Department of the Treasury

Т

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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



AI	For th	e 2023 calendar year, or tax year beginning and	ending	_	
B	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr				
	Name			68-03928	16
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		722	510-272-	
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	76,827,886.
		OAKLAND, CA 94612		H(a) Is this a group re	
	Appli tion pend		ЕГП	for subordinates	
		Ing SAME AS C ABOVE		H(b) Are all subordinates in	
-		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) of (a)(1) of (a)(1) ite: WWW•CAFOODBANKS•ORG	or 🛄 527		list. See instructions
-	Webs	f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number I State of legal domicile: CA
_	art I				
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	TE O	
Activities & Governance	1.	blichy describe the organization similation of most significant activities. $$		•	
nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
INC	3			3	13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			43
viti	6	Total number of volunteers (estimate if necessary)			13
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		11,873,074.	9,445,327.
Revenue	9	Program service revenue (Part VIII, line 2g)		59,314,163.	67,209,096.
ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,379.	172,281.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,531.	1,182.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		71,217,085.	76,827,886.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,751,507.	6,505,101.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.3,435,537.	<u>0.</u> 4,103,481.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 408,85		3,435,537.	4,103,481.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä				58,989,372.	66,403,677.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,176,416.	77,012,259.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,669.	-184,373.
SS	19	Revenue less expenses. Subtract line 18 from line 12	Be	ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		29,867,417.	28,249,397.
Ass	21			9,654,622.	7,348,594.
Net /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		20,212,795.	20,900,803.
	art II		······	, ,	· · · · · · · · · · · · · · · · · · ·

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	Signature of officer			Date				
Here STACIA HILL LEVENFELD, CEO								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	PENNY L. LANE, CPA			self-employed P00743411				
Preparer		AN ACCOUNTANCY CORP.		Firm's EIN 94-2590397				
Use Only	Firm's address 4725 FIRST ST., S	TE. 226						
	PLEASANTON, CA 94566 Phone no. (925) 271-5519							
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No				
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

	990 (2023) CALIFORNIA ASSOCIATION OF FOOD BANKS 68-0392816 Page
Par	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF THE CALIFORNIA ASSOCIATION OF FOOD BANKS IS TO
	ELIMINATE HUNGER IN CALIFORNIA.
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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$69,265,255including grants of \$2,235,126) (Revenue \$69,019,33
4a	(Code:) (Expenses \$ 69,265,255 including grants of \$ 2,235,126) (Revenue \$ 69,019,33 FOOD DISTRIBUTION
	IN 2023, THE ORGANIZATION PARTNERED WITH AGRICULTURAL PARTNERS ACROSS
	THE STATE TO SUPPLY MORE THAN 270 MILLION POUNDS OF FOOD TO FOOD BANK
	THIS INCLUDED MORE THAN 265 MILLION POUNDS OF FOOD TO FOOD BANK
	VEGETABLES AND 5 MILLION POUNDS OF HIGH-QUALITY PROTEINS AND PANTRY
	ESSENTIALS TO KEEP FOOD BANKS STOCKED DURING THE UNPRECEDENTED HUNGER
	CRISIS. THE ORGANIZATION'S FARM TO FAMILY OPERATION IS THE STATE'S MO
	EXTENSIVE CHARITABLE FOOD RECOVERY PROGRAM, WORKING WITH A NETWORK OF
	OVER TWO HUNDRED AND FORTY FARMS AND AGGREGATORS THROUGHOUT THE STATE
	CAFB'S FARM TO FAMILY PROGRAM OPERATES ON A REIMBURSEMENT BASIS FROM
	ITS FUNDERS AND FLOATS THE FOOD AND FREIGHT COSTS OF ITS MEMBERSHIP,
	REQUIRING THE ORGANIZATION TO HAVE SEVERAL MILLION DOLLARS OF CASH ON
łb	(Code:) (Expenses \$ 5,183,113. including grants of \$ 4,224,966.) (Revenue \$ 6,417,86
	CALFRESH IS CALIFORNIA'S NAME FOR SNAP(FORMERLY "FOOD STAMPS"),
	RECOGNIZED AS ONE OF THE MOST EFFECTIVE ANTI-POVERTY PROGRAMS IN THE
	NATION. THE ORGANIZATION'S CALFRESH OUTREACH PROGRAM SUPPORTS OVER
	FIFTY COMMUNITY PARTNERS THROUGHOUT THE STATE IN THEIR EFFORTS TO
	ENROLL ELIGIBLE CALIFORNIANS, HELP THEM KEEP THEIR BENEFITS, AND EDUCA
	THE OUTREACH AND STAKEHOLDER COMMUNITY. IN 2023, THE ORGANIZATION
	CONTINUED ITS OUTREACH EFFORTS TO INCLUDE DISASTER CALFRESH AND
	PANDEMIC EBT UNTIL THE PROGRAMS CONCLUDED. ACTIVITIES INCLUDED TRAINI
	AND PROGRAMMATIC SUPPORT, PROVIDING UPDATES ON POLICIES IMPACTING
	CALFRESH ACCESS AND ELIGIBILITY, AND WORKING WITH STAKEHOLDERS TO
	IMPROVE LANGUAGE ACCESS BY TRANSLATING AND REVIEWING MATERIALS.
4c	(Code:) (Expenses \$955,218. including grants of \$45,009.) (Revenue \$303,20
	RESEARCH & PUBLIC POLICY
	THE ORGANIZATION'S ADVOCACY TEAM LEADS THE FIGHT TO ERADICATE FOOD
	INSECURITY AND HUNGER IN CALIFORNIA, ADVANCING LEGISLATIVE AND BUDGET
	INITIATIVES, AND CONDUCTING ADMINISTRATIVE ADVOCACY AT THE STATE AND
	FEDERAL LEVELS TO PRIORITIZE EQUITY IN STRENGTHENING THE PUBLIC AND
	CHARITABLE NUTRITION SAFETY NETS. IN 2023 THE ORGANIZATION ADVOCATED
	FOR ROBUST INVESTMENTS IN FOOD BANKS AND PUBLIC BENEFITS ADEQUACY AND
	IMPROVEMENTS. SPECIFICALLY, THE ORGANIZATION WORKED TO PROTECT THE \$6
	MILLION OF CALFOOD IN THE 2023-24 STATE BUDGET FOR FOOD BANKS TO
	PURCHASE CALIFORNIA GROWN AND MANUFACTURED FOODS, SECURED FUNDING FOR
	CALFRESH MINIMUM NUTRITION BENEFIT PILOT PROGRAM TO RAISE THE CALFRES
	TO \$50 FROM THE CURRENT MINIMUM OF \$23, AND SECURED LEGISLATION THAT
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ 500,402. including grants of \$) (Revenue \$ 136,600.)
le	Total program service expenses 75,903,988.
	Form 990 (
2002	SEE SCHEDULE O FOR CONTINUATION(S)
31	010 138273 CAFB 2023.04030 CALIFORNIA ASSOCIATION OF F CAFB
	VIV 1992, 5 CM D Z023,04030 CALIFORNIA ADDOCTATION OF F CAPB_

Form	aan	(2023)
гопп	990	120231

Part IV Checklist of Required Schedules

1 Is the organization excluse DIC(S) or 49-T2(R)1 (other than a private foundation? I X 2 Is the organization enguge in direct or index policial camping activities on behall of or in opposition to candidates for public office? X X 3 IS the organization enguge in direct or index policial camping activities, or have a section 50(f) election in effect during the tax year? X X 4 Section 50(f)(6) organization. Did the organization enguge in obbying activities, or have a section 50(f) election in effect during the tax year? Yes, 'complete Schedule C, Part II 5 Is the organization maxima your or advised funds or any suminar funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right to provide advice and amount in Part X, line 21, for acrony custodial account fability, surve as a custodian for amounts in that collections of works of art, historical treasures, or other similar assets? 7 X 9 Did the organization maxima amount in Part X, line 21, for acrony custodial and particip represe Schedule D, Part II 7 X 10 Did the organization represe and amount in Part X, line 21, for assets or custodial for amounts for imaxima amounts of the instance and the instance and the instance and the instance andin account andin and the instancupant and the instance and the ins				Yes	No
2 Is the organization engine in direct or index political campaign activities on behalf of on in opposition to candidates for public direct or index political campaign activities on heart of an opposition to candidates for public direct or index political campaign activities, or have a section 501(h) election in offect direct politic biffields. (<i>Part I</i>) 3 X 4 Section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in offect direct politic biffields. (<i>Part I</i>) 4 X 5 It the organization matrix any doner advised funds or any similar funds or accounts? If Ves,* Complete Schedule 0, Part II 6 X 6 It the organization matrix any doner advised funds or any similar funds or accounts? If Ves,* Complete Schedule 0, Part II 6 X 7 It the organization matrix or block account in the organization matrix as christion's tarkings on accounts for which donors have the right to provide acid to ansac, in historical treasures, or other similar asset? If Ves,* complete Schedule 0, Part II 7 X 8 Did the organization matrix or portived crist counsing, debt management, or dist regonization service? 9 X 10 Did the organization asset to any of the following questions is Yes,* then complete Schedule D, Part VI 10 X 11 It the organization regonization report an amount for investinents - othere socurities in Part X, line 50 for more of its tot	1			37	
3 Dot the erganization engage in direct or indirect political campaign activities on behalt of or in opposition to cardidates for public office? If "Ves," complete Schedule 0, Part I 4 X 4 Section 501(p)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of the organization ascind. So 101(e)(6) organization that mealwas membership dues, assessments, or similar amounts as defined in Rev. Proc. 38 107 II "Yes," complete Schedule C, Part II 4 X 5 Dot the organization maintain any door advised in dues 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wes," complete Schedule D, Part II 7 X 9 Dot the organization maintain and elections of works of art, historical treasure, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Dot the organization and amount in Part X. Ime 21, for score or custodial account labelity: sarve as a custodian for any animal regulation services? 9 X 10 X 10 X 10 X 9 Dot the organization neutron in weakematic in Part X, line 12, that is 5% or more of its total assets reported in Part X,	•				
public office? If 'Ves, 'complete Schedule C, Pert I 3 X 4 Section 501(R)8 organizations. DB the organization engage in bobying activities, or have a section 501(h) election in effect during the tax year? If 'Ves,' complete Schedule C, Pert II. 4 X 5 Is the organization a section 501(c)(h) 501(c)(h) 501(c)(h) 507(c)(h) 501(c)(h) 501(c)(h			2	Δ	
4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the kay wer? If "Yes," complete Schedule (S, Part II) 5 X 5 Is the organization ascertion 501(c)(4), 501(c)(5), or 501(c)(6), or	3		2		x
during the fax year/if Yes," complete Schedule C, Part II 4 X 5 Is the organization a section Dot(A), S07(A) (S07(A) (S07(A)), S07(A)), S07(A) 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in sub infusion caccounts for which donors have the right to provide advice on the distribution or investment of amounts in sub infusion caccounts for which donors have the right to provide advice on the distribution or investment of amounts in sub-infusion caccounts for which donors have the right to provide advice on the distribution or investment of amounts in sub-infusion caccounts for which go assessments to preserve open space, the environment, historic all meas, or historic all reasses, 'i complete Schedule D, Part II 6 X 7 X X To bit the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 7 X 10 Did the organization directly or through a related organization, hold assets in donor restricted endowments 7 X 11 If the organization report an amount for line, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - program leated in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule	4		3		
5 Is the organization asset on S01(6)(4), S01(c)(6) or s01(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197 // Yes, "complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Yes," complete Schedule D, Part II 6 X 7 X 8 Did the organization mainten any donor advised funds or any similar funds or accounts for Yes," complete Schedule D, Part II 7 X 8 Did the organization mainten of dolla conservation (Auding assemments to the proserve open space, the environment, historic lartexary of art, historical treasure, or other similar assets // If Yes, "complete Schedule D, Part II 8 X 10 Did the organization report an amount for Part X, Ine 21, for ascrow or custodial account liability; serve as a custodian for anounts not listed in Part X, or provide code counseling, debt management, credit repair, or debt negotation services? 9 X 10 Did the organization report an amount for larks, 'complete Schedule D, Part V 10 X 11 If 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, ine 17/ If Yes, 'complete Schedule D, Part X 111a X 112	4		4	x	
similar amounts as defined in Rev. Proc. 98-197 // "vs; " complete Schedule (C, Part III. 5 X 6 Dott the organization maintain any done advised funds or any science. 6 X 7 Dott the organization maintain any done advised funds on any science. 7 X 8 Dott the organization maintain collections of works of art, historical treasures, or other similar asset? If "Vs; "complete Schedule D, Part II. 7 X 8 Dott the organization maintain collections of works of art, historical treasures, or other similar asset? If "Vs; "complete Schedule D, Part II. 7 X 9 Dott the organization report an amount in Part X, line 21, for servow or custodial account liability, serve as a custodian for amounts no tisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a reliated organization, hold assets in donor-restricted endowments or in quasiendowments? If "Ys," complete Schedule D, Part V 10 X 11 If 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 "Ys," complete Schedule D, Part VIII 11 X 12 Dott the organization report an amount for investments - other securities in Part X, line 12, line 13, hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sch	5		-		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice ant the distribution or investment of amounts in such funds or accomptet Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation assement, including easements to proserve open space, the environment, histonic fund areas, or historic structure? If "ks," complete Schedule D, Part II 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Vss," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X. line 21, for escrew or custodial account liability, serve as a custodian for amounts on in quasiendowments? If "Vss," complete Schedule D, Part V 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 III "Yss," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments: or the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II "Ysc," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments or the securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II "Ysc," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments or ther securities	Ŭ		5		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic tand areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in the analytic or any other following questions is "Yes," then complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments: program related 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 VI 11a X 11 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 VI 11a X 11 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 S	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiferidownents? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X a Did the organization report an amount for investments - order assets 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 VI 11a X b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11d X c Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X 2 Did the organization include in consolidated financial statements for the tax year' include a footnet that addresses the organization slapstration sabarted on torosolidated, independent audited financial statements for the tax year?<	7		7		x
Schedule D, Part III. 8 X 9 Did the organization export an amount in Part X, line 21, line 21, line 21, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 13 X Did the organization report an amount for investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 if Yes," complete Schedule D, Part X III 11a X 14 Did the organization closure amount for other assets in Part X, line 25 if Yes," complete Schedule D, Part X 114 X <td>8</td> <td></td> <td>-</td> <td></td> <td></td>	8		-		
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indownnets? If Yes, "complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	U		8		x
If "Yes," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	9				
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 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 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 11c X 13 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 VII 11c X 14 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 14 Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 15 Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 14 Did the organization is esparate, independent audited financial statements for the taxyear? 11f X <td></td> <td></td> <td>9</td> <td></td> <td>x</td>			9		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VX, or X, as applicable. 11 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12/. If "Xes," complete Schedule D, Part VI 11a 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? // "Yes," complete Schedule D, Part VII 11d X c) Did the organization report an amount for other alsels in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11d X c) Did the organization separate or consolidated financial statements for the tax year include a foothore that addresses the organization asterial may and its organization asterial may and the organization asthol described in D(M)(A)(III) "Yes," complete Schedule	10				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
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Form 990 (2			ASSOCIATION	OI
Part IV	Checklist	of Required Schedule	es (continued)	

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	L	
			-
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
			<u>⊢</u> ^
	240		┼──
	24c		
	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
,	25b		X
	00		x
	26		
	27		x
	21		1
	28a		x
A family member of any individual described in line 28a? If "Yes." complete Schedule L. Part IV			x
			<u> </u>
	28c		x
	29		x
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
			X
Schedule N, Part II	32		X
	33		X
			x
			X
	358		
	35h		
	000		\vdash
	36		x
	37		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Note: All Form 990 filers are required to complete Schedule O	38	Х	
			_
Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		Yes	No
		v	
	1c		
12-21-23	Form	990	(2023
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "vse," completes Schedule L, Part II 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 ramily member of any of these persons? If "vse," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yse," complete Schedule L, Part IV. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. A S5% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/If "Yse," complete Schedule M. Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art thatsorical treasures? If "Yes," complete Schedule M. Did the organization neceive contributions of art thatsorical treasures? If "Yes," complete Schedule M.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? P44 Did the organization maintain an escow account other than a refunding escrow at any time during the year 0 defease any tax exempt bonds? P46 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? P46 Section 501(C4), 501(C4), and particulation. Bit the organization angage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I P58 Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II P26 Did the organization provid a grant or there assistance to any current or founder, substantial contributor, or 35% controlled entity (incluing an employee threeo) or ramity member of any of these persons? If "Yes," complete Schedule L, Part II P26 Was the organization provid a grant or bub esciences of II" "Yes," complete Schedule L, Part IV P26 A tarrely normor officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV P26 A tarrely normor form officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV P28 A tarrely normore of any individual	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding serow at any time during the year to defease any tax exempt bonds? 24c Did the organization act as an 'on behall of' issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disputilied person during the year? // ''vs,' complete Schedule L, Part I 25a Schedule L, Part I 25a 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, rustee, key employee, creator or founder, substantial contributor, or 33% controlled entity entitive or any of these persons? // ''vs,' 'complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, rustee, key employee, creator or founder, substantial contributor or majorities employen. 27 Yes, 'complete Schedule L, Part II 26 27 Was the organization provide a grant or other assistance to any current or founder, substantial contributor or majorities employee, oreador or founder, substantial contributor employee 27 Yes, 'complete Schedule L, Part IV 28a 28a A tarwing member of any provide personof // ''vs,' 'complete Schedule L, Part IV 28a<

023)	CALIFORNIA	ASSOCIATION	OF	FOOD	BANKS
Statements	s Regarding Other I	RS Filings and Tax	Cor	npliance	e(continued)

2a Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements, 2a 43 bit is teast one is reported on line 2a, did the organization file all required tederial employment tax returns? 2b X bit Wage instruction have employees income of Storbulk O 3b X bit Wage instruction have employees income of Storbulk O 3b X bit Wage instruction have an interest in, or a signature or other authority over, a financial account is a toreign country war, did the organization have an interest in, or a signature or other authority over, a financial accounts in a foreign country. 5a X bit Wage in and the signature interest in or a signature or other authority over, a financial accounts in a foreign country. 5a X bit Wage in and the organization fine Rev mark on and y time during the tax year? 5a X bit Wage in and the organization fine Rev more Rev mark in a solution and y time during the tax year? 5a X bit Mays is indication include with every solicitation an express statement has state accounts results. 5a X bit Mays indication include with every solicitation an express statement hat such contributions or gitts ware notable contributions of angle personal property for which it was required to the payof? 7a X bit Mays indit the organization fine Reving ware in a solicitation and				Yes	No
b If a last one is reported on line 2a, of the organization file al required report ence during the year? 2b. X a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. X a If Yes, 'final filed a form 990 To this year.' if 'No' to line 2b, provide an explanation on Schedule O 3b. X b If Yes, 'financial accentration on the authority over, a dimatch in the accent of event the accent of the regin country leven as a bin account, security over the authority over, a dimatch in the accent of event the accent accent of event the accent of event the accent of the organization the accent accent of event that such contributions or gits were on the accent accent event accent accent of event the accent accent accent of event the accent accent of event the accent accen	2a				
Ga Difference State X b If Yes, 'tais if liked a Form 998 T for this year? If 'No' to line 30, provide an explanation on Schedule 0 3b X b If Yes, 'tais if liked a Form 998 T for this year? If 'No' to line 30, provide an explanation or other authomy over, a francoil account in a foreign ocurity with as a bank account, securities account, or other innuccial account? 4a X b If Yes, 'tais if liked a Form 998 T for CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X B Was the organization have an any time during the tax year? 5a X b If Yes, 'tais if like a Form 988 T for CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Ca Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and shrake party for gools and services provided to the party? 7a X 0 If Yes, ' ridit the organization include with every solicitation an express attement that such contributions or gifts were not tax deductibles and shrake party party for which it was required to the like party indic, director party or indirecty, to par personal property for which it was required to the like organization netwere and shrake party party indice director party indit in econarization receive a contribution or qquari		filed for the calendar year ending with or within the year covered by this return 2a 43			
b 11 'Yes,' that it lead a form 990'T for this year? if 'We' to line 3b, provide an exploration on Schedule 0 30 4A At any time during the calendar year, did the organization have an interest h. or a signature or other numbral accounts (FBAR). 4a X b 1' 'Yes,' relate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization that grant organization that it was or is a park to a prohibitot tax wate? 5a X 5a Was the organization any and grant count it was or is a park to a prohibitot tax sheft transaction? 5a X 6a Does the organization have and grant secolation it was or is a park to a prohibitot tax sheft transaction? 6a X 6a Does the organization have and grant secolation it was or is a park to a prohibitot tax sheft transaction? 6a X 6a Difference Ga X Ga X 6b If 'Yes,' other and grant count its was or is a park to a prohibitot tax sheft transaction? 6a X 7 Organization sheft may receive deductible contributions or gits were not tax deductible? 7a X 7 Organization have expressed SIST made park as contributions or gits were provided to the park of the organization frave expressed SIST made park as contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a At any time during the calendar yest, did the organization have an interest in, or a signature or other authority over, a transal account of certified a bank account, securities account, or other financial accounts (FBAR). b f"Yes," enter the name of the toreign country with a subal account, securities account, or other financial accounts (FBAR). b B Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? b b b c c c d a control tax shelter transaction at any time during the tax year? d <lid< li=""> <lid< li=""></lid<></lid<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Image: Interview of the second second second, securities account, or other financial account? 4a X b If "Yes," enter the name of the foreign nounce 5a X 5a Was the organization a party to a prohibited tax sheat transaction at any time during the tax year? 5a X 5a Was the organization have nounal gross receipts that are normally greater than \$100,000, and did the organization have nounal gross receipts that are normally greater than \$100,000, and did the organization have not tax deductible as charitable contributions? 5c X b If "Yes," to the organization have not tax deductible as charitable contributions? 6c X b If "Yes," to did the organization have exploration have as a contribution and party for goods and services provided to the payor? 7a X 7 Organizations that may receive deductible contributions and explores statement that such contributions or gitts 6b X 9 If "Yes," did the organization netwer soluble of the value a contribution and party for goods and services provided 7 7a X 10 If "Yes," did the organization netwer soluble of the value as contribution and party for goods and services provided 7 7a X 11 Type," did the organization netwer soluble of the value of the goods and services provided to the payor? 7a X 11 Type," indicate the number of Forms \$222 field during the year? 7a 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	3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FIC/EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See b Was the organization approximation that it was or is a party to a prohibited tax sheler transaction? See c If "Yes," into the organization the organization the Form 8886-17. See c If "Yes," into the organization counts is a party to a prohibited tax sheler transaction? See c If "Yes," into the organization for the organization the organization include with every solicitation an express statement that such contributions or gifts See d If Yes," idit the organization include with every solicitation an express statement that such contributions or gifts See d If Yes," idit the organization near express is a party to a prohibited tax sheler To organization shele any contribution and party to a routhollion and parouthollion and party to a routhollion and party to a routhollion	4a				
See instructions for finiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Dd any taxable party notify the organization nucleus exploration an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6a X 5b If "Yes," tid the organization nucleus explore the value of the goods or services provided? 7a X 7b If "Yes," tid the organization number of Forms 2822 filed during the year 7d 7a X 7b Dd the organization neeves a paryment in excess of 3/5 made party as a contribution or parts are services provided? 7a X 7b If "Yes," tid the organization neeves a contribution of chargible personal property for which it was required to the form 8282? 7c X 7b If the organization neeves a contribution of chargible personal property for which it was required? 7a 7a 7a <td></td> <td></td> <td>4a</td> <td></td> <td>X</td>			4a		X
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 59 X c If Yes' to line 6a or 50, did the organization file Form 8886-17 56 56 a Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid as charable contributions? 6a X b If Yes' to line 6a or 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization selve a payment in excess of 3/5 made party as a contributions of gifts 7a X 10 If Yes,'' did the organization notify the donor of the value of the goods or services provided? 7a X 10 If Yes,'' did the organization notify the donor of the value of the goods or services provided? 7a X 11 Yes,'' did the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 11 Yes,'' did the organization neceve and contribution or ars, boats, airplanes, or other vahiels, did the organization file Form 8892 as required? 7a 7a 11 Ho organization neceve a distribution of ars, boats, airplanes, or other vahiels, did the organization file Form 8892 as required? 7a 7a	_		_		v
c If "Yes" to line Sa or 5b, did the organization file Form 8886-17 5c 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 7 Organizations that may receive deductible contributions under section 170(c). 6c 7c b Uf the organization neale approximation receive approximation receiver approximation rece					
Ga 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 chartable contributions? Ga X b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X c Organizations that may receive deductible contributions under section 170(c). Bit 'Hes, ' did the organization notify the donor of the vake of the goods or services provided to the payoff 7a X c Did the organization notify the donor of the vake of the goods or services provided? 7c X c Did the organization receive a ayment in excess of \$25 made parity as a contributions on a personal benefit contract? 7c X d If 'Yes, ' did the organization receive a contribution of unifacetly, to pay premiums on a personal benefit contract? 7c X d Did the organization, during the year, apy remiums, directly or indirectly, on a personal benefit contract? 7d X f Did the organization meaves business holdings at any time during the year? 8d 9d f Sponsoring organization make any taxable distributions under section 49667 9a 9d g Sponsoring organization make any taxable distributions under section 49667 9a 9d d Social Soli((2) organizations. Enter: 10a 10a <td></td> <td></td> <td></td> <td></td> <td></td>					
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b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 Organizations that may receive deductible contributions under section 170(c). 10 17 7 X D If 'Yes,'' did the organization neetive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X c Did the organization notify the doors of the value of the goods of services provided? 7c X d If 'Yes,'' did the organization notify the doors of the value of the goods of services provided? 7c X d If 'Yes,'' did the organization notify the doors of the value of the goods of services provided? 7c X d If 'Yes,'' did the organization notify the doors of services provided? 7c X d If 'Yes,'' did the organization notify the doors of nervices provided? 7c X d If the organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? 7g f Sponsoring organization make any taxable distributions under section 4966? 9a 9b 11a 10a 10a	6a		60		x
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7 Organizations that may receive deductible contributions under section 170(c). a) lid the organization netely a payment in excess 05/5 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7a X T T X 7b 1 X T X 7a X T X T 7a X X T X 7a X X X Y X	D		6h		
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? 7a X b If "Yes," all the organization notify the donor of the value of the goods or services provided? 7b 7c X D of the organization on elex exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7n X g If the organization received a contribution of cars, boats, aptianes, or other vehicles, did the organization file Form 8899 as required?. 7n X g If the organization make any taxable distributions under section 4966? 8 8 9 Sponsoring organization have excess busings at any time during the year? 9a 9b 10 D did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 D did the sponsoring organization make any taxable distributions and user or shareholders 10a 10a 10a 10a	7		00		
b If "Yes," did the organization nutify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required? 7f X f If the organization received a contribution of carb, basts, anginanes, or other vehicles, did the organization file a Form 1098 C? 7f X 9 Sponsoring organization make avests business holdings at any time during the year? 8 9a 9a 9 Did the sponsoring organization make a distribution sunder soction 4966? 9a 9a 9b 9b 9b 10 did the sponsoring organizations. Enter: 10a			7a		Х
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d If "Yes," indicate the number of Forms 8282 filed during the year Td e Did the organization during the year, pay premiums, on a personal benefit contract? 7e X f Did the organization during the year, pay premiums, on a personal benefit contract? 7f X g If the organization during the year, pay premiums, on other vehicles, did the organization file a Form 108-C? 7f X g If the organization and the access business holdings at any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9a 9 10 dt be sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 10b 12 Section 501(c)(7) organizations. Enter: 10b 10b <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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Form 990 (2023)

Part V

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Form 990	(2023)
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CALIFORNIA ASSOCIATION OF FOOD BANKS

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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						
ec	tion A. Governing Body and Management					·	Т
			1	1		Yes	+
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	_	1	긱		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent			1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip wit	h any othe	er			
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ect superv	ision/			
	of officers, directors, trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 v	vas filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	•		5		
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						T
	more members of the governing body?				7a	X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,						1
~	persons other than the governing body?				7b	x	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				10		
				•	0-	x	
a L	The governing body?				8a	A X	+
-	Each committee with authority to act on behalf of the governing body?				8b	<u>_</u> ^	4
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eacheo	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Code.)				
						Yes	_
0a	Did the organization have local chapters, branches, or affiliates?				10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	ers, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	fore filing t	the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						1
	on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	1
4	Did the organization have a written document retention and destruction policy?				14	x	1
5	Did the process for determining compensation of the following persons include a review and appro						1
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		independ	on			
_					150	x	l
	The organization's CEO, Executive Director, or top management official				15a	X	+
a	Other officers or key employees of the organization				15b		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang						ļ
	taxable entity during the year?				16a		4
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	ion's				ļ
	exempt status with respect to such arrangements?			<u></u>	16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed CA						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	90-T (sect	ion 501(c)(3)s only) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (expla	in on S	Schedule (C)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflic	t of intere	st policy, a	nd fina	ncial	
	statements available to the public during the tax year.			•			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks :	and record	ds			
-	THE ORGANIZATION - 510-272-4435			-			
	1624 FRANKLIN STREET, 722, OAKLAND, CA 94612						
							_
	3 12-21-23				Form	1 990	

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

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

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

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless p		ss person is both an a director/trustee)			compensation	compensation	amount of
	week		_		lirecto	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	d ual t	Institutional trustee	_	nploy	st col	5	10001120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) MONICA WHITE	2.00									
CHAIR		х		x				0.	0.	0.
(2) LESLIE BACHO	2.00									
VICE CHAIR		х		х				0.	0.	0.
(3) BLAKE YOUNG	2.00									
TREASURER		х		x				0.	0.	0.
(4) PATRICIA L. NICKOLS-BUTLER	2.00									
SECRETARY		х		x				0.	0.	0.
(5) NATALIE CAPLES	1.00									
MEMBER		Х						0.	Ο.	0.
(6) NICOLE CELAYA	1.00									
MEMBER		Х						0.	Ο.	0.
(7) WILLY ELLIOT-MCCREA	1.00									
MEMBER		Х						0.	0.	0.
(8) MICHAEL FLOOD	1.00									
MEMBER		Х						0.	0.	0.
(9) AMANDA FRISCIA	1.00									
MEMBER		Х						0.	0.	0.
(10) SARA GRIFFEN	1.00									
MEMBER		Х						0.	0.	0.
(11) KEENON KRICK	1.00									
MEMBER		Х						0.	0.	0.
(12) SHURLA LOVEJOY	1.00									
MEMBER		Х						0.	0.	0.
(13) JUAN MARTINEZ	1.00									
MEMBER		Х						0.	0.	0.
(14) BRUCE RANKIN	1.00									
MEMBER		Х						0.	0.	0.
(15) BETH STANTON	1.00									
MEMBER		Х						0.	0.	0.
(16) STACIA LEVENFELD	37.50									
CHIEF EXECUTIVE OFFICER				Х				279,831.	0.	15,449.
(17) STACY ROBSON	37.50									
CHIEF FINANCIAL OFFICER				Х				212,087.	0.	10,304.
332007 12-21-23										Form 990 (2023)

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CALIFORNIA ASSOCIATION OF FOOD BANKS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average	I (do not check more than one)					one	Reportable	Reportable		Estimat	ed
	hours per	box, unless person is both an					h an	compensation	compensation		amount	of
	week		cer an	id a c I	irecto	or/trus	tee)	from	from related		other	
	(list any	ndividual trustee or director						the	organizations	(compensa	
	hours for related	or di	ee			Highest compensated employee		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	nstitutional trustee		e	nens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizati and relati	
	below	ual tr	ional		ploye	t con /ee	-	1099-NEC)			organizat	
	line)	Idivid	Istitut	Officer	ey em	ighes	ormei				organizat	10113
(18) MARIA HOULNE	37.50	-	-	0	1×	н е	Ē			+		
FARM TO FAMILY VICE PRESIDENT	57.50					x		185,713.	0		91	.11.
(19) MAY LYNN TAN	37.50				-			105,715.	0	╇	,	<u> </u>
						x		151,658.	0		15 0	01
DIRECTOR OF RESEARCH & PROGRAM DEVEL						^		101,000.	0	╇	15,0	91.
(20) STEPHANIE NISHIO	37.50					37		145 110	0		10 F	0.5
DIRECTOR OF PROGRAMS						X		145,112.	0	•	10,5	95.
(21) SABRINA THAKKAR	37.50							142 605	•		~ =	
DIRECTOR OF FARM TO FAMILY						X		143,625.	0	•	9,7	29.
(22) LAUREN LATHAN REID	37.50											
COMMUNICATIONS DIRECTOR						X		137,811.	0	•	9,5	91.
(23) REBECCA SILVA	37.50											
DIRECTOR OF GOVERNMENT AFFAIRS						X		127,685.	0	•	16,0	41.
(24) COURTNEY SCULLIN-TAYLOR	37.50									Τ		
ACCOUNTING MANAGER						X		116,711.	0	•	13,2	30.
(26) ALICE LEE-OSBORNE	37.50									╈		
DIRECTOR OF DEVELOPMENT						x		101,161.	0		13,3	73.
										+	,	
1b Subtotal								1,601,394.	0	\pm	122,5	14.
1b Subtotal	/II Continu A							0.	0		100,5	0.
c Total from continuation sheets to Part V								1,601,394.	0		122,5	
d Total (add lines 1b and 1c)									-	•	122,5	14.
2 Total number of individuals (including but	not limited to tr	lose	liste	ed a	bov	e) wr	10 r	received more than \$100	,000 of reportable			10
compensation from the organization											Yes	
											res	No
3 Did the organization list any former officer												37
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the s	-		-						the organization			
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual			4 X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	ı any	y unr	ela	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	for si	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	cont	racto	ors	that received more than	\$100,000 of comper	isat	ion from	
the organization. Report compensation for	^r the calendar y	ear	endi	ng v	with	or w	ithi	n the organization's tax	/ear.			
(A)								(B)			(C)	
Name and busines	s address							Description of s	ervices	Cor	npensatic	n
TOTAL QUALITY LOGISTICS,	LLC											
PO BOX 799, MILFORD, OH	45150							TRANSPORTATI	ON	1,	084,6	20.
JOSE L GONZALES, 800 MEM		RIV	VE	#:	27	,				<u> </u>		
SOUTH SAN FRANCISCO, CA								TRANSPORTATI	ON		797,7	40.
SERGIO A ROMO							_					
1630 GIBSON AVENUE, CLOVIS, CA 93611 TRANSPORTATION 291,850. EDGAR PACHECO												
PO BOX 8714, FRESNO, CA 93747 TRANSPORTATION 283,075.												
IGNACIO PACHECO	JJ/4/							TRANGEORIALL			203,0	1
	03717										201 1	00
PO BOX 8064, FRESNO, CA 93747 TRANSPORTATION 204,100.												
2 Total number of independent contractors		ot li	mite	d to		-	steo	a above) who received m	ore than			
\$100,000 of compensation from the organ	ization					6						

\$100,000 of compensation from the organization

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Ра	rt v	VIII	Check if Schedule O			ooneo	or note to any lin	e in this Part VIII			
			Check II Schedule O	COIL		JUNSE	or note to any in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				644,565.				
¶ ₩ G			Fundraising events				,				
äifts ar /			Related organizations								
s, 0			Government grants (contr				5,958,615.				
r Si			All other contributions, gifts,								
the			similar amounts not included				2,842,147.				
d Ti		g	Noncash contributions included in	lines	1a-1f 1g	\$					
aŭ		h	Total. Add lines 1a-1f					9,445,327.			
							Business Code				
e	2	а	FARM TO FAMILY				624210	67,209,096.	67,209,096.		
e ri		b									
s Se		с									
an eve		d									
Program Service Revenue		е									
đ		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					67,209,096.			
	3		Investment income (inclue								
			other similar amounts)					172,281.			172,281.
	4		Income from investment of	of tax	k-exempt I	oond p	proceeds				
	5	,	Royalties								
					(i) Re	al	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	;) <u></u>							
	7	а	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a							
Ð		b	Less: cost or other basis								
Revenue			and sales expenses	7b							
eve			Gain or (loss)								
er B			Net gain or (loss)			····					
Othe	8	а	Gross income from fundraising the short of the second seco	ng ev							
0			including \$	line	of						
			contributions reported on								
		h	Part IV, line 18								
			Less: direct expenses								
	6		Gross income from gamin		•						
	5	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from				1				
	10		Gross sales of inventory,	-	-						
		u	and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
ω			(, , , , , , , , , , , , , , , , , , ,			,	Business Code				
Miscellaneous Revenue	11	а	OTHER				624210	1,182.	1,182.		
ane		b									
		с									
Mise		d	All other revenue								
			Total. Add lines 11a-11d					1,182.			
	12		Total revenue. See instruction	ons				76,827,886.	67,210,278.	0.	172,281.
33200	9 12	2-21									Form 990 (2023

CALIFORNIA ASSOCIATION OF FOOD BANKS

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Part IX Statement of Functional Expenses

CALIFORNIA ASSOCIATION OF FOOD BANKS

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			5	•
	and domestic governments. See Part IV, line 21	6,505,101.	6,505,101.		
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	491,918.	280,910.	146,559.	64,449
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,923,187.	2,628,135.	160,872.	134,180
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	188,785.	145,452.	33,402.	9,931 16,348
9	Other employee benefits	260,534.	208,877.	35,309.	16,348
0	Payroll taxes	239,057.	203,633.	21,520.	13,904
1	Fees for services (nonemployees):				
а	Management				
b		10,552.		10,552.	
с	Accounting	25,456.		25,456.	
	Lobbying	45,000.	45,000.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,415.		19,415.	
g		,		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	878,673.	611,444.	149,153.	118,076
12	Advertising and promotion	,			
13	Office expenses	294,852.	225,413.	41,109.	28,330
13 14	Information technology				
15					
15 16	Royalties	236,359.	195,300.	30,950.	10,109
		172,051.	143,599.	19,175.	9,277
17		1/2,051.	143,377.	,,	5,211
8	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	0 0 2 6		0 0 2 6	
22	Depreciation, depletion, and amortization	8,836.		8,836.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FARM TO FAMILY	64,644,351.	64,644,351.	2 600	4 054
b	OTHER EXPENSES	67,332.	66,773.	-3,692.	4,251
с	TAXES AND FEES	800.		800.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	77,012,259.	75,903,988.	699,416.	408,855
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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CALIFORNIA ASSOCIATION OF FOOD BANKS Part X Balance Sheet

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

				Beginning of year		End of year
	1	Cash - non-interest-bearing		1,999,737.		548,856.
	2	Savings and temporary cash investments		10,810,509.	2	8,942,114.
	3	Pledges and grants receivable, net		4,566,923.	3	3,474,433.
	4	Accounts receivable, net	5,951,453.	4	7,998,582.	
	5	Loans and other receivables from any current or former offic				
		trustee, key employee, creator or founder, substantial contri				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons	s (as defined			
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use			8	
C	9	Prepaid expenses and deferred charges		60,851.	9	195,338.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	71,988.			
	b	Less: accumulated depreciation 10b	16,855.	10,848.	10c	55,133.
	11	Investments - publicly traded securities		6,014,431.	11	6,731,001.
	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	452,665.	15	303,940.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		29,867,417.	16	28,249,397.
	17	Accounts payable and accrued expenses		9,209,481.	17	5,628,815.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Sc			21	
3	22	Loans and other payables to any current or former officer, d				
		trustee, key employee, creator or founder, substantial contri				
3					22	
	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re-				
		parties, and other liabilities not included on lines 17-24). Cor of Schedule D		445,141.	25	1,719,779.
	26	of Schedule D Total liabilities. Add lines 17 through 25		9,654,622.	25 26	7,348,594.
_	20	Organizations that follow FASB ASC 958, check here	X	5705170220	20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3		and complete lines 27, 28, 32, and 33.				
5	27	Net assets without donor restrictions		17,425,213.	27	18,907,615.
5	28	Net assets with donor restrictions		2,787,582.	28	1,993,188.
2		Organizations that do not follow FASB ASC 958, check h	, - ,		, ,	
-		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fur			30	
2	31	Retained earnings, endowment, accumulated income, or oth	F		31	
	32	Total net assets or fund balances		20,212,795.	32	20,900,803.
-	33	Total liabilities and net assets/fund balances		29,867,417.	33	28,249,397.

(A) Beginning of year **(B)** End of year

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Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2023) CALIFORNIA ASSOCIATION OF FOOD BANKS	68-	-03928	316	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1				86.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				59.			
3	Revenue less expenses. Subtract line 2 from line 1	3				73.			
4									
5	Net unrealized gains (losses) on investments	5		87	2,3	81.			
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))								
Pa	rt 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: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	s,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule	O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	 			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х				

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047	
2023	

Open to Public . Inspection

Name of the organization	
--------------------------	--

Employer identification number

		CALI	FORNIA ASS	OCIATION OF	FOOD	BANKS		6	8-0392816			
Pa	nrt I	Reason for Public	Charity Status.	(All organizations must c	omplete tł	nis part.) S	See instruction	S.				
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	ation of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	ınit descrik	ped in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he 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 org				ed in conju	unction with a	land-grant	college			
		or university or a non-land-g										
		university:	, , ,	,		· · ·						
10	Χ	An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	nip fees. a	nd aross 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). (Cor		, , , , , , , , , , , , , , , , , , ,		•	,	•	,			
11		An organization organized a		ively to test for public sa	ifety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	plete line	s 12e, 12f, and	d 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving			
		the supported organization		-	•	-						
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	n(s), by ha	aving			
		control or management o	-				-		-			
		organization(s). You mus										
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functional	lly integrat	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organ	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following informatior	about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota	al											

Schedule A (Form 990) 2023 CALIFORNIA ASSOCIATION OF FOOD BANKS 68-0392816 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and stop	phere					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			
k	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the orc	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	is-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
k	10% -facts-and-circumstances tes	t - 2022. If the orc	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circui	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Cohodulo A	(Earm 990) 2023

Schedule A (Form 990) 2023

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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.)

	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,448,483.	67,871,101.	38,638,299.	11,873,074.	9,445,327.	133,276,284.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,584,484.	34,366,067.	45,986,930.	59,082,363.	67,209,096.	230,228,940.
2	Gross receipts from activities that	,	,,,			,,	,,
0	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~		29,032,967.	102,237,168.	84,625,229.	70,955,437.	76,654,423.	363,505,224.
	Total. Add lines 1 through 5	29,032,907.	102,237,100.	04,023,229.	10,955,457.	70,054,425.	303,303,224.
78	Amounts included on lines 1, 2, and						0.
h	3 received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the upper						0.
	amount on line 13 for the year						0.
							363,505,224.
	Public support. (Subtract line 7c from line 6.)						303,303,224.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	29,032,967.	102,237,168.	84,625,229.	70,955,437.	76,654,423.	363,505,224.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	294.	1,248.		· · ·	172,281.	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	294.	1,248.	101,416.	33,379.	172,281.	308,618.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital	123,863.	5,883.	500.		1.182.	131,428.
13	assets (Explain in Part VI.)		102,244,299.	84,727,145.	70,988,816.		
	First 5 years. If the Form 990 is for th				, ,		
17	ale and the leave and all all and being	-					
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (I			column (f))		15	99.88 %
16	Public support percentage for 2023 (i Public support percentage from 2022					16	99.86 %
	ction D. Computation of Invest					10	<u> </u>
	•					47	.08 %
	Investment income percentage for 20		- · · · · · · · · · · ·			17	
18	Investment income percentage from 2						, -
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	
_	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 CALIFORNIA ASSOCIATION OF FOOD BANKS 68-0392816 Page 5 Part IV Supporting Organizations (continued)

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

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

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

000	cion o. Type in Supporting Organizations
-	Were a majority of the examination's directors or trustees during the tax year also a majority of the directors
· ·	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	
Section D. All Type III Supporting Organizations		

000	aon B. An Type in Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of th

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

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Yes

Yes No

Yes No

Yes No

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No

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CALIFORNIA ASSOCIATION OF FOOD BANKS 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 qualifyin	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

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CALIFORNIA ASSOCIATION OF FOOD BANKS

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contin}	ued)	
Secti	on D - Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributio	ns	(iii) Distributable	
		Excess Distributions	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
с	From 2020				
	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c, 5a,	6, 9a, 9b, 9c, 11	a, 11b, and 11	c; Part IV, Section	B, lines 1 and 2; Pa	art IV, Section (С,
	line 1; Part IV, Section E Section D, lines 5, 6, an), lines 2 and 3; Part IV, 3	Section E, lines	1c, 2a, 2b, 3a,	and 3b; Part V, line	e 1; Part V, Section	B, line 1e; Part	V,
	(See instructions.)		_,,_,_,_		···· ··· ··· ··· ··· ···	.,		
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SCHEDULE C Political	С
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(Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

Inan	ne or organization				Embio	byer identification number
		NIA ASSOCIATION				68-0392816
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section §	527 oi	rganization.
2	Provide a description of the organi Political campaign activity expend Volunteer hours for political campa	tures				
Pa	art I-B Complete if the or	ganization is exempt und	der section 501(c)	(3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	k incurred by organization manag on 4955 tax, did it file Form 4720	ers under section 4958 for this year?	5	\$	Yes No
	art I-C Complete if the or			-	-	
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt func	ction activities	\$	
2	Enter the amount of the filing orga		0			
	exempt function activities				\$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,		
	line 17b				\$	
4	Did the filing organization file Form	1120-POL for this year?				📖 Yes 🔛 No
5	Enter the names, addresses, and e	employer identification number (E	EIN) of all section 527 p	olitical organizations	to whic	h the filing organization
	made payments. For each organiz contributions received that were p political action committee (PAC). If	romptly and directly delivered to	a separate political org	ganization, such as a s		-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

LHA 332041 11-06-23

Schedule C (Form 990) 2023			ASSOCIATION					392816	•		
Part II-A Complete if the organization is exempt under section 501(c)(3) and fi						nd filed Fo	rm 5768 (el	ection und	der		
		sec	tion 501(h)).								
A	Check		if the filing organiz	ation belongs to an af	filiated group (and list i	n Part I	V each aff	iliated group	member's nam	e, address, E	IN,
			expenses, and share of excess lobbying expenditures).								
В	Check		if the filing organiz	ation checked box A a	and "limited control" pre	ovision	s apply.				
									a) Filing	(b) Affiliatod	laroup

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	45,000.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	45,000.	
d	Other exempt purpose expenditures		76,967,259.	
е		s 1c and 1d)	77,012,259.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.				
c Total lobbying expenditures	57,500.	57,500.	83,875.	45,000.	243,875.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2023

332042 11-06-23

CALIFORNIA ASSOCIATION OF FOOD BANKS 68-

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 billet contact with registators, their stans, government officials, or a registative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			otion	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				o 3 ic
answered "Yes."		(b) i ait	m- ∧ , m	e 0, 13
Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instantian), and Part II-P line 1. Also appreciate this part for group distinguishing the second se	o list); Part II-	A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
DURING 2023, \$45,000 WAS PAID TO MOSAIC SOLUTIONS & A	DVOCAC	Y. A	FIRM	
		-,		
THAT PERFORMS ADMINISTRATIVE AND LEGISLATIVE ADVOCACY	ON BE	HALF	OF THE	2
ORGANIZATION.				

332043 11-06-23

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

CALIFORNIA ASSOCIATION OF FOOD BANKS

Employer identification number 68-0392816

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🗌 Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr	n of a conservation easement on the la
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of
b	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance of public service,
b			
b	provide the following amounts relating to these items.		
b	(i) Revenue included on Form 990, Part VIII, line 1		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
b 2	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree 	asures, or other similar assets for financ	\$
2	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A 	asures, or other similar assets for financ SC 958 relating to these items:	\$\$
2 a	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 	asures, or other similar assets for financ ISC 958 relating to these items:	\$
2 a b	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A 	asures, or other similar assets for financ	\$\$

		NIA ASSOCI						58-03			ige 2
	rt III Organizations Maintaining C									uea)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the	following that	at make :	significant	use of its			
-	collection items (check all that apply).				.						
a L		C			hange progra						
b	Scholarly research	e	e ∟_ Oth	er							
	 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X 										
4 5	During the year, did the organization solicit of							se in Fai	L AIII.		
5	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran										
1 u	reported an amount on Form 990, Pa			anizatioi	I allowered	165 011	10111330,	raitiv, i	ine 9, 01		
1a	Is the organization an agent, trustee, custod		diary for cor	ntributio	ns or other a	ssets no	t included				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······ <u> </u>			
			nowing tabl	0.					Amount		
c	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds Complete if										
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d											
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	nd administe	ered for t	the		-		
	organization by:									Yes	No
	(i) Unrelated organizations?										
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	U	owment fund	ds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, lir	ie 11a. S	See Form 990						
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• • •	ccumulate preciation	d	(d) Bool	value	;
1a	Land										
b	Buildings										
с	Leasehold improvements								_		
d	Equipment			7	1,988.		16,85	5.	5.	5,1	33.
	Other									_	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c,	column	(B))		<u></u>		5!	5,1	33.

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, Im (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of vear market value
	(b) BOOK value	(c) Method of Valuation. Cost of end-	Ji-yeai market value
(1) Financial derivatives(2) Closely held equity interests			
(2) Obsery heid equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			200 507
(2) OPERATING LEASE LIABILITY			298,507. 1,421,272.
(3) REFUNDABLE ADVANCES			1,421,2/2.
<u>(4)</u>			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	((B))		1,719,779.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under			

CALIFORNIA ASSOCIATION OF FOOD BANKS

68-0392816 Page 3

Sche	dule D (Form 990) 2023 CALIFORNIA ASSOCIATION OF	FOOD	BANKS	68-	0392816	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents W				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,036	,501.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	872,381.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d						
е	Add lines 2a through 2d			2e		,381.
3	Subtract line 2e from line 1			3	12,164	<u>,120.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,415.			
b	Other (Describe in Part XIII.)		64,644,351.			
с	Add lines 4a and 4b			4c	64,663	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	76,827	,886.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Vith Expenses per	Retu	urn	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				400
Pa 1		a.		Retu 1	ırn 12,348	,493.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.				,493.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a				,493.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b				,493.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b				,493.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d				,493.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d		1 2e	12,348	0.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d		1		0.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d		1 2e 3	12,348	0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d 2d	19,415.	1 2e 3	12,348	0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d		1 2e 3	12,348	0. ,493.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 4a 4b	19,415. 64,644,351.	1 2e 3 4c	12,348	<u>0.</u> ,493.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 4a 4b	19,415. 64,644,351.	1 2e 3	12,348	<u>0.</u> ,493.

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

PART X, LINE 2:

IN MANAGEMENT'S JUDGMENT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF

DECEMBER 31, 2023.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PRODUCE EXPENSE AND TRANSPORTATION

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PRODUCE EXPENSE AND TRANSPORTATION

332054 09-28-23

Schedule D (Form 990) 2023	CALIFORNIA tal Information (continued)	ASSOCIATION	OF	FOOD	BANKS	68-0392816 Page 5
Part XIII Supplement	tal Information (continued)					
						Schedule D (Form 990) 2023
332055 09-28-23						Schedule D (FUTTI 990) 2023
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SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.								, ;
Name of the organization			-				Employer identification num	
		ATION OF FOC	D BANKS				68-039281	.6
Part I General Information on Grants a								
1 Does the organization maintain records t								NI -
criteria used to award the grants or assis2 Describe in Part IV the organization's pro	tance?		finale in the Linite	d Otataa			X Yes	No
Part II Grants and Other Assistance to I					anization answered "	Ves" on Form 990 Par	t IV line 21 for any	
recipient that received more than \$	-						try, into 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DRIVE FRESNO, CA 93725	77-0320851	501(C)(3)	156,523.	43,476.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
COMMUNITY ACTION AGENCY OF BUTTE COUNTY - PO BOX 6369 - CHICO, CA 95927	94-1640546	501(C)(3)	0.	9,084.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
COMMUNITY ALLIANCE WITH FAMILY FARMERS - P O BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	50,372.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
COMMUNITY FOOD BANK OF SAN BENITO COUNTY - 1133 SAN FELIPE ROAD - HOLLISTER, CA 95023	77-0306871	501(C)(3)	1,537.	76,324.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	381,732.	81,886.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
FOOD FOR PEOPLE 307 W. 14TH ST. EUREKA, CA 95501	94-2772549	501(C)(3)	2,661.	131,860.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 			ne line 1 table		•	·	6	3.

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

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Schedule I (Form 990) CALLFORNI.	11 11000011	11101 01 100				0	0-0392010 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL VALLEY FOOD BANK P O BOX 4406						PRODUCE AND TRANSPORTATION	TO END HUNGER IN
EL CENTRO, CA 92244	33-0633364	501(C)(3)	145,741.	2,797.	FMV	SUBSIDIES	CALIFORNIA
INTERFAITH COUNCIL OF AMADOR 12181 AIRPORT RD.						PRODUCE AND TRANSPORTATION	TO END HUNGER IN
JACKSON, CA 95642	68-0363653	501(C)(3)	0.	14,188.	FMV	SUBSIDIES	CALIFORNIA
MATERNAL AND CHILD HEALTH ACCESS 1111 W 6TH STREET, FOURTH FLOOR LOS ANGELES, CA 90017	95-4555879	501(C)(3)	418,200.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
MENDOCINO FOOD & NUTRITION PROGRAM P O BOX 70 FORT BRAGG, CA 95437	94-2577092	501(C)(3)	0.	40,272.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SACRAMENTO FOOD BANK & FAMILY SERVICES – 1951 BELL AVENUE – SACRAMENTO, CA 95838	94-3315566	501(C)(3)	133,043.	110,968.		PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SAN DIEGO HUNGER COALITION 4305 UNIVERSITY AVE, STE 630 SAN DIEGO, CA 92105	30-0507718	501(C)(3)	2,160,241.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	362,106.	122,935.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
THE RESOURCE CONNECTION P O BOX 919 SAN ANDREAS, CA 95249	94-2705790	501(C)(3)	0.	17,041.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
ALAMEDA COUNTY COMMUNITY FOOD BANK P O BOX 2599 DAKLAND, CA 94614	94-2960297	E01(C)(2)	126,115.	102,640.		PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

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Schedule I (Form 990) CALLFORNI	A ADDOCIA	TION OF FOC	D BANKS			U	00-0392010 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMADOR-TUOLUMNE COMMUNITY ACTION 10590 HWY 88 JACKSON, CA 95642	94-2765408	GOVT	0.	26,530.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COMMUNITY ACTION PARTNERSHIP OF KERN COUNTY - 5005 BUSINESS PARK NORTH - BAKERSFIELD, CA 93309	95-2402760	501(C)(3)	0.	19,212.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
CALIF-ILC 634 S SPRING STREET, 2ND FLOOR LOS ANGELES, CA 90014	95-4860169	501(C)(3)	25,660.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	32,968.	100,718.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076	94-2460211	501(C)(3)	256,398.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COMMUNITY SERVICES UNLIMITED P O BOX 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	69,560.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE, BUILDING 1 REDDING, CA 96003	23-7115371	501(C)(3)	0.	20,482.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	94-1358309	501(C)(3)	202,137.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
EMERGENCY FOOD BANK 7 W SCOTTS AVENUE STOCKTON, CA 95203	68-0002165	501(C)(3)	0.	12,247.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

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Schedule I (Form 990) CALLFORNI	Y YDDOCIL	ALLON OF FOC	D DAMAD			L L	10-0392010 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA RIVERSIDE/SAN BERNARDINO COS. – 2950-A JEFFERSON STREET – RIVERSIDE, CA 92504	26-0457477	501(C)(3)	47,731.	18,068.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FEEDING SAN DIEGO 9477 WAPLES STREET, SUITE 100 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	3,450.	122,451.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FIND FOOD BANK 83775 CITRUS AVENUE INDIO, CA 92201	33-0006007	501(C)(3)	168,459.	28,414.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK COALITION OF SLO COUNTY 1180 KENDALL RD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	0.	12,660.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DR CAMERON PARK, CA 95682	68-0457594	501(C)(3)	0.	17,941.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD SHARE, INC. 4156 N SOUTHBANK RD OXNARD, CA 93036	77-0018162	501(C)(3)	0.	8,855.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	45,056.	26,628.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	94-2558802	501(C)(3)	0.	15,970.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FREMONT FAMILY RESOURCE CENTER 39550 LIBERTY STREET FREMONT, CA 94538	94-3333831	501(C)(3)	29,638.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

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Schedule I (Form 990) CALLFORNE	A ASSOCIA	ALLON OF FOC	D BANKS			6	00-0392010 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO METRO MINISTRY						PRODUCE AND	
3845 N CLARK ST, STE 101						TRANSPORTATION	TO END HUNGER IN
FRESNO, CA 93726	94-2181848	501(C)(3)	43,207.	0.	FMV	SUBSIDIES	CALIFORNIA
HELP ME HELP YOU						PRODUCE AND	
P O BOX 32861						TRANSPORTATION	TO END HUNGER IN
LONG BEACH, CA 90832	71-0898124	501(C)(3)	143,919.	0.	FMV	SUBSIDIES	CALIFORNIA
HUNGER ACTION LOS ANGELES, INC						PRODUCE AND	
961 S MARIPOSA AVE #205						TRANSPORTATION	TO END HUNGER IN
LOS ANGELES, CA 90006	20-5142259	501(C)(3)	147,500.	0.	FMV	SUBSIDIES	CALIFORNIA
INDEPENDENT LIVING CENTER OF						PRODUCE AND	
SOUTHERN CALIFORNIA INC - 14141						TRANSPORTATION	TO END HUNGER IN
HAYNES STREET - VAN NUYS, CA 91401	95-3026060	501(C)(3)	10,681.	0	FMV	SUBSIDIES	CALIFORNIA
				·			
JACOBS & CUSHMAN SAN DIEGO FOOD						PRODUCE AND	
BANK - 9850 DISTRIBUTION AVE - SAN						TRANSPORTATION	TO END HUNGER IN
DIEGO, CA 92121	20-4374795	501(C)(3)	0.	157,227.	FMV	SUBSIDIES	CALIFORNIA
WINGS CONSULTY ACTION							
KINGS COMMUNITY ACTION ORGANIZATION - 1130 N 11TH AVE -						PRODUCE AND TRANSPORTATION	TO END HUNGER IN
HANFORD, CA 93230	94-1604455	501(C)(3)	0.	14,237.	E-1417	SUBSIDIES	CALIFORNIA
HANFORD, CA 95250	94-1004495	501(0)(3)	0.	14,237.	E MV	SOBSIDIES	
LOS ANGELES REGIONAL FOOD BANK						PRODUCE AND	
1734 E 41ST STREET						TRANSPORTATION	TO END HUNGER IN
VERNON, CA 90058	95-3135649	501(C)(3)	245,978.	61,445.	FMV	SUBSIDIES	CALIFORNIA
MEXICAN AMERICAN OPPORTUNITY						PRODUCE AND	
FOUNDATION - 401 N GARFIELD AVE -						TRANSPORTATION	TO END HUNGER IN
MONTEBELLO, CA 90640	95-2594166	501(C)(3)	139,437.	0.	FMV	SUBSIDIES	CALIFORNIA
NATIONAL HEALTH FOUNDATION						PRODUCE AND	
515 S FIGUEROA STREET, SUITE 1300						TRANSPORTATION	TO END HUNGER IN
LOS ANGELES, CA 90071	23-7314808	501(C)(3)	285,711.		FMV	SUBSIDIES	CALIFORNIA
TOP ANGETEP' CA 200/T	23-1314008	Por(C)(3)	205,/11.	۰ ⁰	E HIV	BODATATER	

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Schedule I (Form 990) CALLFORNI	A ASSOCIA	VIION OF FOC	D BANKS			U	00-0392010 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	80,395.	37,908.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 2601 AIRPORT DRIVE, SUITE 220 - TORRANCE, CA 90505	51-0224944	501(C)(3)	531,300.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	161,002.	24,390.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
RIVER CITY FOOD BANK P O BOX 160204 SACRAMENTO, CA 95816	91-1851398	501(C)(3)	152,964.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SECOND HARVEST OF THE GREATER VALLEY - 1220 VANDERBILT CIR - MANTECA, CA 95337	68-0376587	501(C)(3)	0.	14,427.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SF-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94114	94-0341517	501(C)(3)	159,341.	172,128.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SHFB SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	131,137.	84,674.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
THE CHILDREN'S CLINIC 701 EAST 28TH ST, SUITE 200 LONG BEACH, CA 90806	95-1643332	501(C)(3)	190,589.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	0.	30,247.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

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Schedule I (Form 990) CALLFORNI	A ASSUCIA	TION OF FOU	D BANKS			0	00-0392010	Page ⁻
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
YOLO COUNTY CHILDREN'S ALLIANCE 600 A STREET, SUITE Y DAVIS, CA 95616	68-0526185	501(C)(3)	56,450.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
YOLO FOOD BANK 233 harter avenue Woodland, CA 95776	23-7111782	501(C)(3)	0.	43,016.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
YUBA SUTTER GLEANERS FOOD BANK INC 760 STAFFORD WAY YUBA CITY, CA 95991	94-2909773	501(C)(3)	0.	29,998.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
ST. MARGARET'S CENTER 1531 JAMES M. WOOD BOULEVARD LOS ANGELES, CA 90015	95-1690973	501(C)(3)	50,000.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
ROLLING START INC 1955 S HUNTS LANE #101 SAN BERNARDINO, CA 92408	95-3178138	501(C)(3)	56,401.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
SILICON VALLEY INDEPENDENT LIVING CENTER – 25 N 14TH STREET, SUITE 1000 – SAN JOSE, CA 95112	94-2332246	501(C)(3)	57,730.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
COLLEGE OF THE CANYONS FOUNDATION 26455 ROCKWELL CANYON ROAD SANTA CLARITA, CA 91355	95-3574259	501(C)(3)	72,500.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
JWCH INSTITUTE INC 5650 JILSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	75,000.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	
CHINATOWN SERVICE CENTER 767 N HILL STREET, SUITE 400 LOS ANGELES, CA 90012	95-2918844	501(C)(3)	150,000.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA	

CALIFORNIA ASSOCIATION OF FOOD BANKS

Schedule I (Form 990) CALIFORNIA ASSOCIATION OF FOOD BANKS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance			
81-2922252	501(C)(3)	75,000.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA			
26-2438206	501(C)(3)	50,372.	0.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA			
32-0362611	501(C)(3)	34,238.	43,806.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA			
	81-2922252 26-2438206	if applicable 81-2922252 501(C)(3) 26-2438206 501(C)(3)	if applicable cash grant 81-2922252 501(C)(3) 75,000. 26-2438206 501(C)(3) 50,372.	if applicable cash grant noncash assistance 81-2922252 501(C)(3) 75,000. 0. 26-2438206 501(C)(3) 50,372. 0.	if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) 81-2922252 501(C)(3) 75,000. 0.FMV 26-2438206 501(C)(3) 50,372. 0.FMV	if applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistance81-2922252501(C)(3)75,000.0.FMVPRODUCE AND TRANSPORTATION81-2922252501(C)(3)75,000.0.FMVSUBSIDIES26-2438206501(C)(3)50,372.0.FMVSUBSIDIES26-2438206501(C)(3)50,372.0.FMVSUBSIDIES			

Schedule I (Form 990) 2023

CALIFORNIA ASSOCIATION OF FOOD BANKS

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

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

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

PART I, LINE 2:

THE CALIFORNIA ASSOCIATION OF FOOD BANKS MONITORS THE RECIPIENTS,

SUB-AGENCIES, OF PASS THROUGH FUNDS BY GATHERING THEN REVIEWING TIME AND

INVOICE TRACKING DOCUMENTS ON A MONTHLY BASIS. FURTHER MONITORING IS

PERFORMED THROUGH DESK AND SITE REVIEWS USING SELECTION GUIDELINES PROVIDED

BY THE STATE OF CALIFORNIA. BASED ON THE DESK AND SITE REVIEWS, REVIEW

REPORTS ARE DRAFTED WITH CORRECTIVE FOLLOW UP ACTION THAT THE SUB-AGENCIES

ARE TO IMPLEMENT.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	2
	-	Compensated Employees		ΖU	ΖIJ)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer id			mber
		CALIFORNIA ASSOCIATION OF FOOD BANKS	68-03	39281	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
	10 0.1	рад — нарада — нарада — на				
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimation used to establish the compensation of the experimation?	•			
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					v
a	The organization?			5a		X X
b		ation?		5b		
-		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	contingent on the r			6-		x
						X
a		ation? or 6b, describe in Part III.		<u>6b</u>		
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	c			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				<u> </u>
0		ported on Form 950, Part VII, paid of accrued pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to a contract that was subject to be pursuant to be pursuant to a contract that was subject to be pursuant to be pursuant to a contract that was subject to be pursuant to be p		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
Ŭ		a 53.4958-6(c)?		9		
For		ion Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)) 2023

68-0392816

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

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

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

	((B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STACIA LEVENFELD (i)	239,181.	34,650.	6,000.	15,449.	0.	295,280.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) STACY ROBSON	i)	190,653.	15,434.	6,000.	10,304.	0.	222,391.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIA HOULNE	i)	166,313.	13,400.	6,000.	9,111.	0.	194,824.	0.
	ii) [0.	0.	0.	0.	0.	0.	0.
(4) MAY LYNN TAN	i)	142,975.	8,683.	0.	7,166.	7,925.	166,749.	0.
DIRECTOR OF RESEARCH & PROGRAM DEVEL (i	ii) [0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE NISHIO	i)	138,122.	6,990.	0.	5,378.	5,217.	155,707.	0.
	ii) 🗌	0.	0.	0.	0.	0.	0.	0.
(6) SABRINA THAKKAR	i)	126,625.	11,000.	6,000.	9,729.	0.	153,354.	0.
DIRECTOR OF FARM TO FAMILY (i	ii) [0.	0.	0.	0.	0.	0.	0.
	i)							
(i								
(i)							
	ii) [
(i)							
	ii) [
(i)							
(i	ii) [
	i)							
(i	ii) [
	i)							
	ii) [
	i)							
	ii) [
	i)							
	ii) [
	i)							
(i								
	i)							
	ii)							

Part III Supplemental Information

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



CALIFORNIA ASSOCIATION OF FOOD BANKS

68-0392816

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

CALIFORNIA ASSOCIATION OF FOOD BANKS ("THE ORGANIZATION") IS A NON

PROFIT PUBLIC BENEFIT CORPORATION LOCATED IN OAKLAND, CALIFORNIA.

TOGETHER WITH ITS 41-MEMBER FOODBANKS, THE ORGANIZATION IS THE LARGEST

CHARITABLE HUNGER-RELIEF AND ANTI-HUNGER LEADER IN THE STATE. THE

ORGANIZATION PURSUES ITS MISSION OF ENDING HUNGER IN CALIFORNIA THROUGH

PROGRAMS FORTIFYING THE CHARITABLE AND PUBLIC NUTRITION SAFETY NETS AND

SUPPORTING THE COLLECTIVE SUCCESS OF ITS MEMBERS. IN 2021 THE

ORGANIZATION ADOPTED A NEW STRATEGIC PLAN, CENTERING ITS CORE

PRIORITIES ON REMOVING BARRIERS TO FOOD BANKS RECEIVING INCREASED

VOLUMES AND VARIETIES OF FRESH PRODUCE, BECOMING THE LEADING SOURCE OF

INFORMATION ON FOOD SECURITY IN CALIFORNIA, DEVELOPING CATALYST

PROGRAMS FOR FOOD BANKS TO SERVE HARD-TO-REACH POPULATION, AND

ADVOCATING FOR ANTI-HUNGER LEGISLATION AND SUSTAINED ACCESS TO

RESOURCES FOR FOOD BANKS ACROSS THE STATE.

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

HAND.

IN 2022, THE ORGANIZATION COMPLETED A STUDY THAT IDENTIFIED THE

OPPORTUNITY TO MOVE 30% MORE PRODUCE AND HIGHLY NUTRITIOUS PROTEINS TO

FOOD BANKS SERVING CALIFORNIA'S RURAL AND REMOTE COMMUNITIES. YEAR ONE

OF THE PILOT PROJECT MET THIS MILESTONE AND TWO YEAR PROGRAM IS ON

TRACK TO ACCOMPLISH THAT GOAL.

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

MAKES CALIFORNIA THE FIRST STATE IN THE COUNTRY TO CODIFY PRESIDENT

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
CALIFORNIA ASSOCIATION OF FOOD BANKS	68-0392816
BIDEN'S NEW FEDERAL SCHOOL MEAL GUIDELINES ON NUTRITION S	TANDARDS ,
ENSURES THAT CHILDREN HAVE ADEQUATE TIME TO EAT THOSE MEA	LS DURING
THEIR SCHOOL LUNCH PERIODS, AND CODIFIES CALIFORNIA'S COM	MITMENT
TO MAXIMIZE THE NEW SUMMER EBT PROGRAM.	
HIRING ITS FIRST DIRECTOR OF RESEARCH IN 2022, 2023 WAS T	HE FIRST YEAR
FOR THE ORGANIZATION TO PUBLISH ORIGINAL RESEARCH AND BEG	IN RELEASING
ANALYTICS ON THE STATE OF FOOD SECURITY IN CALIFORNIA. OV	ER THE COURSE
OF THE YEAR, THE ORGANIZATION RELEASED PROJECTIONS ABOUT	THE FORESEEN
IMPACT OF CALFRESH EMERGENCY ALLOTMENTS ENDING IN EARLY 2	023, AN
ANALYSIS OF SB 1383 GROCERY RECOVERY MODELS, AN IMPACT ST	עסטי
& DASHBOARD ON THE EXPANSION OF CALFRESH BENEFITS TO SSI	RECIPIENTS,
AND A QUANTITATIVE AND QUALITATIVE STUDY OF THE IMPACT OF	' EMERGENCY
ALLOTMENTS IN CALIFORNIA IN LATE 2023.	

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

COMMUNICATIONS & MEMBER ENGAGEMENT -

THE ORGANIZATION IS COMMITTED TO RAISING PUBLIC AND STAKEHOLDER

COMMUNITIES' UNDERSTANDING OF HUNGER AND ITS HEALTH AND SOCIAL IMPACTS.

THIS INCLUDES UPLIFTING THE ESSENTIAL WORK OF FOOD BANKS AND EDUCATING

THE PUBLIC ABOUT FOOD ACCESS ISSUES, CALFRESH AND OTHER PUBLIC

NUTRITION BENEFITS, AND POLICY PRIORITIES TO PERMANENTLY END HUNGER IN

CALIFORNIA. FOR THE FIRST TIME IN 2023, THE ORGANIZATION RELEASED

ORIGINAL RESEARCH ON THE PROJECT IMPACT OF CAL FRESH EMERGENCY

ALLOTMENTS ENDING, WHICH DROVE THE PUBLIC NARRATIVE ON FOOD SECURITY IN

CALIFORNIA THROUGHOUT THE YEAR.

THE ORGANIZATION PROVIDES DIRECT SUPPORT AND RESOURCES TO ITS MEMBER

FOOD BANKS THROUGH TRAINING, TECHNICAL ASSISTANCE, ADVOCACY TOOLKITS,

AND SECURING CAPACITY-BUILDING GRANTS AND RESOURCES. THE HOSTED 332212 11-14-23 Schedule O (Form 990) 2023 50 16081010 138273 CAFB 2023.04030 CALIFORNIA ASSOCIATION OF F CAFB 1

Schedule O (Form 990) 2023	Page 2
Name of the organization CALIFORNIA ASSOCIATION OF FOOD BANKS	Employer identification number 68-0392816
VIRTUAL MEMBER PROGRAMS TO INCREASE THE RESILIENCE AND CA	PACITY OF ITS
MEMBERS BY HOSTING PROFESSIONAL DEVELOPMENT WEBINARS, AS	WELL AS 25
DISCIPLINE-SPECIFIC CROSS-NETWORK COMMUNITIES OF PRACTICE	TO SHARE BEST
PRACTICES AND FIND INNOVATIVE SOLUTIONS TO CHALLENGES FAC	ED BY FOOD
BANKS ACROSS THE STATE.	
EXPENSES \$ 500,402. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 136,600.
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS 41 FULL MEMBERS ACROSS THE STATE OF	CALIFORNIA.
FORM 990, PART VI, SECTION A, LINE 7A:	
CAFB HAS 41 MEMBER FOOD BANKS THAT MEET ANNUALLY TO ELECT	THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
CAFB HAS 41 MEMBER FOOD BANKS THAT MEET ANNUALLY TO DISCU	ISS ISSUES OF
IMPORTANCE TO THE ASSOCIATION AND ITS MEMBER FOOD BANKS.	MEMBERS HAVE THE
RIGHT TO VOTE ON THE ELECTION OF BOARD MEMBERS, BYLAWS RE	VISIONS AND
DISSOLUTION OF ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD MEMBERS REVIEW THE TAX FILINGS BEFORE THEY ARE SENT	' TO THEIR
RESPECTIVE REGULATORY AGENCIES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS ANNUALLY REVIEW AND SIGN OFF ON TH	E CONFLICT OF
INTEREST POLICY. A SIMILAR POLICY, AS WELL AS A WHISTLE	BLOWER POLICY, IS

PRESENTED TO ALL EMPLOYEES IN THE EMPLOYEE HANDBOOK. IN ADDITION, ALL Schedule O (Form 990) 2023 332212 11-14-23 51 2023.04030 CALIFORNIA ASSOCIATION OF F CAFB___1

EMPLOYEES HAVE EASY ACCESS TO BOARD MEMBER CONTACT INFORMATION, SHOULD THEY

FEEL IT NECESSARY TO REPORT.

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

WAGE AND SALARY LEVELS ARE DETERMINED ACCORDING TO PREVAILING RATES FOR

SIMILAR POSITIONS IN OTHER BAY AREA ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

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

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AS WELL AS SOME DOCUMENTS BEING AVAILABLE ON THE ORGANIZATION'S WEBSITE.