

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **7/01**, 2020, and ending **6/30**, 2021

B Check if applicable:	C	D Employer identification number	E Telephone number
<input type="checkbox"/> Address change	FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVENUE CONCORD, CA 94520-1200	94-2418054	(925) 676-7543
<input type="checkbox"/> Name change		G Gross receipts \$ 125,833,635.	
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return		F Name and address of principal officer: SAME AS C ABOVE	
<input type="checkbox"/> Application pending	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.FOODBANKCCS.ORG		L Year of formation: 1975 M State of legal domicile: CA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>THE FOOD BANK WAS ESTABLISHED IN ORDER TO EFFICIENTLY GATHER, WAREHOUSE, AND DISTRIBUTE FOOD PRODUCTS TO CONTRA COSTA AND SOLANO COUNTY CHARITIES MEETING EMERGENCY FOOD NEEDS.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a).....	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	108
	6 Total number of volunteers (estimate if necessary).....	6	6,081
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	99,947,858.	124,152,462.
	9 Program service revenue (Part VIII, line 2g).....	1,026,559.	1,336,155.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	45,560.	54,731.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	187,116.	241,703.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	101,207,093.	125,785,051.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	77,281,237.	90,102,420.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	6,533,192.	7,544,762.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....	604,493.	627,336.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,559,711.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	7,839,836.	14,245,980.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	92,258,758.	112,520,498.
19 Revenue less expenses. Subtract line 18 from line 12.....	8,948,335.	13,264,553.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	24,461,950.	37,625,233.
	21 Total liabilities (Part X, line 26).....	3,499,328.	3,380,178.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	20,962,622.	34,245,055.

Part II Signature Block

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

Sign Here	Signature of officer	Date 05/13/22
	JOEL D. SJOSTROM Type or print name and title	PRESIDENT & CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIA MCKEE, CPA	JULIA MCKEE, CPA			P01743240
	Firm's name ▶ MAZE & ASSOCIATES				Firm's EIN ▶ 94-2590179
	Firm's address ▶ 3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523				Phone no. 925-930-0902

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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?... [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,443,530. including grants of \$ 32,138,611.) (Revenue \$ 674,610.)

PANTRY/SOUP KITCHENS PROGRAM - PROVIDES FOOD TO LOCAL NON-PROFIT AGENCIES THAT PROVIDE FOOD BASKETS AND HOT MEALS TO PEOPLE IN NEED IN CONTRA COSTA AND SOLANO COUNTIES.

4b (Code:) (Expenses \$ 24,130,829. including grants of \$ 23,337,628.) (Revenue \$ 264,343.)

NOR/CLUSTER PROGRAM AND OTHER FOOD BANKS - THE FOOD BANK HAS THE RESPONSIBILITY FOR DISTRIBUTING FOOD TO COLLABORATING FOOD BANKS IN NORTHERN CALIFORNIA AND NEVADA THROUGH THE "CLUSTER" DISTRIBUTION SYSTEM ENCOURAGED BY OUR NATIONAL NETWORK IN ORDER TO INCREASE THE AMOUNT AND VARIETY OF FOOD AVAILABLE TO THOSE IN NEED.

4c (Code:) (Expenses \$ 17,732,416. including grants of \$ 11,276,148.) (Revenue \$ 2,118,327.)

COVID PROGRAM - THE FOOD BANK OF CONTRA COSTA AND SOLANO COVID PROGRAM INCLUDES DIRECT EXPENSES FOR ADDITIONAL FOOD PURCHASES AND PERSONNEL EXPENSES.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 29,620,431. including grants of \$ 23,350,033.) (Revenue \$ -1,721,125.)

4e Total program service expenses 108,927,206.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c 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.....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.....	X	
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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		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.....		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.....		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.....		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 See instructions.....	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.....	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.....		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
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.....	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	X	
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a	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. 2 a 108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a X		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a X		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13 a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13 b		
c	Enter the amount of reserves on hand 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a X		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X		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 income? 16 X		X
If 'Yes,' complete Form 4720, Schedule O.			

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 a	15		
b	Enter the number of voting members included on line 1a, above, who are independent		
1 b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 BRIAN MORROW 4010 NELSON AVENUE CONCORD CA 94520-1200 (925) 676-7543

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL SJOSTROM EXECUTIVE DIR	40 0			X				279,556.	0.	21,005.
(2) HISHAM HAMDY OPERATIONS DIR	40 0			X				139,929.	0.	26,039.
(3) HULYNE BESHARATPOUR FINANCE DIR	40 0			X				122,133.	0.	25,473.
(4) KIM CASTANEDA DEVELOPMENT DIR	40 0			X				135,098.	0.	11,661.
(5) NORA NICHOLSON PROGRAM DIR	40 0			X				92,302.	0.	16,684.
(6) LISA SHERRILL FORMER COMM. DIRECTOR	40 0						X	84,699.	0.	20,199.
(7) LARRY SLY FORMER EXECUTIVE DIRECTOR	40 0						X	91,509.	0.	4,341.
(8) HOLLY NEU H.R. DIRECTOR	40 0			X				75,542.	0.	2,357.
(9) CAITLIN SLY FORMER PROGRAM DIRECTOR	40 0						X	21,074.	0.	1,157.
(10) TOM CHOWANIEC BOARD MEMBER	1 0	X						0.	0.	0.
(11) TRACY TOMKOVICZ VICE CHAIR	40 0	X		X				0.	0.	0.
(12) LAURA MORAN CHAIRMAN/BOARD	40 0	X		X				0.	0.	0.
(13) PAUL GABBARD BOARD MEMBER	1 0	X						0.	0.	0.
(14) RICH GOLINSKI BOARD MEMBER	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JIM GRAY BOARD MEMBER	1 0	X						0.	0.	0.
(16) DAVID LE SECRETARY-TREAS	40 0	X		X				0.	0.	0.
(17) TANYA POWELL BOARD MEMBER	1 0	X						0.	0.	0.
(18) JILL STEELE BOARD MEMBER	1 0	X						0.	0.	0.
(19) MELISSA JONES BOARD MEMBER	1 0	X						0.	0.	0.
(20) TERESA MAKAREWICZ BOARD MEMBER	1 0	X						0.	0.	0.
(21) MARK GUNDAKER BOARD MEMBER	1 0	X						0.	0.	0.
(22) MARC LEWIS BOARD MEMBER	1 0	X						0.	0.	0.
(23) BRUCE PHELPS BOARD MEMBER	1 0	X						0.	0.	0.
(24) GLENN SMITH BOARD MEMBER	1 0	X						0.	0.	0.
(25) DIANA BRENNAN COMM. DIR.	40 0			X				0.	0.	0.
1 b Subtotal								1,041,842.	0.	128,916.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								1,041,842.	0.	128,916.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEWPORT ONE 21 RAILROAD AVENUE DUXBURY, MA 02332	PROF FUNDRAISING SVC	359,444.
RKD GROUP 8001 SOUTH 13TH STREET LINCOLN, NE 68512	PROF FUNDRAISING SVC	261,559.
ESFIELD SYSTEMS P.O. BOX 2334 SAN RAMON, CA 94583	IT SOLUTIONS	293,922.
GOLDEN GATE TRUCK CENTER 8200 BALDWIN STREET OAKLAND, CA 94621	TRUCK REPAIRS	478,902.
EXPRESS SERVICES, INC. P.O. BOX 844277 LOS ANGELES, CA 90084	INDUSTRIAL SERVICES	188,238.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c	9,240.			
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e	5,416,705.			
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f	118726517.			
	g Noncash contributions included in lines 1a-1f.....	1 g	91,195,147.			
	h Total. Add lines 1a-1f.....		124152462.			
Program Service Revenue	2 a <u>FOOD SALES</u>	Business Code	1,183,757.	1,183,757.		
	b <u>SERVICE FEES</u>		152,398.	152,398.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue....					
	g Total. Add lines 2a-2f.....		1,336,155.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		54,731.		54,731.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real	22,792.			
		(ii) Personal				
		b Less: rental expenses	6 b			
		c Rental income or (loss)	6 c	22,792.		
	d Net rental income or (loss).....		22,792.		22,792.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	7 b			
		c Gain or (loss).....	7 c			
	d Net gain or (loss).....					
8 a Gross income from fundraising events (not including \$ <u>9,240.</u> of contributions reported on line 1c). See Part IV, line 18.....	8 a	267,495.				
	b Less: direct expenses.....	8 b	48,584.			
	c Net income or (loss) from fundraising events.....		218,911.		218,911.	
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a					
	b Less: direct expenses.....	9 b				
	c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less..... returns and allowances.....	10 a					
	b Less: cost of goods sold....	10 b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue						
	11 a -----	Business Code				
	b -----					
	c -----					
	d All other revenue.....					
	e Total. Add lines 11a-11d.....					
12 Total revenue. See instructions.....		125785051.	1,336,155.	0.	296,434.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	90,102,420.	90,102,420.		
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.	1,170,756.	901,483.	93,660.	175,613.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,712,661.	3,621,743.	490,463.	600,455.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	1,180,139.	1,029,622.	65,316.	85,201.
10 Payroll taxes.	481,206.	378,528.	39,947.	62,731.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	627,336.			627,336.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,075,213.	541,674.	102,185.	431,354.
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	69,508.	67,492.	927.	1,089.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	520,315.	495,262.	7,898.	17,155.
23 Insurance.	57,443.	38,295.	9,750.	9,398.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COVID COSTS	4,106,635.	4,092,449.	14,186.	
b FOOD PURCHASES	3,242,495.	3,242,495.		
c FOOD ACQUISITION EXPENSE	1,597,384.	1,597,384.		
d TRANSPORTATION	678,761.	678,761.		
e All other expenses.	2,898,226.	2,139,598.	209,249.	549,379.
25 Total functional expenses. Add lines 1 through 24e.	112,520,498.	108,927,206.	1,033,581.	2,559,711.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	10,583,117.	1	4,410,166.
	2	Savings and temporary cash investments	5,078,224.	2	19,170,915.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	587,897.	4	752,072.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,747,324.	8	7,542,658.
	9	Prepaid expenses and deferred charges	22,945.	9	306,351.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,597,493.		
	b	Less: accumulated depreciation	10b 6,391,082.	10c	5,206,411.
	11	Investments – publicly traded securities	89,016.	11	87,437.
	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	90,659.	15	149,223.
16	Total assets. Add lines 1 through 15 (must equal line 33)	24,461,950.	16	37,625,233.	
Liabilities	17	Accounts payable and accrued expenses	889,741.	17	1,901,400.
	18	Grants payable		18	
	19	Deferred revenue	1,227,882.	19	33,510.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,113,913.	24	1,113,913.
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	267,792.	25	331,355.	
26	Total liabilities. Add lines 17 through 25	3,499,328.	26	3,380,178.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	20,873,606.	27	34,157,618.
	28	Net assets with donor restrictions	89,016.	28	87,437.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	20,962,622.	32	34,245,055.	
33	Total liabilities and net assets/fund balances.	24,461,950.	33	37,625,233.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12).	1	125,785,051.
2	Total expenses (must equal Part IX, column (A), line 25).	2	112,520,498.
3	Revenue less expenses. Subtract line 2 from line 1.	3	13,264,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	20,962,622.
5	Net unrealized gains (losses) on investments.	5	17,880.
6	Donated services and use of facilities.	6	
7	Investment expenses.	7	
8	Prior period adjustments.	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	34,245,055.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-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). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	65561583.	71494155.	88833625.	99987822.	124371373.	450248558.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	65561583.	71494155.	88833625.	99987822.	124371373.	450248558.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						450248558.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	65561583.	71494155.	88833625.	99987822.	124371373.	450248558.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	177,942.	169,606.	222,226.	192,211.	95,403.	857,388.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						451105946.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	99.81 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	99.78 %
16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513.						
4 Tax revenues levied for the organization'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.....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.....						
c Add lines 7a and 7b.....						
8 Public support. (Subtract line 7c from line 6.).....						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.....						
10a 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..						
c Add lines 10a and 10b.....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).....						
13 Total support. (Add lines 9, 10c, 11, and 12.).....						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).....	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.....	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).....	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.....	18	%

- 19a **33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.▶
- b **33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	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? <i>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.</i>	2a	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

BAA

Part VI

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

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Table with 2 columns: Name of the organization (FOOD BANK OF CONTRA COSTA AND SOLANO) and Employer identification number (94-2418054)

Organization type (check 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

Name of organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA DEPARTMENT OF SOCIAL SER 5800 FOODLINK AVENUE SACRAMENTO, CA 95828	\$ 14,978,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
---	---

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 ----- ----- ----- -----	\$ 11,943,422.	
	----- ----- ----- -----	\$ -----	
	----- ----- ----- -----	\$ -----	
	----- ----- ----- -----	\$ -----	
	----- ----- ----- -----	\$ -----	
	----- ----- ----- -----	\$ -----	
	----- ----- ----- -----	\$ -----	

Name of organization: FOOD BANK OF CONTRA COSTA AND SOLANO
 Employer identification number: 94-2418054

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

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

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

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

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

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

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

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

FOOD BANK OF CONTRA COSTA AND SOLANO

94-2418054

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2 d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------|--------|
| c Beginning balance..... | 1 c |
| d Additions during the year..... | 1 d |
| e Distributions during the year..... | 1 e |
| f Ending balance..... | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	3,899,848.	2,495,653.	2,354,302.	2,319,640.	2,293,472.
b Contributions.....					
c Net investment earnings, gains, and losses.....	14,089,522.	1,404,195.	141,351.	34,662.	26,168.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....					
g End of year balance.....	17,989,370.	3,899,848.	2,495,653.	2,354,302.	2,319,640.

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|----------------------------------|-----|----|
| (i) Unrelated organizations..... | | X |
| (ii) Related organizations..... | | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		500,237.		500,237.
b Buildings.....		4,279,620.	2,684,572.	1,595,048.
c Leasehold improvements.....		376,501.	21,705.	354,796.
d Equipment.....		5,774,674.	3,684,805.	2,089,869.
e Other.....		666,461.		666,461.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,206,411.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	331,355.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	331,355.

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

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

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

1	Total revenue, gains, and other support per audited financial statements.....		1	125,802,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a	17,880.	
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....	2e	17,880.	
3	Subtract line 2e from line 1.....		3	125,785,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	125,785,051.

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

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

1	Total expenses and losses per audited financial statements.....		1	112,520,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2a		
	b Prior year adjustments.....	2b		
	c Other losses.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....	2e		
3	Subtract line 2e from line 1.....		3	112,520,498.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	112,520,498.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

FOOD BANK'S ENDOWMENT CONSISTS OF THE LAUREL RESOURCES ENDOWMENT FUND AND THE CHERIE HOWARD ENDOWMENT FUND WHICH WERE ESTABLISHED TO GENERATE INCOME, AS RESTRICTED BY THE DONORS. THE LAUREL RESOURCES ENDOWMENT FUND REQUIRES THE PRINCIPAL BE INVESTED IN PERPETUITY AND THE INCOME USED FOR OPERATIONS. THE CHERIE HOWARD ENDOWMENT FUND REQUIRES THE PRINCIPAL AND INCOME BE USED FOR OPERATIONS EQUALLY OVER A TWENTY-FIVE YEAR PERIOD BEGINNING JANUARY 1, 2004.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **FOOD BANK OF CONTRA COSTA AND SOLANO**
Employer identification number: **94-2418054**

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NEWPORT ONE 21 RAILROAD AVENUE DUXBURY MA 02332	CONSULTANT		X	3,006,928.	380,456.	2,626,472.
2 RKD GROUP 8001 SOUTH 13TH STREET LINCOLN NE 68512	DIGITAL MARKETING		X	1,039,217.	246,880.	792,337.
3						
4						
5						
6						
7						
8						
9						
10						
Total▶				4,046,145.	627,336.	3,418,809.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NOURISH GALA (event type)	EMPTY BOWLS (event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts	228,600.	48,135.	276,735.
	2	Less: Contributions	9,240.		9,240.
	3	Gross income (line 1 minus line 2)	219,360.	48,135.	267,495.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	18,000.		18,000.
	7	Food and beverages	7,515.		7,515.
	8	Entertainment	14,898.		14,898.
	9	Other direct expenses		8,171.	8,171.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			48,584.
	11	Net income summary. Subtract line 10 from line 3, column (d)			218,911.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUMMARY OF GRANTS/ASSISTANCE REFER TO PDF SCHEDULE I 4010 NELSON AVE, CA 94520			221,824.	18,165,509.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **145**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **0**

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

MONITORING THE USE OF GRANT FUNDS IS DONE BY REQUIRING MONTHLY AND QUARTERLY ORGANIZATIONAL REPORTS, AS WELL AS SCHEDULED AND UNSCHEDULED SITE VISITS TO MONITOR AND MAINTAIN COMPLIANCE.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

PLEASE REFER TO ATTACHED PDF FOR GRANTS/ASSISTANCE DETAIL.

Food Bank of Contra Costa & Solano
94-2418054
Form 990, Schedule I, Part II
Form 199, Part II, Line 9

(a) Name and Address of Organization or government	(b) EIN	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other) Cost/pound	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Agape International Church	605 W. Madill, Antioch CA 94509	11-3754957	\$2,500	\$12,034	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Aim High Child Care	6767 Alisal Street, Pleasanton CA94566	94-3201391		\$14,635	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
All Hands on Deck	1350 Kelsey St., Richmond CA 94801	83-4171838	\$4,500	\$11,739	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Amador St Hope Center	929 Amador Street, Vallejo CA 94590	61-1549809	\$4,500	\$14,673	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Antioch Church of God	21 Antioch Drive, Vallejo CA 94589	94-2641152		\$5,391	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Antioch Ministerial Fellowship	2507 San Jose Dr., Antioch CA 94531	94-1704320		\$7,852	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Appian Way SDA	980 Appian Way Bldg A, El Sobrante CA 94503	52-0643036		\$5,005	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Archway Recovery Services	1525 Union Avenue, Fairfield CA 94533	68-0413703		\$31,923	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Avalon Group Homes	44 Almenar Drive, Greenbrae CA 94904	68-0456362		\$6,506	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Beacon Light Church	607 S. 19th St., Richmond CA 94804	94-1026064	\$1,000	\$3,560	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Benicia C.A.C.	480 Military East, Benicia CA 94510	68-0294153	\$3,000	\$3,005	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Bethel Community Church FF	600 E. TABOR AVE., Fairfield CA 94533	26-4668299		\$9,399	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
BiBett Corp	390 N WIGET LANE SUITE 150, Walnut Creek Ca 94596	94-1702064		\$50,645	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Brentwood Community Chest	P.O. Box 845, Brentwood CA 94513	94-3204667		\$7,074	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Brentwood Hope House	809 2nd Street, Brentwood CA 94513	42-6021808		\$111,493	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Brentwood United Methodist	809 2nd St., Brentwood Ca 94513	94-1722942		\$50,642	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Calvary Community Church	585 Mini Drive, Vallejo CA 94589	94-3188114		\$7,489	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Caminar	2600 S. El Camino Real, #200, San Mateo CA 94403	94-1639389		\$66,247	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Casa Nova Mobile Park	2701 Martin Rd, Fairfield CA 94533	68-0308781		\$25,417	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Catholic Social Services	125 Corporate Place, Ste A, Vallejo CA 94590	94-2576612		\$23,895	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Christ Community Church	1650 Ashbury Dr., Concord CA 94520	23-7153845		\$31,720	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Christ the King	195-A Brandon Rd., Pleasant Hill CA 94523	13-5562362		\$16,115	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Church of the Good Shepherd	3200 Harbor St., Pittsburg CA 94565	13-5562351	\$3,000	\$95,781	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Community Resources Council	8284 Industrial Avenue, Roseville CA 95678	94-1740316		\$808,605	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Concord Salvation Army	3950 Clayton Rd., Concord CA 94521	13-5562351		\$107,181	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Contra Costa College Pantry	2600 Mission Bell Dr., San Pablo CA 94806	94-6135368		\$6,290	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Diablo Valley College	321 Gold Club Road, Pleasant Hill CA 94523	94-9622202		\$13,578	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Diane Avenue COGIC	283 Diane Ave., Pittsburg CA 94565	68-0352430		\$15,025	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Dignity Health Connected Living	200 Mercy Oaks Drive, Redding CA 96003	23-7115371		\$755,638	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Dixon Cornerstone	185 W. Cherry St., Dixon CA 95620	68-0041829		\$21,903	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Emmanuel Arms	900 6th Street, Vallejo CA 94590	57-1139689	\$456	\$26,548	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Fairfield CANB	416 Union Ave., Fairfield CA 94533	68-0041385	\$3,500	\$25,157	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Fairfield City Church	743 E. Tabor Ave., Fairfield CA 94533	68-0183988	\$4,990	\$19,125	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Fairfield SDA Church	1101 East Tabor Ave., Fairfield CA 94533	52-0643036		\$17,835	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Faith Food Friday's	826 Solano Ave, Vallejo CA 94590	82-3237428	\$10,000	\$53,713	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Family Church Ministries	1452 Rumrill Blvd, San Pablo CA 94806	47-4968883		\$5,111	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Family Worship Center	633 Village Dr., Brentwood CA 94511	68-0481841		\$19,088	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Feather River Senior Center	1335 Myers Street, Oroville CA 95965	51-0176169		\$15,754	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
First Baptist Church Pittsburg	224 Linda Vista Ave., Pittsburg CA 94565	68-0005132	\$1,050	\$18,545	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
First Baptist Head Start	204 Odessa Ave., Pittsburg CA 94565	94-2267401		\$82,676	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
First Baptist of Vallejo	2025 Sonoma Blvd., Vallejo CA 94590	94-1236946	\$3,187	\$36,678	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
First Family Church	3195 Contra Loma Blvd., Antioch CA 94509	68-0454374	\$3,500	\$20,253	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Food Bank of El Dorado Co.	4550 Business Dr., Cameron Park CA 95682	68-0457594		\$20,075	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Friendship Missionary Baptist	1839 Carolina St., Vallejo CA 94590	13-5563018		\$6,293	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Genesis Church	1800 Woodland Dr, Antioch CA 94509	47-3083154		\$8,043	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials
Glen Cove Community Assoc	155 Glen Cove Marina Road. Suite 101, Vallejo CA 94591	68-0213912		\$15,513	Other - \$ 1.70 /lb	Food & Staples	Provide Food & Other Essentials

Good Samaritan Miss. Bapt	407 Capitol St., Vallejo CA 94590	94-1358311	\$3,500	\$152,185	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Good Shepherd Lutheran Church	4000 Clayton Rd., Concord CA 94521	41-1568278	\$2,000	\$46,020	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Grace Bible Fellowship	3415 Oakley Road, Antioch CA 94509	61-1440404	\$1,400	\$12,774	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Grace Temple Church	1001 Fitzuren Rd., Antioch CA 94509	20-0114869	\$1,550	\$58,662	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Great Northern Services	310 Boles Street, Weed CA 96094	94-2562423		\$230,512	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Greater Faith Miss. Baptist	4150 Railroad Ave, Pittsburg CA 94565	68-0452556		\$66,349	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Greater Richmond Interfaith Program	165 22nd Street, Richmond CA 94801	23-7169239		\$15,608	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Harvest Time Assembly	2200 Ventura Blvd., Brentwood CA 94513	44-0577787	\$1,000	\$53,662	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Holy Rosary SvDP	21 E 15th St, Antioch CA 94509	13-5562362		\$14,141	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
House of Acts	627 Grant Street, Vallejo, CA 94590	68-0005684		\$8,339	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Immaculate Heart of Mary	500 Fairview Ave., Brentwood CA 94513	13-5562362	\$710	\$28,257	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Kings Chapel	320 Worrell Rd., Antioch CA 94509	45-4217744		\$18,652	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Liberty Church	2641 N Texas St, Fairfield CA 94533	68-0265778	\$3,000	\$37,864	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Lifelong William Jenkins Medical	150 Harbour Way, Richmond CA 94801	94-2502308	\$5,912	\$0	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Light Ministries Church	415 West 6th Street, Antioch CA 94509	44-0612817	\$4,000	\$18,466	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Living Hope Neighborhood Church	2800 Rheem Ave., Richmond CA 94804	94-2342837		\$18,347	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Loaves & Fishes Contra Costa	835 Ferry St., Martinez CA 94553	68-0018077	\$18,445	\$118,843	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Los Medanos College Found	2700 E Leland Rd., 553-817, Pittsburg CA 94565	94-3295149		\$18,000	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Men and Women of Valor	1350 Kelsey Street, Richmond CA 94801	45-3093481	\$3,873	\$15,693	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Ministerios Uncion Y Restauracion	3301 Buchanan Rd, Antioch CA 94509	83-0411643	\$3,500	\$8,704	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Montara Bay (VVST)	2250 Tara Hills Drive, San Pablo CA 94806	20-0891922		\$124,991	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Monument Crisis Center	1990 Market Street, Concord CA 94520	41-2111171	\$13,337	\$1,136,858	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Mount Calvary Baptist Church	1735 Enterprise Drive #3, Fairfield CA 94533	68-0008759	\$3,000	\$34,567	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
My Angel's Inc.	505 West 2nd street, Antioch CA 94509	46-3539287		\$49,394	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
N. Richmond Miss. Baptist	1427 Filber Street, Richmond CA 94801	94-6082584	\$2,250	\$22,147	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Napa Food Bank	1766 Industrial Way, Napa CA 94558	94-1610851		\$995,350	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
New Covenant Church	6444 Bethel Island Rd., Bethel Island CA 94511	68-0005132	\$4,000	\$73,010	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
New Destiny Church	1411 E. Leland Rd., Pittsburg CA 94565	68-0443042	\$3,500	\$80,471	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
New Gethsemane COGIC	2100 Roosevelt Ave., Richmond CA 94801	23-7002419	\$500	\$58,261	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
North Creek Church	2303 Ygnacio Valley Rd., Walnut Creek CA 94598	94-1592886		\$7,254	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Oakley Senior Citizens	215 Second St, Oakley CA 94561	93-1151103	\$5,000	\$219,450	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Oroville Rescue Mission	420 Lincoln Blvd., Oroville CA 95966	94-2207457		\$18,479	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Parents & Providers Providing (Partnering)	915 West 4th St., Antioch CA 94531	20-0229998		\$7,188	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Parkway Plaza Fairfield	188 E. Alaska Ave., Fairfield CA 94533	94-2543840		\$50,342	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Passion to the Streets	4769 Pacheco BLVD., Martinez CA 94553	82-1647836		\$6,137	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Pittsburg First Baptist FLC	1200 Taylor Road, Bethel Island CA 94511	68-0005132		\$91,222	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Pittsburg Health Center	2311 Loveridge Rd., Pittsburg CA 94595	20-0555977		\$15,190	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Pittsburg United Methodist	153 W. Leland, Pittsburg CA 94565	31-1813333		\$6,784	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Pleasant Hill Adventist Comm. Svc.	816 Grayson Rd., Pleasant Hill CA 94523	68-0182774		\$9,553	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Providence Baptist Church	314 South 12th St., Richmond CA 94804	68-0066348		\$10,615	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Queen of the World	3155 Winterbrook Dr., Bay Point CA 94565	13-5562362	\$3,680	\$5,027	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Rebuilding Together Solano	2800 Georgia Street, Vaslejo CA 94591	80-0473076	\$5,000	\$269,216	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Refuge Food Pantry (Parkhaven)	1187 Meadow Lane, Concord CA 94520	94-1347058	\$5,000	\$64,635	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Richmond Emergency Food Pantry	2369 Barrett Ave., Richmond CA 94804	68-0106944		\$729,741	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Rio Vista Ministry	1105 A Airport Rd., Rio Vista CA 94571	20-4315642	\$10,000	\$60,987	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Rockville Presbyterian Fellowship	1200 Missouri St., Fairfield Ca 94553	94-2869447		\$43,611	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Sacramento Food Bank	1951 Bell Avenue, Sacramento CA 95838	94-3315566		\$74,044	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army Antioch	3950 Clayton Rd., Concord CA 94521	94-1170408		\$26,716	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army Concord	3951 Clayton Rd., Concord CA 94521	13-5562351	\$2,299	\$66,495	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army El Sobrante	4600 Appian Way, El Sobrante CA 94803	94-1170408	\$3,654	\$11,207	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army Fairfield	1200 Missouri St., Fairfield Ca 94553	94-1156347	\$1,084	\$51,395	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army Vacaville	630 Orange Drive #M., Vacaville CA 95687	94-1156347		\$5,379	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Salvation Army Vallejo	630 Tuolumne Street, Vallejo Ca 94590	94-1156347		\$212,819	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Samoan Christian Fellowship	1200 Western St. #F, Fairfield Ca 94533	44-0577787	\$9,507	\$80,171	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
San Pablo Food Pantry	2301 Rumrill Blvd. Rm 27, San Pablo CA 94806	68-0294153	\$1,500	\$8,507	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials

Second Baptist Vallejo	1170 Benicia Rd., Vallejo CA 94591	13-5569236	\$2,499	\$7,681	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
SHARE	P.O. Box 399, Concord CA 94522	68-0135411		\$15,194	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Showers of Blessings	2220 A St., Antioch CA 94509	81-2842693	\$4,500	\$31,888	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Silver Circle Center	1535-A Fred Jackson Way, Richmond CA 94801	68-0235719		\$9,148	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Siskiyou Community Food Bank	1601 S. OREGON ST,SUITE B, Yreka CA 96037	47-2417905		\$67,371	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Sojourner Truth Presbyterian	2621 Shane Dr., Richmond CA 94806	94-2878406		\$68,236	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Solano College Pantry	4000 Suisun Valley Rd. #400, Fairfield CA 94535	94-2985548		\$5,466	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Anne Conference	P.O. Box 476, Byron CA 94514	42-6021808	\$3,000	\$48,583	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Basil SvDP	1225 Tuolumne St., Vallejo CA 94590	94-1156829	\$255	\$21,503	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Bonaventure's Church	5562 Clayton Rd., Concord CA 94521	94-1399292		\$19,266	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Callistus Conference	3580 San Pablo Dam Rd., El Sobrante CA 94803	42-6021808	\$2,474	\$5,716	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Catherine SvDP	1125 Ferry St., Martinez CA 94533	13-5562362	\$1,184	\$38,132	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Francis of Assisi	860 Oak Grove Rd., Concord Ca 94518	13-5562362	\$800	\$27,375	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Jerome Catholic Church	308 Carmel Ave., El Cerrito, CA 94530	53-0196617	\$3,000	\$9,658	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. John the Baptist	11150 San Pablo Ave., El Cerrito CA 94530	13-5562362		\$8,728	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Mark's Lutheran Church	1600 Union Ave., Fairfield CA 94533	41-1568278		\$42,852	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Mary's Parish Food Locker	350 Stinson Ave., Vacaville CA 95688	58-1381196		\$42,543	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Mary's Parish SvDP	1201 Alpine Rd., Walnut Creek CA 94596	42-6021808		\$6,633	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Paul's Epis. Feed the Hungry	120 E. J. St., Benicia CA 94510	51-0155096	\$2,200	\$25,527	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
St. Stephen CME Church	2301 Union Ave., Fairfield CA 94533	58-1381196	\$2,400	\$13,405	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
SvDP Food Locker Dixon	105 S. 2nd St., Dixon CA 95629	53-0196617		\$5,174	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
SvDP St. Anthony	971 O'Hara Ave., Oakley CA 94561	13-5562362	\$1,000	\$74,059	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
The Edge Community Church	1038 Washington St., Fairfield CA 94533	45-1194486	\$2,999	\$12,111	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
The Journey Church	201 Doyle St., Vallejo CA 94591	94-2347949		\$35,970	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Touro University Calif.	310 Club Dr., Vallejo CA 94592	13-3838740		\$8,656	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Trinity Food Bank	518 Memorial Drive, Weaverville CA 96093	47-3459942		\$222,513	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
True Love Baptist Church	1956 Pennsylvania Ave., Fairfield CA 94533	68-0317448		\$123,097	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vacaville First Baptist	1127 Davis St., Vacaville CA 95687	94-1358311	\$10,000	\$129,618	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vacaville Storehouse	P.O Box 2790, Vacaville CA 95696	20-0891922	\$18,130	\$7,648,145	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vallejo Regional Ed. Center	436 Del Sur St., Vallejo CA 94591	13-5562362		\$28,514	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vallejo Divine Guidance	210 Locust Drive, Vallejo CA 94590	94-1347030		\$56,333	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vallejo Girls Youth Empowerment	1624 Fairgrounds Dr. Ste. C, Vallejo Ca 94589	81-3851452		\$5,722	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vallejo Good Samaritan	407 Capitol St., Vallejo CA 94590	68-0021528		\$117,482	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vallejo SDA	300 East H St. # 21, Benicia CA 94510	20-0891922		\$36,049	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Victory Palace Church	407 East 10th Street, Pittsburg CA 94565	46-5577137		\$8,690	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Visions Christian Center	330 Worrell Rd., Antioch Ca 94509	43-2069899		\$9,211	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Vista Hills Comm. Church	3121 Parker Rd., Richmond CA 94806	35-6064030		\$33,401	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Walnut Creek Church of Christ	500 Minert Rf., Walnut Creek CA 94598	94-2659678		\$21,974	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Walnut Creek Presbyterian	1801 Lacassie Avenue, Walnut Creek CA 94596	94-1196244		\$8,865	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Williams Community Church	315 9th Street, Williams CA 95987	94-1431939		\$69,992	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Williams Family Action Center	1404 E Street, Williams CA 95987	26-1974912		\$87,840	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Yolo Food Bank	233 Harter Ave, Woodland CA 95776	23-7111782		\$267,016	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Youth Homes	1855 Olympic Blvd., Walnut Creek CA 94596	94-6132571		\$25,531	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
Yuba Sutter Gleaners	760 Stafford Way, Yuba City CA 95991	94-2909773		\$215,492	Other - \$	1.70	/lb	Food & Staples	Provide Food & Other Essentials
		Total		<u>\$221,824</u>				<u>\$18,165,509</u>	

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2020

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment? **4 a** **X**

b Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b** **X**

c Participate in or receive payment from an equity-based compensation arrangement? **4 c** **X**

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization? **5 a** **X**

b Any related organization? **5 b** **X**

If 'Yes' on line 5a or 5b, describe in Part III.

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

a The organization? **6 a** **X**

b Any related organization? **6 b** **X**

If 'Yes' on line 6a or 6b, describe in Part III.

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

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

If 'Yes,' describe in Part III. **8** **X**

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

9

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOEL SJOSTROM EXECUTIVE DIR	(i)	279,556.	0.	0.	0.	21,005.	300,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HISHAM HAMDY OPERATIONS DIR	(i)	139,929.	0.	0.	0.	26,039.	165,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CAITLIN SLY FORMER PROGRAM DIRECTOR	(i)	21,074.	0.	0.	0.	1,157.	22,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LARRY SLY FORMER EXECUTIVE DIRECTOR	(i)	91,509.	0.	0.	0.	4,341.	95,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LISA SHERRILL FORMER COMM. DIRECTOR	(i)	84,699.	0.	0.	0.	20,199.	104,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization FOOD BANK OF CONTRA COSTA AND SOLANO	Employer identification number 94-2418054
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....				
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....	X	1	91,195,147.	FOOD BANK STD
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ (.....)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FOOD BANK OF CONTRA COSTA AND SOLANO (FOOD BANK) WAS INCORPORATED ON JULY 28, 1975. THE FOOD BANK WAS ESTABLISHED IN ORDER TO EFFICIENTLY GATHER, WAREHOUSE, AND DISTRIBUTE FOOD PRODUCTS TO CONTRA COSTA COUNTY CHARITIES MEETING EMERGENCY FOOD NEEDS. IN NOVEMBER 1996 THE FOOD BANK TOOK OVER RESPONSIBILITY FOR PROVIDING FOOD TO SOLANO COUNTY CHARITIES. IN FURTHERANCE OF ITS PURPOSE, THE FOOD BANK PROVIDES FOOD TO SUPPLEMENTAL FEEDING PROGRAMS, PROMOTES AWARENESS OF HUNGER, FOOD WASTE AND THE VALUE OF PROPER NUTRITION. THE FOOD BANK IS GOVERNED BY A BOARD OF DIRECTORS COMPRISING SIXTEEN MEMBERS. THE FOOD BANK RECEIVES FUNDING FROM PRIVATE AND PUBLIC SOURCES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE COMMUNITY PRODUCE PROGRAM - THIS PROGRAM DISTRIBUTES FRESH FRUITS AND VEGETABLES TO LOW-INCOME NEIGHBORHOODS THROUGHOUT CONTRA COSTA AND SOLANO COUNTIES. TWO REFRIGERATED TRUCKS SERVE AS MOBILE DISTRIBUTION VEHICLES AND TOGETHER MAKE 100 STOPS PER MONTH.

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) - THIS U.S. DEPARTMENT OF AGRICULTURE PROGRAM FUNDS THE DISTRIBUTION OF COMMODITIES TO PEOPLE IN NEED IN CONTRA COSTA AND SOLANO COUNTIES.

OTHER AGENCIES PROGRAM - PROVIDES FOOD TO LOCAL CHARITABLE ORGANIZATIONS AS WELL AS AFFILIATED FOOD BANKS IN NEIGHBORING COUNTIES.

NOR/CSFP PROGRAM - RETAIL GROCERY STORES IN CONTRA COSTA AND SOLANO COUNTIES PARTICIPATE IN THE GROCERY RECOVERY PROGRAM, DONATING MILLIONS OF POUNDS OF FOOD EACH YEAR. THE FOOD BANK'S FOOD RESOURCE DEVELOPER DEVELOPS AND MAINTAINS THE FOOD

Name of the organization

Employer identification number

FOOD BANK OF CONTRA COSTA AND SOLANO

94-2418054

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

BANK'S RELATIONSHIPS WITH DONOR GROCERIES, ENSURING THAT DONATIONS ARE OPTIMIZED THROUGH COORDINATED SCHEDULING AND REGULAR COMMUNICATION. DONATED FOOD IS COLLECTED AND LOADED ONTO THE FOOD BANK'S REFRIGERATED TRUCKS AND TRANSPORTED TO THE WAREHOUSE IN CONCORD, WHERE IT IS WEIGHTED, LOGGED, AND CHECKED FOR FOOD SAFETY BY TRAINED FOOD BANK STAFF AND VOLUNTEERS. RESCUED FOOD IS THEN DISTRIBUTED THROUGH THE FOOD BANK'S 180+ PARTNER AGENCIES. SOME OF THE PICK-UPS ARE DONE DIRECTLY BY FOOD BANK PARTNER AGENCIES. AGENCIES REPORT ALL POUNDS COLLECTED BY CATEGORY THROUGH AN ONLINE PORTAL CALLED MEAL CONNECT.

FARM 2 KIDS PROGRAM - PROVIDES FRESH FRUITS AND VEGETABLES TO CHILDREN OF LOW-INCOME FAMILIES THROUGH PARTNERSHIPS WITH AFTER SCHOOL PROGRAMS.

SENIOR FOOD PROGRAM - NEEDY SENIOR CITIZENS IN CONTRA COSTA AND SOLANO COUNTIES ARE PROVIDED WITH A NUTRITIOUS BAG OF FOOD TWICE A MONTH, WHICH IS FUNDED IN PART BY THE STATE OF CALIFORNIA.

MOBILE FOOD PANTRY PROGRAM -THE MOBILE FOOD PHARMACY IS A MOBILE PANTRY WITH HEALTHY FOOD AT SOLANO COUNTY PUBLIC HEALTH CLINICS. PUBLIC HEALTH PATIENTS WHO ARE FOOD INSECURE ARE PRESCRIBED HEALTHY FOOD BOXES TO HELP REDUCE INSTANCES OF DIET-RELATED DISEASES. THEY ARE GIVEN A BOX OF SHELF-STABLE ITEMS AS WELL AS FRESH PRODUCE.

THE CAL FRESH PROGRAM - FOOD BANK STAFF AND VOLUNTEERS HELP CLIENTS DETERMINE IF THEY ARE ELIGIBLE AND ASSIST IN APPLYING FOR CAL FRESH (FORMALLY KNOWN AS FOOD STAMPS). THIS HELPS INCREASE THE NUMBER OF PEOPLE WHO ARE ELIGIBLE TO RECEIVE BENEFITS AS WELL AS DEBUNK COMMON MYTHS SURROUNDING THE PROGRAM.

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

FOOD FOR CHILDREN PROGRAM - PROVIDES OVER 25 POUNDS OF GROCERIES EVERY MONTH TO NEARLY NINE HUNDRED CHILDREN FROM LOW-INCOME FAMILIES IN CONTRA COSTA AND SOLANO COUNTIES.

EXTRA HELPINGS PROGRAM - SERVES LOW INCOME INDIVIDUALS IN CONTRA COSTA COUNTY WHO ARE CHRONICALLY ILL AND IN CASE MANAGEMENT. FUNDING FOR THIS PROGRAM COMES FROM THE RYAN WHITE CARE ACT.

EDUCATION & ADVOCACY PROGRAM - THE FOOD BANK CONTINUES ITS EFFORTS TO EDUCATE THE PUBLIC ABOUT THE REASONS HUNGER EXISTS IN OUR COMMUNITY. BY EDUCATING THE COMMUNITY AND URGING THEM TO TAKE STEPS TO ADDRESS HUNGER, THE FOOD BANK HOPES TO IMPROVE THE CIRCUMSTANCES OF PEOPLE IN NEED. THE FOOD BANK IS ALSO INVOLVED IN FOOD STAMP ADVOCACY AND NUTRITION EDUCATION.

HARVEST TO HOME PROGRAM - FRESH PRODUCE AND BREAD ARE DISTRIBUTED TO LOW-INCOME HOUSING COMPLESEX TWICE A MONTH.

DONATED FOOD PROGRAM - DONATED FOOD PRODUCTS ARE DISTRIBUTED TO MEMBER AGENCIES AND THE PUBLIC.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

CEO/PRESIDENT AND FINANCE STAFF REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS. THE CEO/PRESIDENT OR OTHER AUTHORIZED OFFICER SIGNS THE RETURN ON BEHALF OF THE GOVERNING BOARD. COPY OF THE FORM 990 IS PRESENTED FOR REVIEW AND APPROVAL AT THE NEXT SCHEDULED BOARD MEETING.

Name of the organization

FOOD BANK OF CONTRA COSTA AND SOLANO

Employer identification number

94-2418054

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN A FORM EACH YEAR ACKNOWLEDGING THEY ARE AWARE OF OUR CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO INFORM THE ORGANIZATION IF A SITUATION ARISES IN WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR PERFORMANCE REVIEW COMMITTEE CONSISTING OF THE BOARD CHAIR, VICE CHAIR AND PAST CHAIR EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE COMMITTEE DETERMINES SALARY BASED ON PERFORMANCE COMPARATIVE SALARY DATA FROM A SALARY SURVEY COVERING THE GREATER SAN FRANCISCO BAY AREA COMPILED BY THE ALAMEDA COUNTY COMMUNITY FOOD BANK AND OTHER DATA AVAILABLE FROM NON-PROFIT ORGANIZATIONS OPERATING IN CALIFORNIA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PRIOR YEAR INFORMATION RETURNS (FORM 990) ARE AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDESTAR WEBSITE LOCATED AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND INFORMATION RETURNS ARE AVAILABLE UPON REQUEST.