION  
AND ADVOCACY EFFORTS CONTINUE TO PROVIDE A VOICE FOR TENS OF THOUSANDS  
OF ALAMEDA COUNTY RESIDENTS WHO FACE FOOD INSECURITY. FOOD BANK STAFF  
MEET WITH LEGISLATORS, GRASSROOTS ANTI-HUNGER ADVOCATES AND OTHER  
ADVOCACY PARTNERS REGULARLY. THE PROGRAM PROMOTES POLICIES TO BENEFIT  
LOW-INCOME RESIDENTS SUCH AS ELIMINATING THE FINGERPRINTING REQUIREMENT  
FOR RECIPIENTS OF CALFRESH (FORMERLY KNOWN AS FOOD STAMPS).

EXPENSES \$ 770,592. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number

94-2960297

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

THE FOOD BANK'S PARTNER AGENCIES - FOOD PANTRIES, SOUP KITCHENS, CHILD-CARE CENTERS, SENIOR CENTERS, AFTER-SCHOOL PROGRAMS AND OTHER COMMUNITY-BASED ORGANIZATIONS - VOTE TO ELECT MEMBERS OF THE BOARD OF DIRECTORS PER THE ORGANIZATION'S BYLAWS. THE FOOD BANK CAN ELECT UP TO 22 BOARD MEMBERS; A MINIMUM OF FOUR MUST REPRESENT FOOD BANK NETWORK PARTNER AGENCIES.

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

ELECTING NEW MEMBERS OF THE BOARD.

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

THE AUDITOR PREPARES THE TAX RETURN AND RELATED FILINGS. THE TAX RETURN MUST BE REVIEWED BY THE EXECUTIVE DIRECTOR AND CFO AND IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE TAX RETURN AFTER REVIEW. THE TAX RETURN IS THEN SIGNED BY AN OFFICER OF THE CORPORATION AND SUBMITTED TO THE IRS.

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

THE CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY. STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR FOR CONFLICTS.

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

PER THE FOOD BANK POLICIES, THE FOOD BANK WILL STRIVE TO BE A DESIRED EMPLOYER IN A COMPETITIVE MARKETPLACE. COMPENSATION GUIDELINES ARE REVIEWED BY THE OVERSIGHT COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY. THE AGGREGATE PERCENTAGE OF WAGE INCREASES FOR EACH FISCAL YEAR WILL BE

Name of the organization <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number <b>94-2960297</b>
---	---

APPROVED BY THE BOARD OF DIRECTORS THROUGH THE BUDGET PROCESS. WAGE GUIDELINES AND ANY WAGE CHANGES ARE REVIEWED AND APPROVED ON AN ONGOING BASIS BY THE EXECUTIVE DIRECTOR AND THE CFO. IT IS EXPECTED THAT THE WAGES FOR EACH POSITION WILL FALL WITHIN THE WAGE GUIDELINES AND WILL NOT EXCEED THE MAXIMUM SET FORTH FOR THE POSITION. SALARY GUIDELINES ARE DERIVED BASED ON SALARY DATA OF COMPARABLE ORGANIZATIONS AND JOB DUTIES AND ARE PROPOSED BY AN OUTSIDE CONSULTANT. DECISIONS TO CHANGE SALARIES INCLUDE CONSIDERATION OF THE EMPLOYEES' EXPERIENCE, EVALUATION AND TENURE.

WITH RESPECT TO THE EXECUTIVE DIRECTOR'S AND CFO'S SALARY SPECIFICALLY, THE BOARD REVIEWS THESE SALARIES ANNUALLY AND VOTES TO APPROVE SALARY CHANGES FOR THOSE POSITIONS. THE PROCESS PERFORMED BY MEMBERS OF THE BOARD OF DIRECTORS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABLE DATA FROM OTHER ORGANIZATIONS AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. LAST REVIEW WAS OCTOBER 2016.

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

THE FOOD BANK'S ARTICLES OF INCORPORATION, BYLAWS, MOST RECENT TAX RETURNS, AND MOST RECENT AUDIT REPORTS ARE AVAILABLE AT [HTTP://WWW.ACCFB.ORG/ABOUT\\_US/ABOUT\\_FAD/](http://www.accfb.org/about_us/about_fad/). THESE DOCUMENTS AND OTHERS INCLUDING CONFLICT OF INTEREST POLICY AND PRIOR YEAR'S TAX RETURNS AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AND VIA CHARITY NAVIGATOR: [WWW.CHARITYNAVIGATOR.ORG](http://www.charitynavigator.org) AND GUIDESTAR.

PART XII, LINE 2C EXPLANATION:

THERE HAS BEEN NO CHANGE TO THE PROGRAM'S PROCESS.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
9	TRANSPORTATION EQUIPMENT	07/01/94	SL	5.00		16	10,802.				10,802.	10,801.		0.	10,801.
17	TRANSPORTATION EQUIPMENT	07/01/04	SL	5.00		16	24,348.				24,348.	24,348.		0.	24,348.
23	TRANSPORTATION EQUIPMENT	07/01/10	SL	5.00		16	97,688.				97,688.	97,688.		0.	97,688.
45	TRANSPORTATION EQUIPMENT	07/01/06	SL	5.00		16	72,249.				72,249.	72,249.		0.	72,249.
46	TRANSPORTATION EQUIPMENT	07/01/09	SL	5.00		16	70,755.				70,755.	70,755.		0.	70,755.
47	TRANSPORTATION EQUIPMENT	07/01/10	SL	5.00		16	77,636.				77,636.	75,046.		0.	75,046.
66	TRANSPORTATION EQUIPMENT	12/01/11	SL	5.00		16	124,576.				124,576.	89,279.		24,915.	114,194.
79	VEHICLES	03/01/13	SL	5.00		16	134,669.				134,669.	62,846.		26,934.	89,780.
85	TRUCK - 2014 INTL (V18)	07/01/13	SL	5.00		16	7,640.				7,640.	3,056.		1,528.	4,584.
90	VEHICLES	07/01/14	SL	5.00		16	3,173.				3,173.	635.		635.	1,270.
95	VEHICLES	07/01/15	SL	5.00		16	186,632.				186,632.			32,555.	32,555.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						810,168.				810,168.	506,703.		86,567.	593,270.
	* 990 PAGE 10 TOTAL -						810,168.				810,168.	506,703.		86,567.	593,270.
	BUILDINGS														
1	BUILDING	07/01/04	SL	39.00	MM	16	5,884,597.				5,884,597.	1,615,368.		150,887.	1,766,255.
2	BUILDING	07/01/05	SL	39.00	MM	16	476,358.				476,358.	122,493.		12,214.	134,707.
3	BUILDING	07/01/06	SL	39.00	MM	16	67,431.				67,431.	15,909.		1,729.	17,638.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	BUILDING	07/01/09	SL	39.00	MM	16	38,923.				38,923.	25,155.		998.	26,153.
5	BUILDING	07/01/10	SL	10.00		16	13,812.				13,812.	7,665.		1,381.	9,046.
6	BUILDING	01/01/11	SL	39.00	MM	16	905,595.				905,595.	102,417.		23,220.	125,637.
7	BUILDING IMPROVEMENTS	06/27/11	SL	10.00		16	12,500.				12,500.	5,103.		1,250.	6,353.
34	BUILDING	07/01/05	SL	5.00		16	3,567.				3,567.	3,567.		0.	3,567.
35	BUILDING	07/01/05	SL	10.00		16	659,961.				659,961.	659,961.		0.	659,961.
60	BUILDING	12/01/10	SL	5.00		16	9,232.				9,232.	8,462.		770.	9,232.
61	BUILDING	09/01/10	SL	39.00	MM	16	27,177.				27,177.	3,336.		697.	4,033.
62	BUILDING	06/01/11	SL	5.00		16	5,087.				5,087.	4,153.		934.	5,087.
67	BUILDING	11/01/11	SL	10.00		16	5,215.				5,215.	1,900.		522.	2,422.
68	BUILDING	03/01/12	SL	39.00	MM	16	12,935.				12,935.	1,079.		332.	1,411.
69	BUILDING	01/01/12	SL	10.00		16	7,229.				7,229.	2,520.		723.	3,243.
70	BUILDING IMPROVEMENTS	09/23/11	SL	10.00		16	35,921.				35,921.	13,374.		3,592.	16,966.
80	BUILDING	07/01/12	SL	10.00		16	3,160.				3,160.	865.		316.	1,181.
81	BUILDING	12/01/12	SL	39.00	MM	16	969,948.				969,948.	64,248.		24,870.	89,118.
82	BUILDING	02/01/13	SL	20.00		16	5,500.				5,500.	665.		275.	940.
83	TSHIRT WALL PROJECT	07/01/13	SL	39.00	MM	16	521.				521.	26.		13.	39.
84	AC SECURITY CAGE - REED BRO	07/01/13	SL	39.00	MM	16	4,807.				4,807.	246.		123.	369.

528111  
04-01-15

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	BUILDING	07/01/14	SL	20.00		16	23,457.				23,457.	1,149.		1,173.	2,322.
87	BUILDING IMPROVEMENTS	07/01/14	SL	30.00		16	667,558.				667,558.	22,252.		22,252.	44,504.
92	BUILDING	07/01/15	SL	20.00		16	56,564.				56,564.			2,828.	2,828.
93	IMPROVEMENTS	07/01/15	SL	30.00		16	51,575.				51,575.			1,719.	1,719.
	* 990 PAGE 10 TOTAL BUILDINGS						9,948,630.				9,948,630.	2,681,913.		252,818.	2,934,731.
	* 990 PAGE 10 TOTAL -						9,948,630.				9,948,630.	2,681,913.		252,818.	2,934,731.
	FURNITURE & FIXTURES														
27	FURNITURE & FIXTURES	07/01/05	SL	10.00		16	52,716.				52,716.	52,716.		0.	52,716.
48	FURNITURE & FIXTURES	07/01/05	SL	5.00		16	6,663.				6,663.	6,663.		0.	6,663.
50	FURNITURE & FIXTURES	07/01/09	SL	5.00		16	3,901.				3,901.	3,901.		0.	3,901.
54	FURNITURE & FIXTURES	01/01/01	SL	5.00		16	3,240.				3,240.	3,240.		0.	3,240.
55	FURNITURE & FIXTURES	04/01/97	SL	5.00		16	8,119.				8,119.	8,119.		0.	8,119.
56	FURNITURE & FIXTURES	08/01/06	SL	5.00		16	1,088.				1,088.	1,088.		0.	1,088.
57	FURNITURE & FIXTURES	07/01/10	SL	5.00		16	5,269.				5,269.	5,156.		0.	5,156.
58	FURNITURE & FIXTURES	01/01/11	SL	5.00		16	1,529.				1,529.	1,529.		0.	1,529.
59	FURNITURE & FIXTURES	02/01/11	SL	10.00		16	68,597.				68,597.	33,261.		6,860.	40,121.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						151,122.				151,122.	115,673.		6,860.	122,533.
	* 990 PAGE 10 TOTAL -						151,122.				151,122.	115,673.		6,860.	122,533.



2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
51	LAND	07/01/04	L				1,468,422.				1,468,422.			0.	
88	LAND	07/01/14	L				18,493.				18,493.			0.	
	* 990 PAGE 10 TOTAL LAND						1,486,915.				1,486,915.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						1,486,915.				1,486,915.	0.		0.	0.
	FURNITURE & FIXTURES														
75	FURNITURE & FIXTURES	11/01/12	SL	5.00		16	3,444.				3,444.	1,823.		689.	2,512.
76	FURNITURE & FIXTURES	12/01/12	SL	10.00		16	53,656.				53,656.	13,862.		5,366.	19,228.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						57,100.				57,100.	15,685.		6,055.	21,740.
	MACHINERY & EQUIPMENT														
28	OFFICE EQUIPMENT	07/01/06	SL	5.00		16	4,017.				4,017.	4,017.		0.	4,017.
29	OFFICE EQUIPMENT	07/01/08	SL	5.00		16	17,163.				17,163.	17,163.		0.	17,163.
30	OFFICE EQUIPMENT	07/01/09	SL	5.00		16	32,969.				32,969.	32,969.		0.	32,969.
31	OFFICE EQUIPMENT	07/01/10	SL	5.00		16	9,903.				9,903.	9,903.		0.	9,903.
36	OFFICE EQUIPMENT	07/01/03	SL	5.00		16	32,570.				32,570.	32,570.		0.	32,570.
37	OFFICE EQUIPMENT	07/01/05	SL	5.00		16	21,606.				21,606.	21,606.		0.	21,606.
40	OFFICE EQUIPMENT	07/01/02	SL	5.00		16	4,125.				4,125.	4,125.		0.	4,125.
41	OFFICE EQUIPMENT	07/01/04	SL	5.00		16	8,631.				8,631.	8,631.		0.	8,631.

528111  
04-01-15

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	OFFICE EQUIPMENT	10/01/11	SL	5.00		16	16,663.				16,663.	12,304.		3,333.	15,637.
64	OFFICE EQUIPMENT	04/01/12	SL	5.00		16	114,258.				114,258.	74,231.		22,852.	97,083.
71	OFFICE EQUIPMENT	01/01/11	SL	5.00		16	14,909.				14,909.	12,662.		1,491.	14,153.
77	OFFICE EQUIPMENT	07/01/12	SL	5.00		16	23,498.				23,498.	12,449.		4,700.	17,149.
89	OFFICE EQUIPMENT	07/01/14	SL	5.00		16	5,944.				5,944.	25.		1,189.	1,214.
94	OFFICE EQUIPMENT	07/01/15	SL	5.00		16	56,441.				56,441.			11,288.	11,288.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						362,697.				362,697.	242,655.		44,853.	287,508.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						419,797.				419,797.	258,340.		50,908.	309,248.
8	WAREHOUSE EQUIPMENT	07/01/90	SL	5.00		16	1,145.				1,145.	1,145.		0.	1,145.
10	WAREHOUSE EQUIPMENT	07/01/97	SL	5.00		16	1,003.				1,003.	1,003.		0.	1,003.
11	WAREHOUSE EQUIPMENT	07/01/98	SL	5.00		16	2,138.				2,138.	2,138.		0.	2,138.
12	WAREHOUSE EQUIPMENT	07/01/99	SL	5.00		16	18,342.				18,342.	18,342.		0.	18,342.
13	WAREHOUSE EQUIPMENT	01/01/00	SL	5.00		16	7,560.				7,560.	7,560.		0.	7,560.
14	WAREHOUSE EQUIPMENT	07/01/01	SL	5.00		16	10,051.				10,051.	10,051.		0.	10,051.
15	WAREHOUSE EQUIPMENT	07/01/02	SL	5.00		16	5,095.				5,095.	5,095.		0.	5,095.
16	WAREHOUSE EQUIPMENT	07/01/03	SL	5.00		16	3,566.				3,566.	3,566.		0.	3,566.
18	WAREHOUSE EQUIPMENT	07/01/05	SL	10.00		16	404,071.				404,071.	404,071.		0.	404,071.

528111  
04-01-15

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	WAREHOUSE EQUIPMENT	07/01/06	SL	5.00		16	25,729.				25,729.	25,729.		0.	25,729.
20	WAREHOUSE EQUIPMENT	07/01/07	SL	5.00		16	21,061.				21,061.	21,061.		0.	21,061.
21	WAREHOUSE EQUIPMENT	07/01/08	SL	5.00		16	5,460.				5,460.	5,460.		0.	5,460.
22	WAREHOUSE EQUIPMENT	07/01/09	SL	5.00		16	16,063.				16,063.	16,063.		0.	16,063.
24	WAREHOUSE EQUIPMENT	06/01/10	SL	5.00		16	23,681.				23,681.	23,681.		0.	23,681.
33	WAREHOUSE EQUIPMENT	07/01/94	SL	5.00		16	3,283.				3,283.	3,283.		0.	3,283.
65	WAREHOUSE EQUIPMENT	08/01/11	SL	5.00		16	20,799.				20,799.	15,706.		4,160.	19,866.
78	WAREHOUSE EQUIPMENT	11/01/12	SL	5.00		16	15,000.				15,000.	6,948.		3,000.	9,948.
91	WAREHOUSE EQUIPMENT	07/01/14	SL	5.00		16	18,672.				18,672.	3,184.		3,734.	6,918.
96	WAREHOUSE EQUIPMENT	07/01/15	SL	5.00		16	7,212.				7,212.			1,442.	1,442.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						609,931.				609,931.	574,086.		12,336.	586,422.
	* 990 PAGE 10 TOTAL -						609,931.				609,931.	574,086.		12,336.	586,422.
	* GRAND TOTAL 990 PAGE 10 DEPR						13426563.				13426563.	4,136,715.		409,489.	4,546,204.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						13068139.			0.	13068139.	4,136,715.			
	ACQUISITIONS						358,424.			0.	358,424.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						13426563.			0.	13426563.	4,136,715.			



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>ALAMEDA COUNTY COMMUNITY FOOD BANK</b>	Employer identification number (EIN) or <b>94-2960297</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 2599</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94614-0599</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**AMY DONOVAN, CHIEF FINANCIAL OFFICER**

• The books are in the care of  **7900 EDGEWATER DRIVE - OAKLAND, CA 94621**  
 Telephone No.  **510-635-3663** Fax No.  **510-635-3773**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2017**.

**5** For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO ATTAIN THE INFORMATION TO FILE AN ACCURATE RETURN**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date