

			** PUBLIC DISCLOSURE COPY *		
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatior	¹⁵⁾ 2018
Department of the Treasury			Do not enter social security numbers on this form as it ma		Open to Public
-		enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
				JUN 30, 2019	
В	Check if applicab	le: C Name of	organization	D Employer identifie	cation number
	Addre	ess אד אש	EDA COUNTY COMMUNITY FOOD BANK		
F	chang Name			91-2	960297
F	chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room/si		
F	returr Final	P O	BOX 2599	(510	
	⊥returr termii ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	68,201,286.
Г	Amer	nded OAKT.	AND, CA 94614-0599	H(a) Is this a group re	
	Appli		nd address of principal officer: SUZAN BATESON		? Yes X No
	pendi		AS C ABOVE	H(b) Are all subordinates in	
		empt status:		527 If "No," attach a	list. (see instructions)
			ACCFB.ORG	H(c) Group exemptio	
		f organization:	X Corporation Trust Association Other ▶ L Y	ear of formation: 1985 N	State of legal domicile: CA
P	art I	Summary			
ø	1		e the organization's mission or most significant activities: ALAMEDA		LTY FOOD
anc			SSIONATELY PURSUES A HUNGER-FREE COMMU		
Governance	2		x if the organization discontinued its operations or disposed of m		ets. 15
200	3		ing members of the governing body (Part VI, line 1a)		15
			ependent voting members of the governing body (Part VI, line 1b)		134
ties	6		of volunteers (estimate if necessary)		22955
Activities &	0 7a		d business revenue from Part VIII, column (C), line 12		0.
Ă	b		business taxable income from Form 990-T, line 38		0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	64,180,423.	65,790,541.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	656,105.	783,262.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	171,876.	242,943.
Ξ.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-136,439.	5,347.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,871,965.	66,822,093.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	48,856,016.	44,648,338.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>8,815,791.</u> 0.	9,660,818.
Sue	10a	Total fundraia	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 2,377,732.	0.	0.
Expenses	17			8,688,550.	9,396,994.
	18	-	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,360,357.	63,706,150.
	19		expenses. Subtract line 18 from line 12	-1,488,392.	3,115,943.
or				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	22,823,719.	26,307,417.
ASS	21		(Part X, line 26)	1,197,710.	1,455,758.
Net	22		fund balances. Subtract line 21 from line 20	21,626,009.	24,851,659.
	art II				
			I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	

Sign Here	Signature of officer SUZAN BATESON, EXECUTI Type or print name and title	VE DIRECTOR	Date								
Paid	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK	Date Check PTIN 01/27/20 self-employed P00545829								
Preparer	Firm's name MOSS ADAMS LLP		Firm's EIN ► 91-0189318								
Use Only											
	LOS ANGELES, CA 90024 Phone no. 310-477-0450										
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
			– 000 (co.								

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

1	Check if Schedule O contains a response or note to any line in this Part III				
	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 If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?				
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.				
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$ 54,413,939. including grants of \$ 44,648,338.) (Revenue \$ 783,262.				
	FOOD DISTRIBUTION AS ALAMEDA COUNTY'S CENTRAL CLEARINGHOUSE FOR				
	DONATED, SURPLUS AND PURCHASED FOOD FOR NONPROFIT AGENCIES,				
	THE FOOD BANK DISTRIBUTED 32.4 MILLION POUNDS OF FOOD				
	INCLUDING 16.4 MILLION POUNDS OF FRESH FRUITS AND VEGETABLES IN THE 2019 FISCAL YEAR (32.6 MILLION POUNDS OF FOOD INCLUDING				
	17.5 MILLION OF FRESH FRUITS AND VEGETABLES IN THE 2018 FISCAL				
	YEAR). THE FOOD WAS PROCURED FROM PURCHASED FOOD, DONATIONS,				
	GOVERNMENT, AND OUR FOOD RECOVERY PROGRAM. THE FOOD BANK				
	PRIMARILY DISTRIBUTES THIS FOOD THROUGH A NETWORK OF MORE THAN				
	200 STRATEGICALLY LOCATED MEMBER AGENCIES. THE FOOD				
	DISTRIBUTION PROGRAM ALSO INCLUDES PROGRAMS SUCH AS THE CHILDREN'S BACK PACK PROGRAM, COLLEGE AND UNIVERSITY PROGRAMS,				
4b	1 011 520				
-10	(Code:) (Expenses \$1,911,530. including grants of \$) (Revenue \$) OUTREACH MULTILINGUAL OUTREACH INCLUDES THE FOOD HELPLINE, FOODNOW.NET,				
	COMIDAAHORA.NET, AND CAL FRESH OUTREACH. SINCE 1994, CALLERS TO THE				
	HELPLINE HAVE BEEN ABLE TO RECEIVE A SAME-DAY BAG OF FOOD, OR HOT				
	MEAL AT A LOCATION IN OR NEAR THEIR NEIGHBORHOOD. THE CALFRESH				
	(FORMERLY KNOWN AS FOOD STAMPS AND KNOWN NATIONWIDE AS SNAP) OUTREACH PROGRAM, SERVES AS THE BLUEPRINT FOR PROGRAMS ACROSS THE				
	NATION. THE FOOD BANK'S CALFRESH OUTREACH STAFF GUIDES ELIGIBLE				
	COMMUNITY MEMBERS THROUGH THE THE APPLICATION PROCESS WORKING				
	THROUGH THE ALAMEDA COUNTY SOCIAL SERVICES AGENCY. APPLICATIONS				
	SUBMITTED EQUALED 4,495 DURING THE YEAR ENDED JUNE 30, 2019				
	(4,826 IN 2018).				
4	(Code:) (Expenses \$1, 483, 695. including grants of \$) (Revenue \$)				
4C	AGENCY SERVICES				
	THE FOOD BANK SUPPORTS ITS 200 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.				
	NUTRITION PROGRAMS - THE FOOD BANK SUPPORTS ITS 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				
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ 1,523,881. including grants of \$) (Revenue \$) Total program service expenses ▶ 59,333,045.				
40					
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
~ ~	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	~ ~		v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		3 0a		- 23
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2018)			COMMUNITY		
Part V Sta	tements Regarding Ot	her IRS Fili	ings and Tax Co	omplian	ce (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	134			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	rgifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a 7b	^ X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as req	uirea	7c		x
Ь	If INVersity is the theorem of English and the second	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	.			
а	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		10-		
		12b		12a		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	·			
				13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			Iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

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Form 990	(2018)
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ALAMEDA COUNTY COMMUNITY FOOD BANK

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

X

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.

Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			[6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			[7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?			[7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form	ı?	11a	Х	
b	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				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···· [
	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization			[15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a				
	taxable entity during the year?			[16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA , CO , IL , MA , N	J,N	V,NY,OH,	OR,	WA		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	id 990	T (Section 501(c)(3)s (only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			, and f	inanci	al	
	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 boo	oks an	d records				
	AMY DONOVAN, CHIEF FINANCIAL OFFICER - (510) 635-36						
	7900 EDGEWATER DRIVE, OAKLAND, CA 94621						
332006	12-31-18				Form	990	(2018)
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Part VII	Compensation of Officers, Director	rs, Trustees, Key Employees,	, Highest Compensated
	Employees, and Independent Cont	ractors	

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. Т

		l	mzu			iper	Jour			(E)
(A)	(B)				C) ition	h		(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an		Reportable compensation	Reportable	Estimated				
	hours per		, unles cer an					compensation compensation from from related		amount of other
	week (list any	tor						the	organizations	compensation
	hours for	direct				5		organization	(W-2/1099-MISC)	from the
	related	e or	stee			Isate		(W-2/1099-MISC)	()	organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) DAWN WILLOUGBY	1.00									
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(2) BETH STRACHAN	1.00									
BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) SAYED DARWISH	1.00									
BOARD SECRETARY	0.00	Х		Х				0.	0.	0.
(4) ROBERT ANDERSEN	1.00									
BOARD TREASURER	0.00	Х		Х				0.	0.	0.
(5) SARA WEBBER	1.00									
BOARD NETWORK CHAIRPERSON	0.00	Х						0.	0.	0.
(6) EDWARD (TED) MONK	1.00									
BOARD PAST CHAIR	0.00	Х						0.	0.	0.
(7) CHRIS GAITHER	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(8) CJ BHALLA	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(9) KRISTA LUCCHESI	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(10) CHUCK REINHARD	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(11) DANIELLE COLEMAN	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(12) IAN CASTILLE	1.00									
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(13) ROBIN NEBEL	1.00									•
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(14) RUBEN CANEDO	1.00								•	0
BOARD DIRECTOR	0.00	х						0.	0.	0.
(15) TIFFANY BARBOUR	1.00								•	0
BOARD DIRECTOR	0.00	Х						0.	0.	0.
(16) DOUGLAS ELEFANT	1.00									^
BOARD DIRECTOR (THRU 12/31/18)	0.00	X			<u> </u>			0.	0.	0.
(17) JENNIFER CABALQUINTO	1.00							_		•
BOARD DIRECTOR (THRU 12/31/18)	0.00	Х						0.	0.	0.
832007 12-31-18				_	-					Form 990 (2018)

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ALAMEDA COUNTY COMMUNITY FOOD BANK 94-2960297 Page 8

Form 990 (2018) ALAMEDA	COUNTY C	COM	IUM	NI	ТΥ	FC	00	D BANK	94-296	0297	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees, a	and	l Hig	hest	Co	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average			Posi	ition			Reportable	Reportable		imated
Nume and the	hours per					han one both a		compensation	compensation		ount of
	week					/trustee		from	from related		other
	(list any	tor						the	organizations		ensation
	hours for	direc						organization	(W-2/1099-MISC)		m the
	related	e or	stee		ŀ	Isate		(W-2/1099-MISC)	()		nization
	organizations	ruste	al tru:		/ee	mper		()			related
	below	dual t	ltion	_	lo ld u	st co iyee	5				nizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) JOEL DICKSON	1.00			_							
BOARD DIRECTOR (THRU 12/31/18)	0.00	х						0.	0	•	Ο.
(19) JON FIELDMAN	1.00										-
BOARD DIRECTOR (THRU 12/31/18)	0.00	х						0.	0		0.
(20) TEENA MASSINGILL	1.00			_						·	
BOARD DIRECTOR (THRU 12/31/18)	0.00	x						0.	0		0.
		<u> </u>	\vdash		$ \rightarrow $		_	0.	0	•	0.
(21) SYDNEY FIRESTONE	1.00								•		•
BOARD DIRECTOR (THRU 12/31/18)	0.00	Х					_	0.	0	•	0.
(22) JAN MARKWART	1.00							0	0		0
BOARD DIRECTOR (THRU 12/31/18)	0.00	Х					_	0.	0	•	0.
(23) SUZAN BATESON	37.50	-							0		0.01
EXECUTIVE DIRECTOR	0.00			X				265,516.	0	<u> </u>	,961.
(24) AMY DONOVAN	37.50	-							0		202
CHIEF FINANCIAL OFFICER	0.00			X				161,767.	0	<u>· 29</u>	,303.
(25) BARBARA DARROW BLAKE	37.50	-						101 662	0		C C 1
CHIEF DEVELOPMENT OFFICER	0.00					Х	_	171,663.	0	<u>· 28</u>	,661.
(26) ALLISON PRATT	37.50							1 6 1 6 0 1			6 4 0
CHIEF STRATEGY AND PROGRAM	0.00					Х	_	161,601.	0		,643.
1b Sub-total						Þ	▶	760,547.	0	<u>. 120</u>	,568.
c Total from continuation sheets to Part VI	I, Section A					Þ	▶	367,204.	0		,328.
d Total (add lines 1b and 1c)						🕨	▶	1,127,751.	0	. 202	,896.
2 Total number of individuals (including but n							rec	ceived more than \$100,	000 of reportable		
compensation from the organization											12
											Yes No
3 Did the organization list any former officer,	director. or tru	ustee	e. kev	/ em	volar	vee. o	or h	ighest compensated en	nplovee on		
line 1a? If "Yes," complete Schedule J for s	-							•		3	X
4 For any individual listed on line 1a, is the su											
											x
and related organizations greater than \$150										4	<u></u>
5 Did any person listed on line 1a receive or a	-				-			-			37
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or suc	ch p	perso	<u>n</u>				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	-	-								ation fror	n
the organization. Report compensation for	the calendar ye	ear e	nding	g wi	ith or	r with	<u>nin t</u>		ear.		
(A)								(B)		(C)	
Name and business								Description of s	ervices	Compen	sation
HILL & COMPANY COMMUNICAT											
1290 B STREET, SUITE 201,								ADVERTISING		310	,064.
WORDS DATA AND IMAGES, LI	C. DBA	GA	BRI	E]	ГĢ	GRO					
3190 RIDER TRAIL SOUTH, E	CARTH CI	ΤY	, M	10	63	304	Ē	DIRECT MAIL		244	,449.
							\bot				
2 Total number of independent contractors (i	-	ot lin	nited	to t	-		ed a	above) who received mo	bre than		
\$100,000 of compensation from the organi		1 7 3 7	ח גדד	<u>n </u>	2 0NI		د ت آ	F MC			
SEE PART VII, SECTION	A CONT	·τN	UA'I	г. Т (UN	SH	Ľ	ET.2		Form 9	90 (2018)

SEE PART VII, SECTION A CONTINUATION SHEETS 832008 12-31-18 8

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Form 990 ALAMEDA	COUNTY C	:OM	IMU	NI	TΥ	F	00	D BANK	94-296	0297
Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours	(cl		(C Posi (all 1			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ERICK LOVDAHL DIRECTOR OF OPERATIONS	37.50					x		140,007.	0.	24,304.
(28) SAM LAVANAWAY (THRU 4/26/19) DIRECTOR OF IT	37.50					x		116,728.	0.	29,445.
(29) MINDY TRAN	37.50									
DIRECTOR OF FINANCE	0.00					X		110,469.	0.	28,579.
		-								
Total to Part VII, Section A, line 1c		<u> </u>	<u> </u>	I	<u> </u>	I		367,204.		82,328.

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Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any line	e 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
tt str	1 a	Federated campaigns						
Srar our	b	Membership dues						
Am (С	Fundraising events		808,908.				
lar İar	d	Related organizations						
ns, Sini	е	Government grants (contributio		9,399,682.				
er E	f	All other contributions, gifts, grant		FF F01 0F1				
- di B		similar amounts not included abov		55,581,951.				
Contributions, Gifts, Grants and Other Similar Amounts	g b	Noncash contributions included in lines 1 Total. Add lines 1a-1f	-	45,883,132.	65,790,541.			
00				Business Code				
n	2 a	FOOD PURCHASE REVENUE		900099	1,050,033.	1,050,033.		
Program Service Revenue	b			900099	19,183.	19,183.		
Ser	c	AGENCY FREE CREDITS		900099	-285,954.	-285,954.		
an	d							
Bag	е							
Ā	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		►	783,262.			
	3	Investment income (including o	dividends, intere	est, and				
		other similar amounts)			241,927.			241,927.
	4	Income from investment of tax		1				
	5	Royalties						
	-		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 0	assets other than inventory	1,098,350.					
	b	Less: cost or other basis						
		and sales expenses	1,097,334.					
	с	Gain or (loss)						
	d	Net gain or (loss)		🕨	1,016.			1,016.
Ð	8 a	Gross income from fundraising	g events (not					
Other Revenue		including \$808 ,	908. of					
leve		contributions reported on line	-					
er F		Part IV, line 18						
ft		Less: direct expenses		281,859.	0			
-		Net income or (loss) from fund	-	▶	0.			
	9 а	Gross income from gaming act						
	Ь	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue	Э	Business Code				
	11 a	RECYCLING INCOME		900099	3,447.			3,447.
	b	MISCELLANEOUS INCOME		900099	1,900.			1,900.
	с							
		All other revenue						
		Total. Add lines 11a-11d			5,347.	E00.055	-	040.000
	12	Total revenue. See instructions		►	66,822,093.	783,262.	0.	248,290.
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Form 990 (2018)

	ALAMEDA	COUNTI	
atomont	of Dovonue		

ALAMEDA COUNTY COMMUNITY FOOD BANK Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	plete all columns. All othe			
	not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	44,648,338.	44,648,338.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	514,624.	170,860.	239,639.	104,125.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,692,801.	4,641,419.	1,049,700.	1,001,682.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	291,656.	207,685.	44,281.	39,690.
9	Other employee benefits	1,637,347.	1,238,604.	184,161.	214,582.
10	Payroll taxes	524,390.	357,803.	89,041.	77,546.
11	Fees for services (non-employees):	, ,	. ,	,	,
a	Management				
b	Legal	10,331.		10,331.	
c	Accounting	54,395.		54,395.	
		51,291.	51,291.	51/5551	
	Lobbying Professional fundraising services. See Part IV, line 17	51,251.	51,2510		
e 4	-				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	656,497.	546,659.	13,033.	96,805.
	column (A) amount, list line 11g expenses on Sch 0.)	277,530.	240,973.	13,033.	36,557.
12	Advertising and promotion	322,851.	-	147,966.	34,900.
13	Office expenses		139,985.		
14	Information technology	492,003.	283,980.	47,046.	160,977.
15	Royalties	002 021	000 010	F 720	4 0 0 0
16	Occupancy	293,931.	283,213.	5,738.	4,980.
17	Travel	80,572.	49,474.	15,019.	16,079.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots		~~ == ~	10.004	10.010
19	Conferences, conventions, and meetings	59,287.	33,753.	13,324.	12,210.
20	Interest				
21	Payments to affiliates				~~
22	Depreciation, depletion, and amortization	687,336.	609,258.	38,606.	39,472.
23	Insurance	88,739.	61,076.	23,601.	4,062.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD HANDLING AND PURCH	4,559,823.	4,559,823.		
b	VEHICLES	688,657.	688,657.		
с	RESOURCE DEVELOPMENT	509,194.	27,412.		481,782.
d	EQUIPMENT	243,169.	228,169.	15,000.	
е	All other expenses	321,388.	264,613.	4,492.	52,283.
25	Total functional expenses. Add lines 1 through 24e	63,706,150.	59,333,045.	1,995,373.	2,377,732.
26	Joint costs. Complete this line only if the organization				· ·
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			1		
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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ALAMEDA	COUNTY	COMMUNITY	FOOD	BANK

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га	ιx	Dalance Offeet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,509,971.	1	513,088.
	2	Savings and temporary cash investments	2,285,788.	2	3,382,291.
	3	Pledges and grants receivable, net	1,191,587.	3	3,612,991.
	4	Accounts receivable, net	50,105.	4	84,656.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use	1,391,315.	8	2,310,191.
	9	Prepaid expenses and deferred charges	227,039.	9	295,386.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a16,349,006.Less: accumulated depreciation10b6,014,371.	10 400 016		10 224 625
			10,400,216.	10c	10,334,635. 5,774,179.
	11	Investments - publicly traded securities	4,767,698.	11	5,//4,1/9.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,823,719.	15	26 307 /17
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,112,071.	16 17	26,307,417. 1,414,095.
	17 18	Accounts payable and accrued expenses	1,112,071•	17	1,111,000.
	19	Grants payable Deferred revenue	85,639.	19	41,663.
	20	Tax-exempt bond liabilities		20	11/0000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľï.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	4 4 4 5 5 4 6	25	
	26	Total liabilities. Add lines 17 through 25	1,197,710.	26	1,455,758.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			21 700 026
anc	27	Unrestricted net assets	20,622,697. 1,003,312.	27	21,708,826.
Bal	28	Temporarily restricted net assets	1,003,312.	28	3,142,833.
р	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	20	and complete lines 30 through 34.		20	
set	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		<u>30</u> 31	
t As	32	Detained any income and any state of the second state of the secon		32	
Nei	33	Total net assets or fund balances	21,626,009.	33	24,851,659.
	34	Total liabilities and net assets/fund balances	22,823,719.	34	26,307,417.

Form **990** (2018)

Form 990 (20

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018)		ALA
Ba	lance	Sheet	

	1990 (2018) ALAMEDA COUNTY COMMUNITY FOOD BANK	94-2	960297	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
					<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,822		
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,706		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,115	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,626	<u> </u>	
5	Net unrealized gains (losses) on investments	5	109),7	07.
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	24,851	.,6	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
-			Form	aan	(0010)

Form **990** (2018)

832012 12-31-18

SCHE	DUL	.E A
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Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2018
Open to Public Inspection

s)

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection					
Name	e of t	the organizati	on		Employer identification numb							
			ALAM	EDA COUNTY	COMMUNITY FO	DOD BA	ANK			4-2960297		
Par	tl	Reason	for Public C	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	3.			
The o	rgan	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1 [A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	l)(A)(i).				
2 [A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:											
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	ite, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Χ				ntial part of its support fr				ne general r	oublic described in		
-				omplete Part II.)		5			5			
8					(1)(A)(vi). (Complete Par	EIL)						
9					in section 170(b)(1)(A)(ed in conii	inction with a	land-grant	college		
		-	-	-	ulture (see instructions).		-		-	-		
		university:		grant concept of agric			namo, ony	, and state of	the conege			
10			ion that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from o	contributio	ns memberst	nin fees an	d aross receipts from		
		•		•	ct to certain exceptions,				•	•		
					(less section 511 tax) fro							
							sses acqui	red by the org	janization a	arter Julie 30, 1973.		
11 [mplete Part III.)	valu to toot for public oo	intu Can	oootion El	O(-)(4)				
-		-	-	-	vely to test for public sat	•			way out the	numpered of one or		
12		-	-	-	vely for the benefit of, to				•			
				-	d in section 509(a)(1) o					JNECK THE DOX IN		
_		-	-	• •	f supporting organizatior		-		-			
а				-	upervised, or controlled	• • • •	-					
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
		¬ -		complete Part IV, Se								
b				-	or controlled in connect			-		-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		¬ ~	. ,	t complete Part IV,								
С			-		g organization operated				ly integrate	ed with,		
		_ its support	ed organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)		
			-		ation generally must sat	-		-	an attentiv	/eness		
		requiremer	nt (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .				
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	/ integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.					
f	Ente	er the number	of supported o	organizations								
g				n about the supporte		(iii) is the even						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of		(vi) Amount of other		
		organizatior	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instruction		
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990 EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	• (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	62118042.	68202637.	74664042.	64180423.	65790541.	334955685
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	62118042.	68202637.	74664042.	64180423.	65790541.	334955685
5							
	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)						126761360
6	Public support. Subtract line 5 from line 4.						208194325
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		68202637.	74664042.	64180423.		334955685
8							
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	115,056.	137,855.	150,909.	176,054.	241,927.	821,801.
٩	Net income from unrelated business		20170000	200,0000			
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	22,924.	10,135.	12,176.	9,991.	5,347.	60,573.
44	Total support. Add lines 7 through 10	22,521.	10,100.	12,1700	5,5510		335838059
	Gross receipts from related activities.						,436,158.
	First five years. If the Form 990 is fo		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d fourth or fifth to		· · · · ·	,430,130.
13	organization, check this box and sto	-			-		
Sec	ction C. Computation of Publ	ic Support Per					
	Public support percentage for 2018 (olumn (fl)		14	61.99 %
	Public support percentage from 2017		•			15	60.39 %
	33 1/3% support test - 2018. If the						
104	stop here. The organization qualifies						N V
h	33 1/3% support test - 2017. If the		-		lino 15 is 22 1/20/		
D.	and stop here. The organization qua						
47-			•••••		10 16a ar 16b d		
178	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
1-	meets the "facts-and-circumstances"	-	-	• • • • •			
0	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-cire						
18	Private foundation. If the organization	UN DID NOT CHECK A	box on line 13, 16	a, 100, 1/a, or 1/t			
					SCNE	euule A (FORM 990) or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	•					
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
83202	23 10-11-18			_	Sch	edule A (Form 99	0 or 990-EZ) 2018
			16	<u>,</u>			

2018.05030 ALAMEDA COUNTY COMMUNITY 651583_1

Schedule A (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK

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1

Yes No

Part IV Supporting Organizations

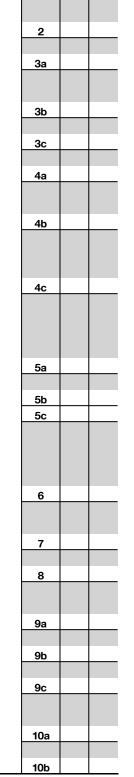
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

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

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832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

2018.05030 ALAMEDA COUNTY COMMUNITY 651583_1

Schedule A (Form 990 or 990 EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK Part IV Supporting Organizations (continued)

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

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832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY			94-2960297 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	plete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

 emergency temporary reduction (see instructions)
 6

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK

га	Type in Non-Functionally integrated 509	allo supporting Orga	mzations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		[
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-E	Z) 2018 ALA	AMEDA	COUNTY	COMM	UNITY	FOOD	BANK	94-2960297	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Informatic lines 1, 2, 3b, tion D, lines 2	01. Provid 3c, 4b, 40 and 3; Pa	de the explan c, 5a, 6, 9a, 9 rt IV, Section	ations requ 9b, 9c, 11a n E, lines 1c	uired by P , 11b, and c, 2a, 2b, 3	art II, line 1 I 11c; Part 3a, and 3b	I0; Part II, line IV, Section B, ; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa	ı C, rt V,
	Section D, lines 5, (See instructions.)	6, and 8; and	Part V, Se	ection E, lines	s 2, 5, and	6. Also co	mplete thi	s part for any	additional information.	
832028 10-11-1	8				21			s	chedule A (Form 990 or 990-	EZ) 2018

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2018

Employer identification number

	ALAMEDA	COUNTY	COMMUNITY	FOOD	BANK	94-2960297
Organization type (che	eck one):					
Filers of:	Section:					

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

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

General Rule

📙 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

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

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

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

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

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

Name of organization

Employer identification number

94-2960297

ALAMEDA COUNTY COMMUNITY FOOD BANK

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

		I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>23,039,130.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,422,255.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$ <u>1,790,427.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (20

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

13310127 146892 651583

23 2018.05030 ALAMEDA COUNTY COMMUNITY 651583_1

Employer identification number

94-2960297

ALAMEDA COUNTY COMMUNITY FOOD BANK

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATIONS		
		\$ 23,039,130.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD DONATIONS		
		\$ 5,422,255.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD DONATIONS		
		\$\$_1,790,427.	06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

24

13310127 146892 651583

Schedule B	B (Form 990, 990-EZ, or 990-PF) (2018)				Page 4				
Name of o	rganization				Employer identification number				
ALAMEI	DA COUNTY COMMUNITY FOOD	D BANK			94-2960297				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations descr							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	\$1,000 or less for t	he year. (Enter this info. on	nce.) ▶ \$				
(c) No.	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held				
Part I									
-									
		(e) Transf	fer of gift						
	Transferee's name, address, a	nd $7IP \pm 4$	в	elationshin of tra	ansferor to transferee				
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held				
<u> </u>									
-		(a) T ransf							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of g	упт	(d) Des	cription of how gift is held				
	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
		1							
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held				
Part I									
		(e) Transf	fer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationshin of tra	ansferor to transferee				
ŀ			N						
000454 44				0.1	B (Earm 990 990-EZ or 990-EE) (2018)				

or 990-PF) (2018)

25 2018.05030 ALAMEDA COUNTY COMMUNITY 651583_1

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	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.

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

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.

Department of the Treasury

Internal Revenue Service

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

Nar	me of organization			Emp	oloyer identification	on number
	ALAMED	A COUNTY COMMUNITY	FOOD BANK		94-2960	297
Pa	art I-A Complete if the o	ganization is exempt under	section 501(c) or	is a section 527 or	ganization.	
1	Provide a description of the organ	ization's direct and indirect political	campaign activities in I	Part IV.		
2	Political campaign activity expend	litures		▶	\$	
3	Volunteer hours for political camp	aign activities				
		-				
Pa	art I-B Complete if the or	ganization is exempt under				
1	Enter the amount of any excise ta	x incurred by the organization under	section 4955		\$	
2	Enter the amount of any excise ta	x incurred by organization managers				
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 fo	r this year?		Yes	No
4a	a Was a correction made?		-		Yes	No
	b If "Yes." describe in Part IV.					
Pa	art I-C Complete if the or	ganization is exempt under	section 501(c), e	xcept section 501(c)(3).	
1	Enter the amount directly expend	ed by the filing organization for section	on 527 exempt functio	n activities	\$	
2	Enter the amount of the filing orga	anization's funds contributed to othe	r organizations for sect	tion 527		
	exempt function activities				\$	
3		es. Add lines 1 and 2. Enter here and				
	line 17b				\$	
4		n 1120-POL for this year?				No
5		employer identification number (EIN)				ation
		ation listed, enter the amount paid f				
	contributions received that were	promptly and directly delivered to a s	eparate political organ	ization, such as a separa	te segregated fund	d or a
	political action committee (PAC).	f additional space is needed, provide	e information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount o	

(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. LHA

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

OMB No. 1545-0047

8 ΖU Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2018	ALAMEDA COU	NTY COMMUNI	FY FOOD BANK	$\frac{5}{2} - \frac{94}{2}$	960297 Page 2
Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	1 50 I (C)(3) and file	a Form 5768 (eie	ction under
	tion belongs to an affi	liated group (and list in	Part IV each affiliated	aroup member's name	address FIN
	re of excess lobbying e			group member o name	, addrood, Eir v ,
		nd "limited control" pro	visions apply		
Limi	ts on Lobbying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (arass roots lobbving)		5,649.	
b Total lobbying expenditures to influ	45,642.				
c Total lobbying expenditures (add li	-	• • • •		51,291.	
d Other exempt purpose expenditure				61,805,403.	
e Total exempt purpose expenditure				61,856,694.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	,			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 1i, did the organiza	tion file Form 4720	Г	—
reporting section 4911 tax for this					Yes No
(Some organizations th	hat made a section 50	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
c Total lobbying expenditures	24,945.	30,661.	54,852.	51,291.	161,749.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures			9,724.	5,649.	15,373.

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK 94-2960297 Page 3 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.		Yes	No	Amo	unt
 During the year, did the filing organization attempt to local legislation, including any attempt to influence pu or referendum, through the use of: a Volunteers? 	ublic opinion on a legislative matter				
 b Paid staff or management (include compensation in e c Media advertisements? 	xpenses reported on lines 1c through 1i)?				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	r i i i i i i i i i i i i i i i i i i i				
g Direct contact with legislators, their staffs, government					
 h Rallies, demonstrations, seminars, conventions, spee i Other activities? 	ches, lectures, or any similar means?				
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be					
b If "Yes," enter the amount of any tax incurred under s					
c If "Yes," enter the amount of any tax incurred by orga					
d If the filing organization incurred a section 4912 tax, o	lid it file Form 4720 for this year?				
Part III-A Complete if the organization is ex 501(c)(6).	empt under section 501(c)(4), section	501(c)(5), or sec	tion	
				Yes	No
1 Were substantially all (90% or more) dues received no	ndeductible by members?		1		
2 Did the organization make only in-house lobbying exp	enditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and					
501(c)(6) and if either (a) BOTH Pa answered "Yes."	empt under section 501(c)(4), section art III-A, lines 1 and 2, are answered "	No," OR	(b) Part		3, is
1 Dues, assessments and similar amounts from member			1		
2 Section 162(e) nondeductible lobbying and political e		al			
expenses for which the section 527(f) tax was pair	,				
a Current year					
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) n			3		
4 If notices were sent and the amount on line 2c exceed					
does the organization agree to carryover to the reaso					
expenditure next year?	a (acc instructiona)				
5 Taxable amount of lobbying and political expenditure Part IV Supplemental Information	5 (See Instructions)		5		
	Line 4. Dert I.C. Line 5. Dert II.A. (effiliated arrays		lines 1 -	ad 0 (aaa	
Provide the descriptions required for Part I-A, line 1; Part I-E instructions); and Part II-B, line 1. Also, complete this part for		isi, Fari II-A	, iiries i ai	iu ∠ (See	

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization
Hume	01 010	orgunization

ALAMEDA COUNTY COMMUNITY FOOD BANK

Employer identification number 94-2960297

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferring				
D.							
Par			Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or e		orically important land area				
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
b		· · · · · · · · · · · · · · · · · · ·					
C	Number of conservation easements on a certified historic structure						
d	Number of conservation easements included in (c) acquired a						
3	listed in the National Register						
3	year	eased, extinguished, or terminated by the	organization during the tax				
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
Ũ	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
•	• • • • • • • • • • • • • • • • • • •						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
	► \$		0, 1				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		YesNo				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	the organization's accounting for				
_	conservation easements.						
Par			ner Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describe						
D	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	bic service, provide the following amounts				
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		► ¢				
			• ·				
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial					
2	the following amounts required to be reported under SFAS 1		gan, provide				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018				
	10-29-18						

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Sche		COUNTY CO						94-29			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historie	cal Trea	asures, o	r Othei	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	of the fo	ollowing that	t are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	I 🗌 Loa	n or exch	ange progra	ams					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they f	urther the	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histor	ical treası	ures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganization	answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table):							
									Amount	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		7
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										_
I ai	t V Endowment Funds. Complete i								(-) [haali
4.		(a) Current year	(b) Prior	year	(c) Two yea	rs dack	(a) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
ر ام	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	L			hold oo:						
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	•		numm (a))	neiù as.						
a h	Permanent endowment	%	70								
b	Temporarily restricted endowment										
С	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		tion that ar	a hold and	d administer	ed for th	e organiza	ation			
0a	by:		tion that are		aanninster		ie organiza		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. Se	e Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c		(b) Cost			ccumulate	ed	(d) Bool	k value	е
	1 - 1	basis (investr		basis (preciation		.,		
1a	Land			2,540),575.				2,540	D, 5'	75.
	Buildings		1		3,848.	4,3	332,3		6,72		
	Leasehold improvements					-	-		-		
	Equipment			1,519	9,534.		945,50	03.	574	4,03	31.
	Other				5,049.		736,4		498	3,5'	73.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (l	3). <i>line</i> 10	lc.)			▶ 1	0,334	4,63	35.
							-	<u> </u>	D /F		

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			nd-of-year market value
	(b) BOOK value			iu-or-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (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			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990	Part X line 15	
		110.00010111000,	Turen, into To.	
(a)	Description			(b) Book value
	Description			(b) Book value
(1)	Description			(b) Book value
(1) (2)	Description			(b) Book value
(1) (2) (3)	Description			(b) Book value
(1) (2) (3) (4)	Description			(b) Book value
(1) (2) (3) (4) (5)	Description			(b) Book value
(1) (2) (3) (4) (5) (6)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)			<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (: 15.)	11e or 11f. See Forr (b) Book value	n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organ	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	: 15.)		n 990, Part X, line 2	<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	: 15.)		n 990, Part X, line 2	<pre></pre>

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

13310127 146892 651583

Schedule D (Form 990) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK

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24-	29	υυ	<u> </u>	1	Page •

Part VII	Investments -	- Other	Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must agual Form 000 Dart V col (D) line 12)		

_	dule D (Form 990) 2018 ALAMEDA COUNTY COMMUNITY F		-	-	2960297 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1				1	67,257,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	100 505		
а	Net unrealized gains (losses) on investments		109,707.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	326,193.		
е	Add lines 2a through 2d			2e	435,900.
3	Subtract line 2e from line 1			3	66,822,093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b			4c	0.
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	66,822,093.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	•	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	•	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Output	ents With	Expenses per F	Retur	n.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 2a 2b 2c	Expenses per F	Retur	n. 64,032,343.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 2a 2b 2c 2d	Expenses per F	Retur	n. 64,032,343. 326,193.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per F	1	n. 64,032,343.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F	letur 1 2e	n. 64,032,343. 326,193.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per F	letur 1 2e	n. 64,032,343. 326,193.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d 2d	Expenses per F	letur 1 2e	n. 64,032,343. 326,193.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	letur 1 2e	n. 64,032,343. 326,193. 63,706,150. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. 64,032,343. 326,193. 63,706,150.

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.

US GAAP REQUIRE THE FOOD BANK MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN

BY THE FOOD BANK AND RECOGNIZE A TAX LIABILITY (OR ASSET), IF THE FOOD

BANK HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT

BE SUSTAINED UPON EXAMINATION BY INTERNAL REVENUE SERVICE.

THE FOOD BANK'S EVALUATION ON JUNE 30, 2	2019 AND 2018, REVEALED NO TAX
--	--------------------------------

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832054 10-29-18

Schedule D (Form 990) 2018 ALAMEDA COUNTY COMMUNITY Part XIII Supplemental Information (continued)	TY FOOD BANK 94-2960297 Page
POSITIONS THAT WOULD HAVE A MATERIAL IMPACT	ON THE FINANCIAL STATEMENTS.
THE TAX RETURNS ON THE FOOD BANK ARE SUBJEC	T TO EXAMINATION BY FEDERAL AND
STATE TAXING AUTHORITIES. HOWEVER, THERE AR	E CURRENTLY NO EXAMINATIONS IN
PROGRESS OR PENDING.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS DIRECT EXPENSES	281,859.
IN-KIND SERVICES	44,334.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	326,193.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	201 050
FUNDRAISING EVENTS DIRECT EXPENSES	281,859.
IN-KIND SERVICES TOTAL TO SCHEDULE D, PART XII, LINE 2D	44,334. 326,193.
IOTAL TO SCREDULE D, PART XII, LINE 2D	
922055 10.20 19	Schedule D (Form 990) 20

832055 10-29-18

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2018
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization								entification number
		COUNTY COMMUNITY					94-2960	
	complete this par	 Complete if the organization answe t. 	red "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	vities. (Check all that apply.			
a X Mail solicitat	ions	e X Solicitat	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f 🔀 Solicitat	tion of	gover	nment grants			
c X Phone solici	tations	g 🔀 Special	fundra	aising	events			
d 🛛 In-person so	licitations							
		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
•		art VII) or entity in connection with pr		Ũ		,	X Yes	s No
	-	viduals or entities (fundraisers) pursu			•	ne fur	draiser is to b	Э
compensated at le	•							
	, , , , , , , , , , , , , , , , , , ,	1						1
(i) Name and addres	s of individual		(iii)	Did raiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	have c	ustody htrol of	from activity		fundraiser	to (or retained by)
or originally (inite			contrib	utions?	in only doubley		ed in col. (i)	organization
KEVIN WALSH - 2531	15TH		Yes	No				
STREET #1, SAN FRAM	NCISCO, CA	GRANT SOLICITATION VENDOR		x	1,918,000.		50,430.	1,867,570.
GABRIEL GROUP DBA W	,				, ,		,	
AND IMAGES LLC - 31		DIRECT MAIL VENDOR		x	1,600,000.		169,199.	1,430,801.
GATEWAY COMMUNICAT					_,,		,	_,
16805 NE MASON COUR		TELEMARKETING VENDOR		x	53,000.		26,237.	26,763.
	··· ,						10,107.	20,703.
Total	<u></u>		<u></u> .		3,571,000.		245,866.	3,325,134.
	ch the organizatio	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								

CA, CO, IL, MA, NJ, NV, NY, OH, OR, WA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			SAVOR THE		NONE	(d) Total events
			SEASON	EMPTY BOWLS	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Revenue						1 000 565
2 E	1	Gross receipts	919,291.	171,476.		1,090,767.
	2	Less: Contributions	673,412.	135,496.		808,908.
	3	Gross income (line 1 minus line 2)	245,879.	35,980.		281,859.
	4	Cash prizes				
	5	Noncash prizes				
Denses	6	Rent/facility costs	3,278.			3,278.
Direct Expenses	7	Food and beverages	55,596.	730.		56,326.
_	8	Entertainment	2,250.			2,250.
	9	Other direct expenses		35,250.		220,005.
	-	Direct expense summary. Add lines 4 through			•	281,859.
						0.
	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
2	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
JILECT E	4	Rent/facility costs				
	5	Other direct expenses				
_					Yes %	
ſ	6	Volunteer labor	│	└── Yes % │	□ /0 □ No	
		Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	No	No	<u>No</u> No ►	
			No	No	<u>No</u> No ►	
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) icts gaming activities:	No	No ►	
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) from line 1, column (d) http://www.column.c	No No	No ►	YesNo
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	No 5 in column (d) from line 1, column (d) http://www.column.c	No No	No ►	
a b Oa	7 Ent Is t If "I We	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No ►	
a b	7 Ent Is t If "I We	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization conduc the organization licensed to conduct gaming ac No," explain: <u>ere any of the organization's gaming licenses re</u>	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No ►	

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 ALAMEDA COUNTY COMMUNITY FOOD BANK 94-2	960	297	Page 3
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 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
~	of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	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			
Da	organization's own exempt activities during the tax year s s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par			h 10h
I a	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. III, II r	ies 9, s	, TUD,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
<i>.</i> _				
(1) NAME OF FUNDRAISER: KEVIN WALSH			
(I) ADDRESS OF FUNDRAISER: 2531 15TH STREET #1, SAN FRANCISCO, CA	9	411	4
<u>\ </u>	, ADDREDD OF FONDARIDER. 2551 1511 DIREET #1, DAN TRANCIDCO, CA		<u> </u>	1
<u>(I</u>) NAME OF FUNDRAISER: GABRIEL GROUP DBA WORDS DATA AND IMAGES L	LC		
/ -		~	204	-
(I) ADDRESS OF FUNDRAISER: 3190 RIDER TRAIL SOUTH, EARTH CITY, MO	9	304	5
(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS			
<u> </u>	33 10-03-18 Schedule G (Form	990	or 990	EZ) 2018
				,0

Sched Part	ule G (Form 990	or 99 men t	0-EZ) ALAMED	A COUN	TY	COMMUN	ITY FOC	D BANK	9	4-2960297	Page 4
			FUNDRAISER:						OR	97230	
									Sched	ule G (Form 990 o	r 990-EZ)

SCHEDULE I (Form 990)		arants and Oth vernments, an						OMB No. 1545-0047
		ete if the organization						2018
Department of the Treasury	een.p.	ete il tile el gamzatio	Attach to For					Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.			Inspection
Name of the organization ALAMED.	A COUNTY COM	MUNITY FOOD	BANK					Employer identification number $94 - 2960297$
Part I General Information on Gra	ants and Assistance							
1 Does the organization maintain rec criteria used to award the grants o								
2 Describe in Part IV the organization								
Part II Grants and Other Assistant	ce to Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization ar	nswered "Y	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more	than \$5,000. Part II can	be duplicated if addition	onal space is need	ed.	(f) Mot	had of	1	I
1 (a) Name and address of organizat or government	ion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Met valuation FMV, ap oth	n (book, opraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								SUPPLEMENT FOOD &
13TH AVENUE CHURCH OF CHRIST								EQUIPMENT TO AGENCIES TO
1300 E. 24TH STREET					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-3057533	501(C)(3)	0.	53,777.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ACTS FULL GOSPEL								EQUIPMENT TO AGENCIES TO
1034 66TH AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-2936983	501(C)(3)	٥.	74,511.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
AIDS PROJECT OF THE EAST BAY								EQUIPMENT TO AGENCIES TO
1320 WEBSTER ST.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	94-3061583	501(C)(3)	0.	29,476.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ALAMEDA FOOD BANK								EQUIPMENT TO AGENCIES TO
1900 THAU WAY					FEEDING		FOOD &	HELP MEET DEMANDS OF
ALAMEDA, CA 94501	94-2878910	501(C)(3)	0.	1,352,726.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ALL SAINTS EPISCOPAL CHURCH								EQUIPMENT TO AGENCIES TO
911 DOWLING BLVD					FEEDING		FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94577	94-1156840	501(C)(3)	0.	105,148.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ALLEN TEMPLE BAPTIST CHURCH								EQUIPMENT TO AGENCIES TO
1350 86TH AVE					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-1747125	501(C)(3)	0.	137,638.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
2 Enter total number of section 501(c)(3) and government org	anizations listed in the	e line 1 table					▶ <u>178.</u>
3 Enter total number of other organiz								
LHA For Paperwork Reduction Act N	otice, see the Instructi	ons for Form 990.						Schedule I (Form 990) (2018)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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(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
							SUPPLEMENT FOOD &
ARIEL OUTREACH MISSION							EQUIPMENT TO AGENCIES TO
8825 INTERNATIONAL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	31-1687353	501(C)(3)	٥.	7,654.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ARROYO PANTRY							EQUIPMENT TO AGENCIES TO
360 14TH ST. SUITE 100					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94612	23-7010426	501(C)(3)	0.	28,992.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ARSOLA'S HOUSE							EQUIPMENT TO AGENCIES TO
8324 MACARTHUR BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	38-3783546	501(C)(3)	0.	605,983.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
B.A.C.C/IMBC							EQUIPMENT TO AGENCIES TO
2043 E 21ST ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-3292168	501(C)(3)	0.	177,536.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
· · ·				,			SUPPLEMENT FOOD &
BACS HEDCO WELLNESS CENTER							EQUIPMENT TO AGENCIES TO
590 B ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	94-1708069	501(C)(3)	0.	39 563.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, -		~	SUPPLEMENT FOOD &
BAY AREA AMERICAN INDIAN COUNCIL							EQUIPMENT TO AGENCIES TO
581 BEVERLY AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94577	94-3248408	501(C)(3)	0.	10 255	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
BAY COMMUNITY FELLOWSHIP - AKA							EQUIPMENT TO AGENCIES TO
-WORLD IMPACT INC - 1015 CAMPBELL					FEEDING	FOOD &	HELP MEET DEMANDS OF
ST OAKLAND, CA 94607	94-1399289	501(C)(3)	0.	31 311	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
SI. OMDIMP, Ch 94007	54 1355205			51,511.	FILITION FILV		SUPPLEMENT FOOD &
BERKELEY FOOD AND HOUSING PROJECT							EQUIPMENT TO AGENCIES TO
					FEEDING	FOODS	
2140 DWIGHT WAY	04 2070072	E01(C)(2)	_	20 010		FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94704	94-2979073	DUT(C)(3)	0.	30,012.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
BERKELEY FOOD NETWORK							EQUIPMENT TO AGENCIES TO
1569 SOLANO AVE. #243					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94707	81-4942342	501(C)(3)	0.	170,373.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(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
							SUPPLEMENT FOOD &
BERKELEY FOOD PANTRY							EQUIPMENT TO AGENCIES TO
1600 SACRAMENTO ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94702	94 - 6003752	501(C)(3)	٥.	337,208.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
BERKELEY YOUTH ALTERNATIVES							EQUIPMENT TO AGENCIES TO
1255 ALLSTON WAY					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94702	94-1711728	501(C)(3)	0.	20,962.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
BETHANY BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
5400 ADELINE ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94608	94-2936781	501(C)(3)	0.	26,580.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
BOSS							EQUIPMENT TO AGENCIES TO
711 HARRISON ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94710	51-0173390	501(C)(3)	0.	201,075.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
BROOKINS AME CHURCH							EQUIPMENT TO AGENCIES TO
2201 73RD AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94605	53-0204696	501(C)(3)	0.	236,852.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, -		~	SUPPLEMENT FOOD &
BUDDHIST TZU CHI FOUNDATION							EQUIPMENT TO AGENCIES TO
620 INTERNATIONAL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND , CA 94606	94-2952782	501(C)(3)	0.	85 518.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
BUILDING FUTURES WOMEN &							SUPPLEMENT FOOD &
CHILDREN-MIDWAY SHELTER - 1395							EQUIPMENT TO AGENCIES T
BANCROFT AVE #13 - SAN LEANDRO, CA					FEEDING	FOOD &	HELP MEET DEMANDS OF
94577	94-3100741	501(C)(3)	0.	8 186	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						SUPPLEMENT FOOD &
CAA-AGNES MEMORIAL							EQUIPMENT TO AGENCIES T
2372 INTERNATIONAL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94601	94-2575541	501(C)(3)	0.	76 149	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	J= 23/33±1			,0,140.		PX011111111	SUPPLEMENT FOOD &
							EQUIPMENT TO AGENCIES T
					1	1	POSTEMBRI IO AGENCIES I
CAL-PEP 2811 ADELINE ST.					FEEDING	FOOD &	- HELP MEET DEMANDS OF

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(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
							SUPPLEMENT FOOD &
CENTRO DE SERVICIOS RESOURCE							EQUIPMENT TO AGENCIES TO
CENTER - 33750 6TH STREET - UNION					FEEDING	FOOD &	HELP MEET DEMANDS OF
CITY, CA 94587	94-2489691	501(C)(3)	0.	577,467.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHILDREN HOSPITAL FAMILY HOUSE							EQUIPMENT TO AGENCIES TO
FAMILY CENTER - 5222 DOVER ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94609	94-2909976	501(C)(3)	0.	37,675.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHRIST CENTERED MISSIONARY BAPTIST							EQUIPMENT TO AGENCIES TO
CHURCH - 22979 MAUD AVE - HAYWARD,					FEEDING	FOOD &	HELP MEET DEMANDS OF
CA 94541	94-3065760	501(C)(3)	0.	38,978.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHRISTIAN CHURCH HOMES							EQUIPMENT TO AGENCIES TO
275 28TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94611	94-6077407	501(C)(3)	0.	137,015.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHRISTIAN TABERNACLE CHURCH							EQUIPMENT TO AGENCIES TO
9330 WALNUT ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	94-2964929	501(C)(3)	0.	287,331.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHRISTIAN WOMEN SUPPORTING WOM							EQUIPMENT TO AGENCIES TO
5345 WENTWORTH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	37-1426880	501(C)(3)	0.	41,661.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
CHURCH OF THE LIVING GOD PG&T							EQUIPMENT TO AGENCIES TO
819 37TH ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94608	23-7017127	501(C)(3)	0.	29,321.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,		~	SUPPLEMENT FOOD &
CHURCH OF THE TRUE LIVING GOD							EQUIPMENT TO AGENCIES TO
24150 HESPERIAN					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94545	46-3160413	501(C)(3)	0.	98 632	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,	10 0100110			50,052.		-x•=====1±	SUPPLEMENT FOOD &
CITY TEAM MINISTRIES							EQUIPMENT TO AGENCIES TO
722 WASHINGTON ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607		501(C)(3)	0.		AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(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
							SUPPLEMENT FOOD &
CIVICORPS							EQUIPMENT TO AGENCIES TO
101 MYRTLE ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	94-2941068	501(C)(3)	0.	15,861.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
COMMUNITY OF GRACE/ ELMHURST							EQUIPMENT TO AGENCIES TO
BAPTIST CHURCH - 380 ELMHURST ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
- HAYWARD, CA 94544	94-1384655	501(C)(3)	0.	31,553.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
COMMUNITY OUTREACH PANTRY FOR							SUPPLEMENT FOOD &
EMERGENCIES (COPE) - 2735							EQUIPMENT TO AGENCIES TO
MACARTHUR BLVD OAKLAND, CA					FEEDING	FOOD &	HELP MEET DEMANDS OF
94602	23-6393377	501(C)(3)	0.	26,860.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
COMMUNITY REFORMED CHURCH							EQUIPMENT TO AGENCIES TO
457 CAPISTRANO DR.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	94-2941595	501(C)(3)	0.	78,480.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
CONTRA COSTA ARC/ASIAN FAMILY				,			SUPPLEMENT FOOD &
RESOURCE CENTER - 2555							EQUIPMENT TO AGENCIES TO
INTERNATIONAL BLVD - OAKLAND, CA					FEEDING	FOOD &	HELP MEET DEMANDS OF
94601	94-2248390	501(C)(3)	0.	39,164.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				, -		~	SUPPLEMENT FOOD &
CORINTHIAN BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
928 CASTRO ST.					FEEDING	FOOD &	~ HELP MEET DEMANDS OF
OAKLAND, CA 94607	74-3147445	501(C)(3)	0.	33 004.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,		~	SUPPLEMENT FOOD &
CORNERSTONE BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
3535 - 38TH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-2692374	501(C)(3)	0.	166 222	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	51 2052071	501(0)(0)		100,222.			SUPPLEMENT FOOD &
CROSSSTREETS NEIGHBORHOOD SERVICES							EQUIPMENT TO AGENCIES TO
- P - 20600 JOHN DR CASTRO					FEEDING	FOOD &	HELP MEET DEMANDS OF
	94-2221906	501(C)(3)	0.	208 802	AMERICA - FMV		
VALLEY, CA 94546	34-2221300	501(0)(3)	· · ·	290,002.	AMERICA - PMV	EQUIPMENT	COMMUNITY AND PREVENT SUPPLEMENT FOOD &
CUDA INC							
CURA, INC.					FFFF	FOOD	EQUIPMENT TO AGENCIES TO
4510 PERALTA BLVD.	00 700000	F01(0)(2)		0.7.007	FEEDING	FOOD &	HELP MEET DEMANDS OF
FREMONT, CA 94536	23-7226897	DOT(C)(3)	0.	97,065.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(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	valu (book	thod of ation , FMV, al, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								SUPPLEMENT FOOD &
DAVIS STREET COMMUNITY CENTER								EQUIPMENT TO AGENCIES TO
3081 TEAGARDEN ST.					FEEDING		FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	0.	339,469.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
DOROTHY DAY HOUSE								EQUIPMENT TO AGENCIES TO
1931 CENTER ST					FEEDING		FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94704	94-3158511	501(C)(3)	0.	65,607.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
DOWNS MEMORIAL UNITED METHODIST								EQUIPMENT TO AGENCIES TO
CHURCH - 6026 IDAHO ST OAKLAND,					FEEDING		FOOD &	HELP MEET DEMANDS OF
CA 94608	91-2016331	501(C)(3)	0.	53,560.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
EAST BAY ASIAN YOUTH CENTER								EQUIPMENT TO AGENCIES TO
2025 E. 12TH ST.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-2925799	501(C)(3)	0.	36,138.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,				SUPPLEMENT FOOD &
EAST BAY FOOD NOT BOMBS								EQUIPMENT TO AGENCIES TO
2700 DWIGHT WAY					FEEDING		FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94704	27-3466777	501(C)(3)	0.	38,364.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
				, ,				SUPPLEMENT FOOD &
EAST BAY KOREAN AMERICAN SENIOR								EQUIPMENT TO AGENCIES TO
SERVICES CENTER - 1723 TELEGRAPH					FEEDING		FOOD &	HELP MEET DEMANDS OF
AVE OAKLAND , CA 94612	94-2813695	501(C)(3)	0.	59,545.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,			~	SUPPLEMENT FOOD &
EAST BAY TEEN CHALLENGE								EQUIPMENT TO AGENCIES TO
2221 90TH AVE					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	77-0123596	501(C)(3)	0.	106 275.	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
,,				,			x	SUPPLEMENT FOOD &
EAST OAKLAND BOXING ASSOCIATION								EQUIPMENT TO AGENCIES TO
816 98TH AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	94-2967981	501(C)(3)	0.	123 459	AMERICA	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
	51 2507501					1 11 9		SUPPLEMENT FOOD &
EAST OAKLAND COMMUNITY PROJECT								EQUIPMENT TO AGENCIES T
7515 INTERNATIONAL BLVD.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-3078181		0.		AMERICA		EQUIPMENT	COMMUNITY AND PREVENT

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(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) Metl valua (book, appraisa	ation FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								SUPPLEMENT FOOD &
EAST OAKLAND MULTI-PURPOSE SENIOR								EQUIPMENT TO AGENCIES TO
CENTER - 9255 EDES AVE OAKLAND,					FEEDING		FOOD &	HELP MEET DEMANDS OF
CA 94603	94-3092404	501(C)(3)	0.	650,383.	AMERICA -	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
EAST OAKLAND SWITCHBOARD								EQUIPMENT TO AGENCIES TO
1909 - 73RD AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-1716346	501(C)(3)	٥.	26,368.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ECAP								EQUIPMENT TO AGENCIES TO
3610 SAN PABLO AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
EMERYVILLE, CA 94608	46-1492603	501(C)(3)	0.	3,075,977.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
EDEN UNITED CHURCH OF CHRIST -								EQUIPMENT TO AGENCIES TO
FOOD FOR CHERRYLAND - 21455 BIRCH					FEEDING		FOOD &	HELP MEET DEMANDS OF
STREET - HAYWARD, CA 94541	94-6109091	501(C)(3)	0.	116,742.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
ELMHURST PRESBYTERIAN CHURCH								EQUIPMENT TO AGENCIES TO
1332 98TH AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	23-6393770	501(C)(3)	0.	47,473.	AMERICA -	- FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
FACES OF THE EAST BAY								EQUIPMENT TO AGENCIES TO
4130 TELEGRAPH AVENUE					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94609	94-3311246	501(C)(3)	0.	26,010.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,				SUPPLEMENT FOOD &
FAITH LUTHERAN CHURCH OF CASTRO								EQUIPMENT TO AGENCIES TO
VALLEY - 20080 REDWOOD RD					FEEDING		FOOD &	HELP MEET DEMANDS OF
CASTRO VALLEY, CA 94552	41-1568278	501(C)(3)	0.	151,350.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
,		/						SUPPLEMENT FOOD &
FAITH VISIONARY SERVICES								EQUIPMENT TO AGENCIES TO
2680 64TH AVENUE					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-3399880	501(C)(3)	0.	253 408	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
, ••• > ••• •								SUPPLEMENT FOOD &
FAME-FIRST AME								EQUIPMENT TO AGENCIES TO
530 37TH STREET					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94609		501(C)(3)	0.		AMERICA -		EQUIPMENT	COMMUNITY AND PREVENT

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(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
							SUPPLEMENT FOOD &
FAMILY BRIDGES							EQUIPMENT TO AGENCIES TO
270 13TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	94-1725018	501(C)(3)	0.	316,096.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
FEED MY SHEEP							EQUIPMENT TO AGENCIES TO
8825 MACARTHUR BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-2495977	501(C)(3)	0.	30,201.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
FOOD 2 GO CASTRO VALLEY UNITED							EQUIPMENT TO AGENCIES TO
METHODIST - 19806 WISTERIA ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
CASTRO VALLEY, CA 94645	94-6050062	501(C)(3)	0.	256,347.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
FOOD OF GOD 4 PEOPLE OF GOD							EQUIPMENT TO AGENCIES TO
424 MONTE VISTA AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94611	27-5348142	501(C)(3)	0.	15,066.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
FREMONT SENIOR CENTER							EQUIPMENT TO AGENCIES TO
40086 PASEO PADRE PKWY					FEEDING	FOOD &	HELP MEET DEMANDS OF
FREMONT , CA 94537	94-2978809	501(C)(3)	0.	24,475.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
FRIENDSHIP CHRISTIAN CHURCH GERALD							EQUIPMENT TO AGENCIES TO
AGEE MINISTRIES - 1904 ADELINE AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
- OAKLAND, CA 94607	93-1219544	501(C)(3)	0.	41,225.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,			SUPPLEMENT FOOD &
GOD'S RESTING PLACE							EQUIPMENT TO AGENCIES TO
3131 UNION STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94608	73-1675990	501(C)(3)	0.	181,020.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, -		~	SUPPLEMENT FOOD &
GOOD SHEPHERD EPISCOPAL CHURCH							EQUIPMENT TO AGENCIES TO
1823 9TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94710	94-1156840	501(C)(3)	0.	107 511	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	22 2100010					- x · · · · · · · · · · · · · · · · · ·	SUPPLEMENT FOOD &
GRACE BAPTIST CHURCH OAKLAND							EQUIPMENT TO AGENCIES TO
705 - 98TH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
,05 JOIN AVE.			1	1	L TIDTING		I HER DEMANDS OF

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(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
							SUPPLEMENT FOOD &
GREATER BETHESDA CHURCH OF GOD IN							EQUIPMENT TO AGENCIES TO
CHRIST - 5045 FOOTHILL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94605	23-7002419	501(C)(3)	0.	7,705.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
GREATER NEW BEGINNINGS YOUTH							EQUIPMENT TO AGENCIES TO
SERVICES - 1625 FILBERT ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94607	94-3301988	501(C)(3)	0.	10,109.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
GREATER ST. PAUL CHURCH							EQUIPMENT TO AGENCIES TO
1827 MARTIN LUTHER KING JR. WY					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94612	94-3234348	501(C)(3)	0.	42,987.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
HALCYON BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
2860 HALCYON DR.					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94578	94-1347058	501(C)(3)	0.	321,063.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
IARBOR HOUSE							EQUIPMENT TO AGENCIES TO
L811 11TH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94606	23-7133986	501(C)(3)	0.	138,057.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
HAVENSCOURT COMMUNITY CHURCH							EQUIPMENT TO AGENCIES TO
L444 HAVENSCOURT BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND , CA 94621	94-1422475	501(C)(3)	0.	92,309.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
AYWARD CHURCH OF THE NAZARENE							EQUIPMENT TO AGENCIES TO
26221 GADING RD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
AYWARD, CA 94544	44-0552034	501(C)(3)	0.	97 144.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
						~~~~	SUPPLEMENT FOOD &
AYWARD SEVENTH DAY ADVENTIST							EQUIPMENT TO AGENCIES TO
CHURCH - 26400 GADING RD					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94544	52-0643036	501(C)(3)	0.		AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	52 5545555		, v.	-20,552.			SUPPLEMENT FOOD &
HAYWARD SPANISH SDA CHURCH							EQUIPMENT TO AGENCIES TO
22117 MEEKLAND AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method valuatio (book, FN appraisal, c	n non-cash as //V,	
							SUPPLEMENT FOOD &
HIV EDUCATION AND PREVENTION							EQUIPMENT TO AGENCIES TO
PROJECT, THE - 5323 FOOTHILL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
- OAKLAND, CA 94601	94-3205535	501(C)(3)	0.	49,227.	AMERICA - F	'MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
HOPE FOR THE HEART							EQUIPMENT TO AGENCIES TO
22035 MEEKLAND AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	26-3857074	501(C)(3)	0.	972,563.	AMERICA - F	'MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
HORIZON SERVICES/CHERRY HILL							EQUIPMENT TO AGENCIES TO
2035 FAIRMONT DR.					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94578	94-2365021	501(C)(3)	0.	158,552.	AMERICA - F	'MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
INTERFAITH SHARING INC.							EQUIPMENT TO AGENCIES TO
678 ENOS WAY					FEEDING	FOOD &	HELP MEET DEMANDS OF
LIVERMORE, CA 94551	94-3195165	501(C)(3)	0.	341,637.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
INTERTRIBAL FRIENDSHIP HOUSE							EQUIPMENT TO AGENCIES TO
523 INTERNATIONAL BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-3255070	501(C)(3)	0.	13,628.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
·							SUPPLEMENT FOOD &
JOSHUA CHRISTIAN CHURCH							EQUIPMENT TO AGENCIES TO
793 WEST GRAND AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94612	94-3251747	501(C)(3)	0.	6,918.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
KINGDOM BUILDERS DREAM CENTER							EQUIPMENT TO AGENCIES TO
OAKLAND - 7272 MACARTHUR BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-3388342	501(C)(3)	0.	104,186.	AMERICA - F		COMMUNITY AND PREVENT
				, -		-	SUPPLEMENT FOOD &
LA FAMILIA - BANYAN							EQUIPMENT TO AGENCIES TO
22671 3RD STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	94-2297155	501(C)(3)	0.	18 255.	AMERICA - F		COMMUNITY AND PREVENT
,			1 .				SUPPLEMENT FOOD &
LAKE MERRITT UNITED METHODIST							EQUIPMENT TO AGENCIES TO
CHURCH - 1330 LAKESHORE AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94606	94-1156847	501(C)(3)	0.	120 252	AMERICA - F		COMMUNITY AND PREVENT

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							SUPPLEMENT FOOD &
LAST PHASE LOAVES AND FISH FOOD							EQUIPMENT TO AGENCIES TO
PROGRAM - 1060 32ND STREET -					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94608	30-0367748	501(C)(3)	0.	3,179,800.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
LIBERTY HILL BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
997 UNIVERSITY AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94710	94-6108675	501(C)(3)	٥.	47,598.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
LIFELONG MEDICAL CARE DELLUMS							EQUIPMENT TO AGENCIES TO
510 21ST ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	94-2502308	501(C)(3)	0.	176,322.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
LOS ROBLES APARTMENTS							EQUIPMENT TO AGENCIES TO
32300 ALMADEN BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
UNION CITY, CA 94587	68-0371125	501(C)(3)	0.	23,003.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
LOVE TEMPLE MISSIONARY BAPTIST							EQUIPMENT TO AGENCIES TO
CHURCH - 8401 BIRCH STREET -					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-3129755	501(C)(3)	0.	15,966.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,			SUPPLEMENT FOOD &
LUTHERAN CHURCH OF THE CROSS							EQUIPMENT TO AGENCIES TO
1744 UNIVERSITY AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY , CA 94703	41-1568278	501(C)(3)	0.	5,911.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
M.A. CENTER MOTHER'S KITCHEN							EQUIPMENT TO AGENCIES TO
1802 FAIRVIEW ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94703	94-3044871	501(C)(3)	0.	15 923.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,,						-*	SUPPLEMENT FOOD &
MAGNOLIA WOMEN'S RECOVERY OAKLAND							EQUIPMENT TO AGENCIES TO
682 BRIERGATE WAY					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94544	81-0603045	501(C)(3)	0.	20 295	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	31 0003045			20,255.			SUPPLEMENT FOOD &
MARKET STREET SDA CHURCH							EQUIPMENT TO AGENCIES TO
900 34TH ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
IG HIFC OUC					L DEDTING	FOOD & EQUIPMENT	HELF MEET DEMANDS OF

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method valuation (book, FM appraisal, ot	V,	(h) Purpose of grant or assistance
							SUPPLEMENT FOOD &
MARYLIN AVE. SCHOOL / 18 REASONS							EQUIPMENT TO AGENCIES TO
800 MARYLIN AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
LIVERMORE, CA 94550	45-3059509	501(C)(3)	0.	291,816.	AMERICA - FN	IV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
MCGEE AVENUE BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
1640 STUART ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94703	94-2184326	501(C)(3)	0.	12,726.	AMERICA - FN	IV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
MEALS ON WHEELS-BERKELEY							EQUIPMENT TO AGENCIES TO
1900 6TH ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94710	94-2651065	501(C)(3)	0.	10,356.	AMERICA - FN	IV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
MERCY BROWN BAG PROGRAM							EQUIPMENT TO AGENCIES TO
3431 FOOTHILL BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	94-1156579	501(C)(3)	0.	2,034,464.	AMERICA - FN	IV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
MERCY HOUSING-EDEN HOUSE							EQUIPMENT TO AGENCIES TO
APARTMENTS - 1601 165TH AVE. #115					FEEDING	FOOD &	HELP MEET DEMANDS OF
- SAN LEANDRO, CA 94578	68-0117340	501(C)(3)	0.	39,815.	AMERICA - FN	IV EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
MISSION FOR THE HOMELESS, INC.							EQUIPMENT TO AGENCIES TO
9202 INTERNATIONAL BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94603	46-0674496	501(C)(3)	0.	165,275.	AMERICA - FM	IV EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
MORNING STAR CHURCH OF GOD IN							EQUIPMENT TO AGENCIES TO
CHRIST - 821 WILLOW STREET -					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	30-0605580	501(C)(3)	0.	17,748.	AMERICA - FN		COMMUNITY AND PREVENT
,		,	1			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	SUPPLEMENT FOOD &
MT. ZION MISSIONARY BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
1203 WILLOW ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	95-0162894	501(C)(3)	0.	100 815	AMERICA - FN		COMMUNITY AND PREVENT
,	20 0102094						SUPPLEMENT FOOD &
MULTICULTURAL INSTITUTE INC							EQUIPMENT TO AGENCIES TO
1920 7TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94710	91-1823468		0.		AMERICA - FN		COMMUNITY AND PREVENT

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							SUPPLEMENT FOOD &
NEW BIRTH CHRISTIAN MINISTRY							EQUIPMENT TO AGENCIES TO
21144 MISSION BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	26-3718483	501(C)(3)	0.	79,435.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
NEW LIFE & LOVE RECOVERY HOMES							EQUIPMENT TO AGENCIES TO
1124 72ND AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	94-3023512	501(C)(3)	0.	66,612.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
OAKLAND CATHOLIC WORKER - P							EQUIPMENT TO AGENCIES TO
4848 INTERNATIONAL BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	94-3088087	501(C)(3)	0.	1,303,615.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				. ,			SUPPLEMENT FOOD &
OAKLAND YOUTH ASPIRE							EQUIPMENT TO AGENCIES TO
1651 ADELINE ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	26-2314554	501(C)(3)	0.	7,690.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,			SUPPLEMENT FOOD &
OPEN HEART KITCHEN OF LIVERMORE							EQUIPMENT TO AGENCIES TO
1111 E. STANLEY BLVD					FEEDING	FOOD &	- HELP MEET DEMANDS OF
LIVERMORE, CA 94550	94-3396038	501(C)(3)	0.	227 038.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	SUPPLEMENT FOOD &
OPERATION DIGNITY INC HOUSE OF							EQUIPMENT TO AGENCIES TO
DIGNITY - 2350 RAINBOW CT					FEEDING	FOOD &	HELP MEET DEMANDS OF
ALAMEDA, CA 94501	94-3176007	501(C)(3)	0.	61 790.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,		<b>x</b>	SUPPLEMENT FOOD &
PARADISE BAPTIST CHURCH							EQUIPMENT TO AGENCIES TO
9670 EMPIRE RD					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	13-5563018	501(C)(3)	0.	88 909	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	13 3303010	501(0)(3)	, v.		Milhiten THV		SUPPLEMENT FOOD &
PHILLIPS TEMPLE CME CHURCH							EQUIPMENT TO AGENCIES TO
3332 ADELINE STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
	58-1381196	501(C)(3)	0.	135 770	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
BERKELEY, CA 94703	30-1301130	501(0)(3)		135,778.	AMERICA - FRV		SUPPLEMENT FOOD &
DDATCE EFILOWCUID MINICADITEC							
PRAISE FELLOWSHIP MINISTRIES					FFFF	TOOD C	EQUIPMENT TO AGENCIES TO
7711 MACARTHUR BLVD	04 2007050	F01 ( g) ( 2 )		11 000	FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-3027868	DOT(C)(3)	0.	11,988.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(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, othe	non-cash assistance	(h) Purpose of grant or assistance
PRAY 4 U EVANGELISTIC PRAYER							SUPPLEMENT FOOD &
OUTREACH MINISTRIES - 2672							EQUIPMENT TO AGENCIES TO
FRUITVALE AVENUE - OAKLAND , CA					FEEDING	FOOD &	HELP MEET DEMANDS OF
94601	41-2149728	501(C)(3)	0.	18,851.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
PREPARE THE TABLE							EQUIPMENT TO AGENCIES TO
892 36TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94608	23-7411459	501(C)(3)	0.	16,627.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
PRESCOTT JOSEPH CENTER							EQUIPMENT TO AGENCIES TO
920 PERALTA ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	94-3248535	501(C)(3)	0.	2,906,855.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
·							SUPPLEMENT FOOD &
PROJECT ACCESS INC - AVE VISTA							EQUIPMENT TO AGENCIES TO
3838 TURQUOISE WAY					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94609	33-0834635	501(C)(3)	0.	44,191.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, ,			SUPPLEMENT FOOD &
PROJECT OPEN HAND FOOD BANK							EQUIPMENT TO AGENCIES TO
1921 SAN PABLO AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	94-3023551	501(C)(3)	0.	51,744.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, -		~	SUPPLEMENT FOOD &
PROJECT OUTREACH							EQUIPMENT TO AGENCIES TO
1256 71ST AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94621	94-3048904	501(C)(3)	0.	746 324.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
······································						~~~~	SUPPLEMENT FOOD &
PROPHETIC TEACHER INTERCESSORY							EQUIPMENT TO AGENCIES TO
CHURCH - 16490 KENT AVE SAN					FEEDING	FOOD &	~ HELP MEET DEMANDS OF
LORENZO, CA 94580	45-2912840	501(C)(3)	0.	125 142.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
, <b></b>		, ,	1 .	,		~~~~~~	SUPPLEMENT FOOD &
REDWOOD CHAPEL COMMUNITY CHURCH							EQUIPMENT TO AGENCIES TO
19300 REDWOOD RD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
CASTRO VALLEY, CA 94546	94-1375798	501(C)(3)	0.	30 801	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
REDWOOD GARDENS							EQUIPMENT TO AGENCIES T
2951 DERBY STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94705	94-2892231	E01(0)(2)	0.		AMERICA - FMV	FOOD & EQUIPMENT	COMMUNITY AND PREVENT

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPLEMENT FOOD &
REFUGE COMMUNITY FOOD PANTRY							EQUIPMENT TO AGENCIES TO
2001 73RD AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	95-4242822	501(C)(3)	0.	50,901.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
RESURRECTION GREEK ORTHODOX CHURCH							EQUIPMENT TO AGENCIES TO
20104 CENTER STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
CASTRO VALLEY, CA 94546	94-2145422	501(C)(3)	0.	36,921.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ROBERT ALLEN MERCY HOUSE NCCN							EQUIPMENT TO AGENCIES TO
3300 SCHOOL STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94602	94-6123474	501(C)(3)	0.	481,375.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
· · · ·							SUPPLEMENT FOOD &
SAFE PASSAGES -AMERICORPS-VISTA							EQUIPMENT TO AGENCIES TO
2101 35TH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	20-4535835	501(C)(3)	0.	109,541.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				, ,			SUPPLEMENT FOOD &
SALVATION ARMY-HAYWARD							EQUIPMENT TO AGENCIES TO
430 A STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	94-1156347	501(C)(3)	0.	202,639.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,,						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	SUPPLEMENT FOOD &
SALVATION ARMY-TRI CITIES							EQUIPMENT TO AGENCIES TO
2794 GARDEN ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	94-1156347	501(C)(3)	0.	277 115.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
······, ····						~	SUPPLEMENT FOOD &
SAN LEANDRO COMMUNITY FOOD PANTRY							EQUIPMENT TO AGENCIES TO
14235 BANCROFT AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94578	23-6393377	501(C)(3)	0.	659 069	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
	20 0000077	501(0)(3)					SUPPLEMENT FOOD &
SAN LORENZO FAMILY HELP CENTER							EQUIPMENT TO AGENCIES TO
100 HACIENDA ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
	30-0554038	501(C)(3)	0.	910 507			
SAN LORENZO, CA 94580	30-0354038	201(C)(2)	· · ·	914,927.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
GECOND CHANGE INC. CENTRAL							SUPPLEMENT FOOD &
SECOND CHANCE, INC CENTRAL					FFFF	EOOD C	EQUIPMENT TO AGENCIES TO
6519 CENTRAL AVE	04 0150555	F01(0)(2)		10 500	FEEDING	FOOD &	HELP MEET DEMANDS OF
NEWARK, CA 94560	94-2152575	DOT(C)(3)	0.	19,783.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPLEMENT FOOD &
SEVENTH STEP FOUNDATION							EQUIPMENT TO AGENCIES TO
475 MEDFORD AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94541	94-1696338	501(C)(3)	٥.	24,255.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOCIETY OF ST. VINCENT DE PAUL-							EQUIPMENT TO AGENCIES TO
ST. LEANDER - 474 W. ESTUDILLO -					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94577	94-1156493	501(C)(3)	0.	6,173.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOLID ROCK COGIC							EQUIPMENT TO AGENCIES TO
5970 THORNTON AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
NEWARK, CA 94560	94-3332388	501(C)(3)	٥.	120,205.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOLIDARITY FELLOWSHIP							EQUIPMENT TO AGENCIES TO
823 OLIVINA AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
LIVERMORE, CA 94551	94-3002415	501(C)(3)	0.	29,808.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOS MEALS ON WHEELS							EQUIPMENT TO AGENCIES TO
2235 POLVOROSA DR.					FEEDING	FOOD &	HELP MEET DEMANDS OF
SAN LEANDRO, CA 94577	94-1725204	501(C)(3)	0.	128,404.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOUTH BERKELEY COMMUNITY CHURCH							EQUIPMENT TO AGENCIES TO
1802 FAIRVIEW STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94703	94-6109091	501(C)(3)	0.	23,457.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
SOUTH HAYWARD PARISH							EQUIPMENT TO AGENCIES TO
27287 PATRICK AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94544	94-2250549	501(C)(3)	0.	1,343,833.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
· · · · · ·							SUPPLEMENT FOOD &
ST. ANNE CHURCH							EQUIPMENT TO AGENCIES TO
32223 CABELLO STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
UNION CITY, CA 94587	94-1156493	501(C)(3)	0.	8,045.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
				,			SUPPLEMENT FOOD &
ST. AUGUSTINE'S EPISCOPAL CHURCH							EQUIPMENT TO AGENCIES TO
525 29TH ST					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94609	94-1156840	501(C)(3)	0.	15 938	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPLEMENT FOOD &
ST. BERNARD CATHOLIC CHURCH							EQUIPMENT TO AGENCIES TO
1620 62ND AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94621	53-0196617	501(C)(3)	٥.	60,112.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ST. COLUMBA / SVDP							EQUIPMENT TO AGENCIES TO
6401 SAN PABLO AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND , CA 94608	94-1156493	501(C)(3)	0.	60,550.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ST. ELIZABETH FOOD PANTRY							EQUIPMENT TO AGENCIES TO
1500 34TH AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	94-2986482	501(C)(3)	0.	288,759.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ST. JAMES EPISCOPAL CHURCH							EQUIPMENT TO AGENCIES TO
1540 12TH AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94606	94-1156840	501(C)(3)	0.	94,543.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				<i>,</i>			SUPPLEMENT FOOD &
ST. LAWRENCE O'TOOLE							EQUIPMENT TO AGENCIES TO
3725 HIGH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94619	53-0196617	501(C)(3)	0.	20,529.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,							SUPPLEMENT FOOD &
ST. LOUIS BERTRAND CHURCH							EQUIPMENT TO AGENCIES TO
1410 100TH AVE.					FEEDING	FOOD &	- HELP MEET DEMANDS OF
OAKLAND , CA 94603	94-1156493	501(C)(3)	0.	35,159.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				, -		~	SUPPLEMENT FOOD &
ST. MARY'S CENTER							EQUIPMENT TO AGENCIES TO
925 BROCKHURST ST.					FEEDING	FOOD &	~ HELP MEET DEMANDS OF
DAKLAND, CA 94608	68-0172229	501(C)(3)	0.	15 437.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ST. PAUL AME CHURCH							EQUIPMENT TO AGENCIES TO
2024 ASHBY AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94705	94-3088329	501(C)(3)	0.	15 139	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
BERRELET, CA 94703	54 5000525	501(0)(3)		15,159.	MILICICA FHV	PZ011HPM1	SUPPLEMENT FOOD &
ST. PAUL'S EPISCOPAL CHURCH							EQUIPMENT TO AGENCIES TO
114 MONTECITO AVE					FEEDING	FOOD &	-
TT4 MONIECTIO AVE			1		L PEDTING	FOOD &	HELP MEET DEMANDS OF

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method valuatic (book, FN appraisal, c	non non-cash assistanc	(h) Purpose of grant e or assistance
							SUPPLEMENT FOOD &
ST. VINCENT DE PAUL DINING ROOM							EQUIPMENT TO AGENCIES TO
675 23RD STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	94-1156493	501(C)(3)	0.	610,461.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
ST. VINCENT'S DAY HOME, INC							EQUIPMENT TO AGENCIES TO
1086 8TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607-2697	94-2195766	501(C)(3)	0.	35,465.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
STEW'S LOVE-N-CARE GROUP HOME							EQUIPMENT TO AGENCIES TO
10419 FOOTHILL BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-3162591	501(C)(3)	0.	9,245.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
STREET LEVEL HEALTH PROJECT							EQUIPMENT TO AGENCIES TO
3125 EAST 15TH ST.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	56-2324355	501(C)(3)	0.	115,441.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
· · · · ·							SUPPLEMENT FOOD &
SVDP - MISSION SAN JOSE FREMONT							EQUIPMENT TO AGENCIES TO
43148 MISSION BLVD					FEEDING	FOOD &	HELP MEET DEMANDS OF
FREMONT , CA 94539	94-1156493	501(C)(3)	0.	6,828.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
				,			SUPPLEMENT FOOD &
SVDP-ST. BENEDICT CONFERENCE							EQUIPMENT TO AGENCIES TO
2245 82ND AVENUE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94605	94-1156493	501(C)(3)	0.	6,538.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
, ,				,			SUPPLEMENT FOOD &
TABERNACLE MISSIONARY BAPTIST							EQUIPMENT TO AGENCIES TO
CHURCH - 10115 EDES AVE - OAKLAND,					FEEDING	FOOD &	HELP MEET DEMANDS OF
CA 94603	94-2733380	501(C)(3)	0.	37,207.	AMERICA - F	MV EQUIPMENT	COMMUNITY AND PREVENT
				,		~	SUPPLEMENT FOOD &
TELEGRAPH COMMUNITY CENTER							EQUIPMENT TO AGENCIES TO
5316 TELEGRAPH AVE					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94609	94-1347058	501(C)(3)	0.	646 395.	AMERICA - F		COMMUNITY AND PREVENT
			†			x	SUPPLEMENT FOOD &
THE BRIDGE OF FAITH							EQUIPMENT TO AGENCIES TO
27343 WHITMAN STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94544	42-0727487	501(C)(3)	0.	195 168	AMERICA - F		COMMUNITY AND PREVENT

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Metl valua (book, appraisa	ation FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								SUPPLEMENT FOOD &
THE CHURCH BY THE SIDE OF THE ROAD								EQUIPMENT TO AGENCIES TO
2108 RUSSELL STREET					FEEDING		FOOD &	HELP MEET DEMANDS OF
BERKELEY, CA 94705	94-6089524	501(C)(3)	0.	14,931.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
THE NEW BRIDGE FOUNDATION INC.								EQUIPMENT TO AGENCIES TO
1820 SCENIC AVE.					FEEDING		FOOD &	HELP MEET DEMANDS OF
BERKELEY , CA 94709	23-7131209	501(C)(3)	0.	34,012.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
THE OAKLAND FOOD PANTRY								EQUIPMENT TO AGENCIES TO
1666 7TH ST.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94607	80-0708680	501(C)(3)	0.	119,286.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
THE WELL COMMUNITY OUTREACH								EQUIPMENT TO AGENCIES TO
2333 NISSEN DR.					FEEDING		FOOD &	HELP MEET DEMANDS OF
LIVERMORE, CA 94551	76-0722001	501(C)(3)	0.	424,023.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
								SUPPLEMENT FOOD &
TRI-CITY VOLUNTEERS								EQUIPMENT TO AGENCIES TO
37350 JOSEPH STREET					FEEDING		FOOD &	HELP MEET DEMANDS OF
FREMONT, CA 94536	94-2217681	501(C)(3)	0.	2,851,692.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
				. ,				SUPPLEMENT FOOD &
TRI-VALLEY HAVEN FOOD PANTRY								EQUIPMENT TO AGENCIES TO
418 JUNCTION AVENUE					FEEDING		FOOD &	HELP MEET DEMANDS OF
LIVERMORE, CA 94550	94-2462357	501(C)(3)	0.	528,092.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
•				,				SUPPLEMENT FOOD &
TURN ON TO AMERICA								EQUIPMENT TO AGENCIES TO
80 HAMILTON PL.					FEEDING		FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94612	27-7110313	501(C)(3)	0.	39 233.	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
			†				~	SUPPLEMENT FOOD &
UNION CITY APOSTOLIC CHURCH								EQUIPMENT TO AGENCIES TO
33700 ALVARADO NILES RD					FEEDING		FOOD &	HELP MEET DEMANDS OF
UNION CITY, CA 94587	95-6087955	501(C)(3)	0.	529 004	AMERICA -	FMV	EQUIPMENT	COMMUNITY AND PREVENT
SATON CITT, CA 94307				525,004.	THINKI CA	1 11 4		SUPPLEMENT FOOD &
JNITED SMITH MEMORIAL CME CHURCH								EQUIPMENT TO AGENCIES TO
28105 MISSION BLVD					FEEDING		FOOD &	HELP MEET DEMANDS OF
ZOIO2 WI22ION DUAD		1			L DEDTING			I BELL MEET DEMANDS OF

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPLEMENT FOOD &
UNITY OUTREACH MINISTRIES							EQUIPMENT TO AGENCIES TO
1909 100TH AVE.					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94603	$47\!-\!0942044$	501(C)(3)	0.	41,253.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
UPPER ROOM CHURCH							EQUIPMENT TO AGENCIES TO
836 34TH STREET					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94608	94-3157373	501(C)(3)	0.	19,000.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
VICTORY OUTREACH-MEN'S HOME							EQUIPMENT TO AGENCIES TO
621 SCHAFER RD					FEEDING	FOOD &	HELP MEET DEMANDS OF
HAYWARD, CA 94544	95-2788459	501(C)(3)	0.	73,814.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
VIETNAMESE AMERICAN COMMUNITY							SUPPLEMENT FOOD &
CENTER - EAST BAY - 655							EQUIPMENT TO AGENCIES TO
INTERNATIONAL BLVD - OAKLAND, CA					FEEDING	FOOD &	HELP MEET DEMANDS OF
94606	20-5358946	501(C)(3)	0.	425,854.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
VIOLA BLYTHE COMMUNITY SERVICE							EQUIPMENT TO AGENCIES TO
CENTER - 37365 ASH STREET -					FEEDING	FOOD &	HELP MEET DEMANDS OF
NEWARK, CA 94560	94-3122617	501(C)(3)	0.	367,665.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
WINGS OF LOVE MARANATHA MINISTRIES							EQUIPMENT TO AGENCIES TO
7007 MACARTHUR BLVD.					FEEDING	FOOD &	HELP MEET DEMANDS OF
DAKLAND, CA 94605	68-0171700	501(C)(3)	0.	48,004.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
Y.A. FLUNDER FOUNDATION/WORD OF							SUPPLEMENT FOOD &
MOUTH FEEDING PRGM - 8400							EQUIPMENT TO AGENCIES TO
ENTERPRISE WAY BOX #125 - OAKLAND					FEEDING	FOOD &	HELP MEET DEMANDS OF
, CA 94621	32-0095516	501(C)(3)	0.	164,739.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
							SUPPLEMENT FOOD &
YOUTH LEARNING AND CULTURAL							EQUIPMENT TO AGENCIES TO
INSTITUTE - 1642 FRUITVALE AVE -					FEEDING	FOOD &	HELP MEET DEMANDS OF
OAKLAND, CA 94601	94-3251258	501(C)(3)	0.	67,716.	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT
,				,			SUPPLEMENT FOOD &
YOUTH TOGETHER							EQUIPMENT TO AGENCIES TO
12250 SKYLINE BOULEVARD					FEEDING	FOOD &	- HELP MEET DEMANDS OF
OAKLAND, CA 94619	35-2201239	501(C)(3)	0.	37 327	AMERICA - FMV	EQUIPMENT	COMMUNITY AND PREVENT

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ZION'S TABERNACLE CHURCH OF GOD IN CHRIST - 2147 15TH AVE - OAKLAND, CA 94606	56-3626908	501(C)(3)	0.		FEEDING AMERICA - FMV		SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT

 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
 (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Color of the space of grant or assistance
 Image: Color of the space of the

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

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

PART I, LINE 2:

Part III

FOOD SAFETY TRAINING IS MANDATED AND PROVIDED ANNUALLY. COMPLIANCE IS

TRACKED ELECTRONICALLY.

EVERY MEMBER AGENCY RECEIVES AN ON-SITE MONITORING VISIT AT LEAST ONCE

EVERY TWO YEARS THAT INCLUDES THE ASSESSMENT/TRAINING OF SAFE FOOD HANDLING

PRACTICES, PROGRAM COMPLIANCE, NONDISCRIMINATION AND ETHICAL TREATMENT OF

CLIENTS, RECEIPTS FOR FOOD RECEIVED, AND DISTRIBUTION RECORDS.

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Schedule I (Form 990)			ALAMEDA	A CO	UNTY	COMMUN	1ITY	FOOD	BANK	ζ	0	94-290	5029'	7 Page <b>2</b>	
Part	Part IV Supplemental Information														
ALL	AGENCIES	ARE	SCREENED	AND	MONI	TORED	WHEN	JOIN	ING	THE	FOOD	BANK	VIA	AN	

AGENCY APPLICATION, SIGNING AN AGENCY AGREEMENT, PROVIDING 501(C)(3) STATUS

DOCUMENTATION, SAFE FOOD HANDLING TRANING, AND AN ON-SITE MONITORING VISIT.

FOR AGENCIES RECEIVING GOVERNMENT GRANTS, WE REQUIRE ADDITIONAL CLIENT SERVED REPORTS ON A SPECIFIED BASIS AS WELL AS SPECIFIC MONITORING REQUIREMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 13TH AVENUE CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ACTS FULL GOSPEL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS PROJECT OF THE EAST BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ALAMEDA FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: ALLEN TEMPLE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ARIEL OUTREACH MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ARROYO PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ARSOLA'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: B.A.C.C/IMBC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BACS HEDCO WELLNESS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA AMERICAN INDIAN COUNCIL

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT:

BAY COMMUNITY FELLOWSHIP - AKA -WORLD IMPACT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY FOOD AND HOUSING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY FOOD NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY YOUTH ALTERNATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BOSS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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NAME OF ORGANIZATION OR GOVERNMENT: BROOKINS AME CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: BUDDHIST TZU CHI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

BUILDING FUTURES WOMEN & CHILDREN-MIDWAY SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CAA-AGNES MEMORIAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CAL-PEP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO DE SERVICIOS RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN HOSPITAL FAMILY HOUSE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

CHRIST CENTERED MISSIONARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN CHURCH HOMES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN TABERNACLE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN WOMEN SUPPORTING WOM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE LIVING GOD PG&T

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE TRUE LIVING GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: CITY TEAM MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CIVICORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OF GRACE/ ELMHURST BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OUTREACH PANTRY FOR EMERGENCIES (COPE)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY REFORMED CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

CONTRA COSTA ARC/ASIAN FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: CORINTHIAN BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CORNERSTONE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

CROSSSTREETS NEIGHBORHOOD SERVICES - P

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: CURA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: DAVIS STREET COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: DOROTHY DAY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

DOWNS MEMORIAL UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY ASIAN YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY FOOD NOT BOMBS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

EAST BAY KOREAN AMERICAN SENIOR SERVICES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY TEEN CHALLENGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: EAST OAKLAND BOXING ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: EAST OAKLAND COMMUNITY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

EAST OAKLAND MULTI-PURPOSE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: EAST OAKLAND SWITCHBOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ECAP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

EDEN UNITED CHURCH OF CHRIST - FOOD FOR CHERRYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ELMHURST PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: FACES OF THE EAST BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

FAITH LUTHERAN CHURCH OF CASTRO VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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NAME OF ORGANIZATION OR GOVERNMENT: FAITH VISIONARY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: FAME-FIRST AME

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY BRIDGES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: FEED MY SHEEP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

FOOD 2 GO CASTRO VALLEY UNITED METHODIST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD OF GOD 4 PEOPLE OF GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

#### NAME OF ORGANIZATION OR GOVERNMENT: FREMONT SENIOR CENTER

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDSHIP CHRISTIAN CHURCH GERALD AGEE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: GOD'S RESTING PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPHERD EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE BAPTIST CHURCH OAKLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER BETHESDA CHURCH OF GOD IN CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER NEW BEGINNINGS YOUTH SERVICES

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: GREATER ST. PAUL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HALCYON BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HAVENSCOURT COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HAYWARD CHURCH OF THE NAZARENE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HAYWARD SEVENTH DAY ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HAYWARD SPANISH SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT:

HIV EDUCATION AND PREVENTION PROJECT, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FOR THE HEART

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: HORIZON SERVICES/CHERRY HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH SHARING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: INTERTRIBAL FRIENDSHIP HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: JOSHUA CHRISTIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: KINGDOM BUILDERS DREAM CENTER OAKLAND

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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NAME OF ORGANIZATION OR GOVERNMENT: LA FAMILIA - BANYAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LAKE MERRITT UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

LAST PHASE LOAVES AND FISH FOOD PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LIBERTY HILL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LIFELONG MEDICAL CARE DELLUMS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ROBLES APARTMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LOVE TEMPLE MISSIONARY BAPTIST CHURCH

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN CHURCH OF THE CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: M.A. CENTER MOTHER'S KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MAGNOLIA WOMEN'S RECOVERY OAKLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MARKET STREET SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MARYLIN AVE. SCHOOL / 18 REASONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MCGEE AVENUE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS-BERKELEY

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY BROWN BAG PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HOUSING-EDEN HOUSE APARTMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION FOR THE HOMELESS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MORNING STAR CHURCH OF GOD IN CHRIST (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MT. ZION MISSIONARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: MULTICULTURAL INSTITUTE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: NEW BIRTH CHRISTIAN MINISTRY

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(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE & LOVE RECOVERY HOMES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND CATHOLIC WORKER - P

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND YOUTH ASPIRE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: OPEN HEART KITCHEN OF LIVERMORE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

OPERATION DIGNITY INC. - HOUSE OF DIGNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PARADISE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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 NAME OF ORGANIZATION OR GOVERNMENT: PHILLIPS TEMPLE CME CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PRAISE FELLOWSHIP MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

PRAY 4 U EVANGELISTIC PRAYER OUTREACH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PREPARE THE TABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PRESCOTT JOSEPH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT ACCESS INC - AVE VISTA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT OPEN HAND FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: PROJECT OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: PROPHETIC TEACHER INTERCESSORY CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD CHAPEL COMMUNITY CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD GARDENS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: REFUGE COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: RESURRECTION GREEK ORTHODOX CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ROBERT ALLEN MERCY HOUSE NCCN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGES -AMERICORPS-VISTA (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY-HAYWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY-TRI CITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SAN LEANDRO COMMUNITY FOOD PANTRY (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SAN LORENZO FAMILY HELP CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SECOND CHANCE, INC. - CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SEVENTH STEP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

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NAME OF ORGANIZATION OR GOVERNMENT:

SOCIETY OF ST. VINCENT DE PAUL- ST. LEANDER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SOLID ROCK COGIC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SOLIDARITY FELLOWSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SOS MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH BERKELEY COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH HAYWARD PARISH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANNE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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NAME OF ORGANIZATION OR GOVERNMENT: ST. AUGUSTINE'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. BERNARD CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. COLUMBA / SVDP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ELIZABETH FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. LAWRENCE O'TOOLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. LOUIS BERTRAND CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARY'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL AME CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT DE PAUL DINING ROOM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT'S DAY HOME, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: STEW'S LOVE-N-CARE GROUP HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: STREET LEVEL HEALTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: SVDP - MISSION SAN JOSE FREMONT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: SVDP-ST. BENEDICT CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: TABERNACLE MISSIONARY BAPTIST CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: TELEGRAPH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIDGE OF FAITH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHURCH BY THE SIDE OF THE ROAD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW BRIDGE FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: THE OAKLAND FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: THE WELL COMMUNITY OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: TRI-CITY VOLUNTEERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: TRI-VALLEY HAVEN FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: TURN ON TO AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: UNION CITY APOSTOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED SMITH MEMORIAL CME CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

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Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: UNITY OUTREACH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: UPPER ROOM CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: VICTORY OUTREACH-MEN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

VIETNAMESE AMERICAN COMMUNITY CENTER - EAST BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: VIOLA BLYTHE COMMUNITY SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: WINGS OF LOVE MARANATHA MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

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Y.A. FLUNDER FOUNDATION/WORD OF MOUTH FEEDING PRGM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH LEARNING AND CULTURAL INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

NAME OF ORGANIZATION OR GOVERNMENT:

ZION'S TABERNACLE CHURCH OF GOD IN CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENT FOOD & EQUIPMENT TO

AGENCIES TO HELP MEET DEMANDS OF COMMUNITY AND PREVENT HUNGER.

SC	HEDULE J		OMB No. 1545-0047					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2018				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<b>ZU</b>	10	)		
Dena	tment of the Treasury	Attach to Form 990.		Open to Public				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatio			identificatio		mber		
De		ALAMEDA COUNTY COMMUNITY FOOD BANK	94-2	296029	/			
Pa	rt I Question	s Regarding Compensation						
4			000		Yes	No		
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.						
	Travel for com	°						
		cation and gross-up payments Health or social club dues or initiation fee						
		spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•			1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant X Compensation survey or study						
	X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee					
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re	-		10		x		
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X		
		ceive payment from, an equity-based compensation arrangement?				X		
Ŭ		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	The organization?			5a		X		
		ation?				X		
		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 compensatio	n					
	contingent on the r	-						
						X		
b		ation?		6b	_	X		
_		br 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v		
~		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x		
0				8				
9		id the organization also follow the rebuttable presumption procedure described in		9				
	Regulations section	n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	0010		
∟ПА	I UI Faper WUIK R	בעוכנוסוו אכו ווטנוכב, כבב נווב וווסנו עכנוסווס וסר דטרווו ששט.	Schet	aule o (Forn	1 990)	, 2010		

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SUZAN BATESON	(i)	265,516.	0.	0.	13,734.	27,227.	306,477.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY DONOVAN	(i)	161,767.	0.	0.	9,091.	20,212.	191,070.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA DARROW BLAKE	(i)	171,663.	0.	0.	9,732.	18,929.	200,324.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLISON PRATT	(i)	161,601.	0.	0.	8,911.	12,732.	183,244.	0.
CHIEF STRATEGY AND PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERICK LOVDAHL	(i)	140,007.	0.	0.	8,030.	16,274.	164,311.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2018

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990. 

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

	.irs.yov/Forn		s and the	ialest in
AT.AMEDA	COUNTY	COMMUNTTY	FOOD	BANK

Employer identification number 94 - 2960297

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Par	t I Types of Property							_	
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribu amounts reported Form 990, Part VIII,	d on		(d) od of determi contribution a		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	11,6	595.	FMV			
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	50	379,4	406.	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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	270	45,338,2	243.	FEEDING	AMERIC	A	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ ( <b>EVENTS</b> )	X	388	113,3					
26	Other $\blacktriangleright$ ( <u>MISC SUPPLIES</u> )	X	20	40,4	424.	FMV			
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organized	zation during	the tax year for c	ontributions					
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	jement2	29			0	
							_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1	throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required	to be us	sed for			
	exempt purposes for the entire holding period?	?					<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard c	ontribut	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell no	oncash				1
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	r for which column (a)	is cheo	cked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

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, PART I, COLUMN (B):

THE NUMBER OF FOOD CONTRIBUTIONS REPRESENTS THE NUMBER OF DONORS OF

FOOD. THE NUMBER OF ALL OTHER NONCASH CONTRIBUTIONS REPRESENTS THE

NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

AUTOS ARE DONATED TO CHARITABLE ADULT RIDES & SERVICES (CARS) VEHICLE

PROGRAM, WHICH IS AN UNRELATED 501(C)(3) PUBLIC CHARITY. CARS HANDLES

ALL OF THE NECESSARY IRS PAPERWORK ON FOOD BANK'S BEHALF AND ISSUES

THE 1098C FORMS TO DONORS. CARS VEHICLE DONATION PROGRAM MERGED

WITH V-DAC ON 10/1/18 AND GOING FORWARD WILL PROCESS PROCEED CHECKS.

832142 10-18-18

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 18 (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. Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization ALAMEDA COUNTY COMMUNITY FOOD BANK 94-2960297 FORM 990, PART I, LINE 22 SUPPLEMENTAL INFORMATION: THE \$3,115,943 INCREASE IN NET ASSETS INCLUDES \$2,139,521 OF DONATIONS RESTRICTED TO PROJECTS IN FUTURE YEARS AND \$916,510 INCREASE IN DONATED INVENTORY. DONATED COMMODITIES RECEIVED EQUALED \$45,338,242 AND DONATED COMMODITIES DISTRIBUTED EQUALED \$44,421,732, FOR AN INCREASE OF \$916,510 TO NET OPERATING INCOME. WITHOUT THE CHANGES IN DONATIONS RESTRICTED FOR FUTURE YEARS AND DONATED COMMODITIES, NET OPERATING INCOME EQUALED \$59,912.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND OUR MOBILE AND SCHOOL PANTRIES. IN FISCAL YEAR 2019, ACCFB'S DISTRIBUTED POUNDS DECREASED SLIGHTLY BY 1%, DUE IN PART TO LOWER FOOD DONATIONS AND MORE NUTRIENT DENSE FOODS SUCH AS LEAFY GREENS WHICH WEIGH LESS. IN FISCAL YEAR 2018, FOOD DISTRIBUTION DECREASED 10.5%. ACCFB DISTRIBUTES ALL DONATED AND GOVERNMENT PROCURED ITEMS FOR FREE AND CONTINUES TO SUBSIDIZE PURCHASED SHELF-STABLE ITEMS.

VOLUNTEER PROGRAM VOLUNTEERS PLAY AN EVOLVING ROLE IN OUR WORK

FROM PACKAGING OF FRESH PRODUCE, BAGGING CHILDREN'S FOOD BAGS,

AND SORTING DONATED FOOD TO HELPING IN A VARIETY OF SKILLS- AND

PROFESSIONAL-BASED WAYS INCLUDING CONSULTING ON INVESTMENTS.

VOLUNTEERS ARE ALSO UTILIZED FOR THE HELPLINE, OFFICE ASSISTANCE,

ADVOCACY, AND EVENTS. DURING THE YEARS ENDED JUNE 30, 2019

AND 2018, VOLUNTEER HOURS WERE EQUIVALENT TO 52 FULL-TIME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

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Name of the organization ALAMEDA COUNTY COMMUNITY FOOD BANK	Employer identification number 94-2960297
EMPLOYEES AND 58 FULL-TIME EMPLOYEES, RESPECTIVELY. VOLU	NTEER
HOURS WERE 102,762 AND 112,667 FOR THE YEARS ENDED	
JUNE 30, 2019 AND 2018, RESPECTIVELY.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHM	IENTS:
EDUCATIONAL CLASSES, NUTRITION MATERIALS, RECIPES, COOKI	NG CLASSES

AND TASTE TESTING DEMOS TO ENCOURAGE AND 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: ADVOCACY, RESEARCH, COMMUNITY ENGAGEMENT 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.

THE FOOD BANK'S STAFF MEETS 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. RESEARCH

ACTIVITIES INCLUDE MEASURING FOOD INSECURITY AND MAPPING FOOD

INSECURITY WITH OUR SERVICES TO HELP US STRATEGICALLY IMPROVE OUR

SERVICES WHERE THEY ARE NEEDED MOST.

EXPENSES \$ 1,523,881. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 832212 10-10-18

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Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2										
Name of the organization	ALAMEDA	COUNTY	COMMUNITY	FOOD	BANK		'	Employer ident $94 - 296$		number
DIRECTORS PER	THE ORGA	NTZATTC	N'S BYLAW	с. т <b></b>	IE FOOD	BANK	CAN	ELECT U	ΡTΩ	22

BOARD MEMBERS; A MINIMUM OF TWO MUST REPRESENT FOOD BANK NETWORK

PARTNER/MEMBER AGENCIES.

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

THE FOOD BANK'S PARTNER AGENCIES ELECT NEW MEMBERS TO THE BOARD AND TAKE

ACTION REGARDING CHANGES TO BYLAWS.

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

THE CPA FIRM 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. IN PARTICULAR, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE TAX RETURN. 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

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 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

13310127 146892 651583

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2018.05030 ALAMEDA COUNTY COMMUNITY 651583_1

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
ALAMEDA COUNTY COMMUNITY FOOD BANK	94-2960297
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	
BY AN OUTSIDE CONSULTANT. DECISIONS TO CHANGE SALARIES INC	LUDE
CONSIDERATION OF THE EMPLOYEES' EXPERIENCE AND PERFORMANCE	•
WITH RESPECT TO THE EXECUTIVE DIRECTOR'S, CFO'S, AND KEY E	MPLOYEES' SALARY
SPECIFICALLY, THE BOARD REVIEWS THESE SALARIES ANNUALLY AN	D VOTES TO
APPROVE SALARY CHANGES FOR THOSE POSITIONS. THE PROCESS P	ERFORMED BY
MEMBERS OF THE BOARD OF DIRECTORS INCLUDES REVIEW AND APPR	OVAL BY
INDEPENDENT PERSONS, COMPARABLE DATA FROM OTHER ORGANIZATI	ONS AND
CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DEC	ISION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOOD BANK'S ARTICLES OF INCORPORATION, BYLAWS, MOST RE	CENT TAX RETURNS,
AND MOST RECENT AUDIT REPORTS ARE AVAILABLE AT	
HTTPS://WWW.ACCFB.ORG/FINANCIALS/. THESE DOCUMENTS AND OTH	ERS 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 AND GUIDESTAR.

832212 10-10-18

EXTENDED TO MAY 15, 2020										
Form <b>990-T</b>	- E	Exempt Orga				Tax R	eturn	OMB No. 1545-0687		
		•	nd proxy tax unde		· · · ·			0040		
	For ca	alendar year 2018 or other tax ye	ar beginning JUL 1,	203	18 , and ending	JUN 30	<u>, 2019</u>	2018		
Department of the Treas	sury		.irs.gov/Form990T for in					Open to Public Inspection fr	or	
Internal Revenue Service	e í 🕨 🕨	Do not enter SSN numbe						Open to Public Inspection fo 501(c)(3) Organizations Only	/	
A Check box i address cha		Name of organization (	Check box if name cl	nanged	and see instructions.	.)	Em	D Employer identification number (Employees' trust, see instructions.)		
B Exempt under se	ection Print	ALAMEDA COU	NTY COMMUNIT	CY F	'OOD BANK			94-2960297		
X 501(c)(3	) or	Number, street, and roor	n or suite no. If a P.O. box	, see in	structions.			elated business activity code instructions.)		
408(e)	220(e) <b>Туре</b>	P.O. BOX 25	99				×			
408A 408A 529(a)	530(a)		vince, country, and ZIP or 94614–0599		n postal code		900	099		
C Book value of all asso	ets	F Group exemption num	ber (See instructions.)				•		_	
26,30	7,417.	G Check organization typ	e 🕨 🚺 501(c) corp	oration	501(c) tru	ust 🗌	401(a) trust	Other trust	_	
	of the organiza	ation's uniterated trades of t	Jusiliesses.	1	Desc	ribe the only (	or first) unrelate	d		
		EE STATEMENI					Parts I-V. If mor			
describe the first i	in the blank spa	ace at the end of the previo	us sentence, complete Pa	rts I and	d II, complete a Sche	dule M for eac	h additional trad	e or		
business, then co									_	
		poration a subsidiary in an		t-subsi	diary controlled grou	p?	🕨 🛄 Y	′es 🔄 No		
		tifying number of the parer		TOT 3			N / F1 (		_	
J The books are in (	care of	AMY DONOVAN, de or Business Inc	CHIEF FINAL		(A) Income			) 635-3663 (C) Net	—	
					(A) Income	(D)	Expenses	(C) Net	-	
1a Gross receipts			<b>c</b> Balance ►	4.						
<ul><li>b Less returns a</li><li>2 Cost of goods</li></ul>		e A, line 7)		1c 2					-	
	Solu (Scheuule Subtract line 2 f			2					-	
		ch Schedule D)		4a					—	
		Part II, line 17) (attach Forn		4b					—	
		sts		4c					_	
		ship or an S corporation (a		5					_	
6 Rent income (				6					_	
7 Unrelated debt		me (Schedule E)		7					_	
		and rents from a controlled		8						
		on 501(c)(7), (9), or (17) o		9						
		ome (Schedule I)		10					_	
11 Advertising inc	come (Schedul	e J)		11		_				
		ns; attach schedule)				2			_	
13 Total. Combin	ne lines 3 throu	igh 12		13		0.				
		ot Taken Elsewher utions, deductions mus								
	-		•							
		irectors, and trustees (Scho							—	
									—	
									—	
		ee instructions)							—	
									—	
20 Charitable co	ntributions (Se	e instructions for limitatior	rules)				20		_	
		562)							_	
		n Schedule A and elsewher					22b			
							23		_	
24 Contributions	s to deferred co	mpensation plans								
25 Employee ber	nefit programs									
26 Excess exemp	pt expenses (S	chedule I)								
		hedule J)								
		hedule)						<u> </u>	_	
		14 through 28						0		
		ncome before net operatin					30	0	•	
		loss arising in tax years be	• •		,		31	0		
		ncome. Subtract line 31 fro						Form <b>990-T</b> (201	_	
823701 01-09-19 LH	1A FOR Pape	rwork Reduction Act Notic	e, see instructions. Q	6				FUTHE 330-1 (201	ō)	

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Form 990-				94-29602	297 Page 2
Part I	III Total Unrelated Business Taxal	ble Income			
33	Total of unrelated business taxable income comput	ed from all unrelated trades or businesses	(see instructions)	3	0.
34	Amounts paid for disallowed fringes				4
35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018 (see ir	structions)	3	5
36	Total of unrelated business taxable income before s	specific deduction. Subtract line 35 from t	he sum of		
	lines 33 and 34				6
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)			1,000.
38	Unrelated business taxable income. Subtract line				
					8 0.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		🕨 🖪	9 0.
40	Trusts Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on the amo	unt on line 38 from:	:	
	Tax rate schedule or Schedule D (Fo	rm 1041)		🕨 🛓	0
41	Proxy tax. See instructions			► 4	1
42	Alternative minimum tax (trusts only)				2
43	Tax on Noncompliant Facility Income. See instruc	ctions			3
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh				4 0.
Part V	V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		
b					
C	General business credit. Attach Form 3800		<b>45</b> c		
d	Credit for prior year minimum tax (attach Form 880				
е	Total credits. Add lines 45a through 45d				5e
46	Subtract line 45e from line 44	<u></u>		4	6 0.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🛄 Other	(attach schedule) 4	7
48	Total tax. Add lines 46 and 47 (see instructions)				8 0.
49	2018 net 965 tax liability paid from Form 965-A or		1 1		9 0.
	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments				
C	Tax deposited with Form 8868		50c	400.	
	Foreign organizations: Tax paid or withheld at sour				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiur		50f		
g	Other credits, adjustments, and payments:				
		ther Total			400
51	Total payments. Add lines 50a through 50g			<u>5</u>	400.
52	Estimated tax penalty (see instructions). Check if Fo				2
53	Tax due. If line 51 is less than the total of lines 48,				3 400
54	<b>Overpayment.</b> If line 51 is larger than the total of li				4 400.
55 Part V	Enter the amount of line 54 you want: Credited to 2 VI Statements Regarding Certain				400.
				,	
56	At any time during the 2018 calendar year, did the	• •		•	Yes No
	over a financial account (bank, securities, or other) FinCEN Form 114, Report of Foreign Bank and Fina				
	here		the foreign country		X
57	During the tax year, did the organization receive a c	listribution from or was it the granter of	or transferor to a fo	reign truct?	
57	If "Yes," see instructions for other forms the organiz				
58	Enter the amount of tax-exempt interest received of	•			
	Under penalties of perjury, I declare that I have examined		d statements, and to th	e best of my knowledge a	and belief, it is true,
Sign	correct, and complete. Declaration of preparer (other than	n taxpayer) is based on all information of which pre	parer has any knowledg		
Here		<b>EXECU</b>	TIVE DIRE	CTOR May the pre	e IRS discuss this return with eparer shown below (see
	Signature of officer	Date Title			tions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date		PTIN
Deid		LAUREN A.	Duito	self- employed	
Paid Prepa	LAUREN A. HAVERLOCK		01/27/20		P00545829
Use C				Firm's EIN 🕨	91-0189318
Usel		HIRE BLVD., SUITE 1	L100		
	Firm's address <b>►</b> LOS ANGELE	-		Phone no. 310	0-477-0450
823711 01	•				Form <b>990-T</b> (2018)
		97			

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

TRANSPORTATION BENEFITS - REFUND ONLY

TO FORM 990-T, PAGE 1