			*	* PUBL	IC DISCLOSUR	RE C	OPY **	k		
	0	00	Return of	f Orgar	nization Exem	1 tar	From	Income 7	Гах	OMB No. 1545-0047
For	m y	90	Under section 501(c),	527, or 494	7(a)(1) of the Internal R	evenu	e Code (ex	cept private fo	undations)	2019
•		uary 2020)	Do not en	ter social s	ecurity numbers on thi	is form	n as it may	be made public	c.	Open to Public
Interr	nal Rever	of the Treasury nue Service			/Form990 for instruction					Inspection
AF	or the	e 2019 calend	lar year, or tax year beg	jinning J	UL 1, 2019	and	ending	JUN 30,	2020	
Ba	Check if applicable	e: C Name o	f organization					D Employer	identificati	on number
	Addres			00D D3	2777					
	chang Name		OOD EMPIRE F	OOD BA	INK				101055	
	_ chang □Initial	e Doing b	usiness as				D ())		121855	
	return Final		and street (or P.O. box if BRICKWAY BL		livered to street address)		Room/suite	E Telephone (707		7900
L	/return/ termin	_ _						G Gross receipts		57,633,222.
	ated	ded CANT	own, state or province, c A ROSA, CA		ZIP or foreign postal co	de		H(a) Is this a		
	_return _Applic _tion		ind address of principal of		ID GOODMAN				rdinates?	
	pendir		AS C ABOVE	Jilleel.==+				H(b) Are all subo		···
11	Fax-exe	empt status:		(c) ((insert no.) 494 ⁻	7(a)(1)	or 527			(see instructions)
			REFB.ORG	() ()	/			H(c) Group e		,
KF	orm of	organization:	X Corporation Tr	ust 🔄 As	ssociation 🔄 Other 🕨		L Year			ate of legal domicile: CA
	art I	Summary	,							
e	1	Briefly describ	be the organization's mis	sion or mos [.]	t significant activities: ${f T}$	'HE	MISSIC	ON OF RE	DWOOD	EMPIRE
Activities & Governance		FOOD BA	NK IS TO END	HUNGE	R IN OUR COM	IMUN	ITY.			
ern			ox 🕨 🛄 if the organi		•	-				
20			ting members of the gov							15
8			dependent voting membe							15
ties			of individuals employed							91 9250
tivi	6	Total number	of volunteers (estimate if	f necessary)					6	9250
Ac			d business revenue from							0.
	a l	Net unrelated	business taxable incom	e from Form	1990-1, line 39		<u></u>	Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line	- 1h)				35,938,		55,919,813.
Revenue			ice revenue (Part VIII, line					1,310,		1,384,211.
eve			come (Part VIII, column (286,		329,198.
Ê			e (Part VIII, column (A), lir					-26,	553.	0.
			- add lines 8 through 11					37,509,	263.	57,633,222.
			milar amounts paid (Part						0.	0.
	14	Benefits paid	to or for members (Part I	IX, column (/	A), line 4)				0.	0.
es	15	Salaries, othe	r compensation, employe	ee benefits ((Part IX, column (A), lines	s 5-10)		4,100,	-	5,293,557.
ens	16a	Professional f	undraising fees (Part IX,	column (A),	line 11e)				0.	0.
Expenses	b	Total fundrais	r compensation, employe undraising fees (Part IX, ing expenses (Part IX, co	olumn (D), lir	ne 25) 🕨 1,27	4,6	71.	20 605	1.01	40 500 510
	17	Other expens	es (Part IX, column (A), li	nes 11a-11c	I, 11†-24e)			30,685,		40,523,510.
			es. Add lines 13-17 (must					34,785,		45,817,067.
<u> </u>	19	Revenue less	expenses. Subtract line	18 from line				2,723,		11,816,155.
Net Assets or Fund Balances	00	Tatal assats (eginning of Curre		End of Year 40,679,388.
Asse Bala	20 21							627,		$\frac{1}{1,902,249}$
Net /	22		fund balances. Subtract		line 20			26,960,		38,777,139.
Pa	art II				1 millio 20		·····	,,,,,,,	•	,,
		-	I declare that I have examin	ed this return	, including accompanying s	chedule	es and staten	nents, and to the b	est of my kn	owledge and belief, it is
			. Declaration of preparer (ot						-	
					\sum					
Sig	n	· ·	e of officer					Date		
Her	е			EO Ź	\bigcirc —— \checkmark			05/17	7/2021	
		,	print name and title		i			Data	,	DTIN
		Print/Type nre	narar'e nama		Prenarer's signature			Date	Check	PTIN

	Print/Type prepare	er's name	Preparer's signature		Date	Check PIIN
Paid	BRETT P.	BRADFORD, CPA	BRETT P.	BRADFORD,	C05/17/2	21 ^{if} P01962060
Preparer	Firm's name	PISENTI & BRINKE	R LLP		Fin	m's EIN ▶ 94-1585562
Use Only	Firm's address 🕨	3562 ROUND BARN	CIECLE, S	UITE 300		
		SANTA ROSA, CA 9	5403		Ph	one no.707-542-3343
May the I	RS discuss this re	eturn with the preparer shown abo	ove? (see instructio	ons)		X Yes No
		Demonstrate Device Act No.4				E

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) REDWOOD EMPIRE FOOD BANK	68-0121855	Pag
Part	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
	SECURING AND DISTRIBUTING FOOD TO PARTICIPATING AGENCIE	S AND THE	
	COMMUNITY, EXPANDING THE TOTAL RESOURCES AVAILABLE TO PA		
	AGENCIES IN MEETING HUNGER NEEDS, AND PROMOTING COMMUNI		
	THE HUNGER PROBLEMS IN SONOMA COUNTY AND SURROUNDING AR		01
	Did the organization undertake any significant program services during the year which were not listed on the	Yes	v
	prior Form 990 or 990-EZ?	Yes	Δ
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 43,881,616 . including grants of \$) (Reven	ue\$ 1,384,	211
	THE REDWOOD EMPIRE FOOD BANK IS THE LARGEST HUNGER-RELI		
	SERVING NORTHERN CALIFORNIA. THE ORGANIZATION PROVIDES		
	NOURISHMENT THROUGH 12 INNOVATIVE HUNGER-RELIEF PROGRAM		17 D 1
	100,000 CHILDREN, FAMILIES, AND SENIORS IN SONOMA, LAKE		
	HUMBOLDT, AND DEL NORTE COUNTIES. WITH OVER 300 DIRECT		
	DISTRIBUTIONS AND 170 PARTNERSHIPS WITH OTHER HUNGER-RE		
	ORGANIZATIONS, ALL RESIDENTS FACING FOOD INSECURITY HAV		MO
	THAN 470 WEEKLY AND MONTHLY DISTRIBUTION SITES ACROSS T	HE FIVE	
	COUNTIES. IN ADDITION, THE ORGANIZATION OFFERS CALFRESH	APPLICATION	[
	ASSISTANCE, EMERGENCY FOOD BOXES, AND OTHER FOOD ASSIST		
	THROUGH THEIR FOOD CONNECTIONS RESOURCE CENTER.		
41-			
+D	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 43,881,616.	/	
		Form 9	90 (*
22000	01.20-20		
2002	ŷ		
			7 4
505	517 755879 07974 2019.05094 REDWOOD EMPIRE FOOD	BANK 079	/4_

Form 990 (2019)	REDWOO	D EMPI
Part IV	Checklist of	of Required So	chedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
~	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u>л</u>	<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (2	2019)	REDWOOD	EMPIRE	FOO
Part IV	Checklist o	f Required Sch	edules (cont	inued)

	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
4a	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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>			
	Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	<u> </u>	<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36	 	
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10 1b 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	4			
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Form 990 (2019)	REDWOOD	EMPIRE	FOOD	BANK	
Part V Statemen	ts Regarding Ot	her IRS Fili	ngs and	d Tax Co	mpliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70	х	
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
0	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form 990 (2019)

REDWOOD EMPIRE FOOD BANK

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				-
		1 1 1		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1:	<u> </u>		
	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 0.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1:	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			L
	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	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Γ
	more members of the governing body?		7a		L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				T
	persons other than the governing body?		7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				t
а	The governing body?		8a	Х	L
	Each committee with authority to act on behalf of the governing body?		8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	Ι
0a	Did the organization have local chapters, branches, or affiliates?		10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such o				T
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 0			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				t
-	in Schedule O how this was done		12c	х	l
13	Did the organization have a written whistleblower policy?		13	Х	t
4	Did the organization have a written document retention and destruction policy?		14	х	t
15	Did the process for determining compensation of the following persons include a review and approv		17		t
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				l
-			150	х	ľ
	The organization's CEO, Executive Director, or top management official			X	╀
D	Other officers or key employees of the organization		15b		┝
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				l
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				l
	taxable entity during the year?		16a		╞
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	· ·			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			l
	exempt status with respect to such arrangements?		16b		L
	tion C. Disclosure				_
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA.	and 000 T (0+ 504 ())	(0) e = -!	A	Þ
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 501(C)(ാട only) avai	18
	for public inspection. Indicate how you made these available. Check all that apply.				
-		n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest policy, a	ind finai	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 records 🕨			
	DAVID GOODMAN, CEO - (707) 523-7900				
	3990 BRICKWAY BLVD., SANTA ROSA, CA 95403			000	_
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per light any mous for organization and related organization (1) Our per light any hours for organization (2) Depotable compensation from flated organization (2) Estimated and compensation from flated organization (2) Estimated and compensation from flated organization and related organization (1) CATHERINE BARTOLOMEI 1.00 X 0. 0. 0. (1) CATHERINE BARTOLOMEI 1.00 X 0. 0. 0. (2) CATHERINE BARTOLOMEI 1.00 X 0. 0. 0. (3) KATY LONG (JOINED 5/20) 1.00 X 0. 0. 0. (4) PET GOLIS 3.00 X 0. 0. 0. 0. (5) RENDAN KURKLE 4.000 X 0. 0. 0. 0. (7) STEVEN MARSE (LEPT 11/19) 1.00 X 0. 0. 0. 0. (11) PERENDENT (JOINED 9/18) 1.00 X 0. 0. 0. 0. (11) REMERER 0. 0. </th <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	C)			(D)	(E)	(F)
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	1 990 (2019) REDWOOD									68-01	21	855	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson	1 than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga	om the nizati relate	e ion ed
(18)	VIVIANN STAPP	line)	Indi	lnst	Officer	Key	Hig em l	For						
	RETARY		x		x				0.		0.			0.
(19) CEO	DAVID J GOODMAN	40.00			x				275,409.		0.	17	,3	08.
	PAULA HANDELMAN	40.00			v				124 702		0.	16	. 7	49.
DIRE	CTOR OF FINANCE				х				134,792.		0.	10),//	49.
										<u></u>				
									5					
											_			
	Subtotal								410,201.		0.	34	.,0	57.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								410,201.		0.	34	.,0	57.
2	Total number of individuals (including but r compensation from the organization							no r	eceived more than \$100	,000 of reportabl	e			5
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								phest compensated emp			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15			omp	ensa	atior	n and	d ot	her compensation from			4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i>					-			ed organization or indiv			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation fr	om	
	(A) Name and business			ONE					(B) Description of s		С	(C) ompen		n
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	iot lii	nite	d to	tho (se li: 0	stec	above) who received n	nore than			0.0	
												Form 9	90 (2	2019)

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				response	or note to any line	e in this Part VIII			
			Check if Schedule O contains a			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d					
ibutions, G Other Simila		е	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e	1,807,712. 54,112,101.				
Sonti and C		•		1g \$	36,640,752.	55,919,813.			
0.0		<u>n</u>	Total. Add lines 1a-1f		Business Code				
ice	2		FOOD SALES		624200	1,070,747.			
Serv iue		~	SHARED MAINTENANCE FEES		624200	313,464.	313,464.		
Program Service Revenue		c d							
rogr R		е							
ā			All other program service revenue						
	3		Total. Add lines 2a-2f Investment income (including divide			1,384,211.			
	3		other similar amounts)			329,198.			329,198
	4		Income from investment of tax-exem						
	5		Royalties						
	~	_) Real	(ii) Personal				
	6		Gross rents 6a Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d							
	7	а		ecurities	(ii) Other				
		h	assets other than inventory 7a Less: cost or other basis						
an		D	and sales expenses 7b	•					
her Revenue		с	Gain or (loss) 7c						
r Re			Net gain or (loss)		▶				
Othe	8	а	Gross income from fundraising events (n including \$ contributions reported on line 1c). S	of					
			Part IV, line 18						
		b	Less: direct expenses	8b					
	_		Net income or (loss) from fundraising		>				
	9	а	Gross income from gaming activities Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac		►				
	10	а	Gross sales of inventory, less returns						
		L.	and allowances						
			Less: cost of goods sold	-					
s		<u> </u>		ventory	Business Code				
eon	11	а							
llan.		b							
Miscellaneous Revenue		с с	All other reverse						
Σ			All other revenue						
	12		Total revenue. See instructions			57,633,222.	1,384,211.	0.	329,198
93200	9 01	-20							Form 990 (2019
						9			

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REDWOOD EMPIRE FOOD BANK

Form 990 (2019)

Part VIII Statement of Revenue

REDWOOD EMPIRE FOOD BANK Part IX Statement of Functional Expenses

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

db,	Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and domskie governems. See Part IV, line 21 Grants and other assistance to Governet individuals. See Part IV, line 22 Grants and other assistance to Governet individuals. See Part IV, line 32 Grants and other assistance to Green organizations, foreign governments, and foreign individuals. See Part IV, line 32 Generation of current officers, trustees, and to or for members Generation of current officers, trustees, and to or for members Generation and individuals above to disquilled parson sis defined under sector 4880(10) and persons decribed in sectors for any other and sectors Other employee benefits Generation of and contributions (individual sectors 401(k) and 403(k) employer califibrium fees for services (non-employees): a Management b Legal Gother employee benefits Gother employee benefits Gother (If the 11g around Lessie (III) and threast of travel or controlations (Individual for expenses Gother expenses for any federal, state, of local disploy for any federal, state, of local disploy for the set of local for any federal, state, of local disploy for a		•			
2 Grants and other assistance to domesic individuals. See Part V, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 Image: Compensation of Lunet of Absence (1) and persons (scores, directors, directors, trustees, and key employees 797, 097, 356, 160. 224, 853. 216, 084 6 Compensation of Lunet of Abve to degaalified persons (scores) in social of Abve to degaalified persons (scores) in social of Abve to degaalified persons (score) in adve to degaalified to degaality adve to degaalified in vestment mult, list in 15 genesis on 8 hol, bol, persons (score) in adve to degaalified in vestment mult, list in 15 genesis on 8 hol, bol, persons (score) in adve to degaalified to compense. 320, 921, 296, 232, 11, 748, 12, 941 7 733, 12, 533, 12, 715, 955, 7, 833, 314, 556, 327, 14, 283, 12, 574 323, 932, 972 30 Interest tof moration techonlogy 34, 653, 918, 34, 653, 918,	-				
individuals. See Part V, Ine 22					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign ind/data. See Part V, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 4 Benefits paid to or for members 797, 097. 356, 160. 224, 853. 216, 084 6 Compensation of nucleid advow to disqualified persons (as difined in section 4988(r)(1) and persons described in disclose advowed in the east and contributions (include section 4014, and 4030(r) employees): 3, 386 r, 375 · 2 , 805 , 252 · 115 , 391 · 465 r, 732 r, 733 · 12 , 715 · 252 · 70 r, 336 r, 71 · 50 · 337 r, 150 · 412 r, 947 r, 948 · 947 · 146 r, 948 · 147 · 948 · 948 · 147 · 948 · 147 · 948 · 948 · 147 · 948 · 147 · 948 · 147 · 147 · 127 · 948 · 147 · 948 · 147 · 147 · 127 · 948 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 147 · 14					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to of for members. 797,097.356,160.224,853.216,084 6 Compensation of current officers, directors, foreign accusals and confibutions (include section 480k(1) and 480k(1) (include persons described in section 486k(1) (include section 480k(1) and 480k(1) (include section 480k(1) (include se					
individuals. See Part IV, lines 15 and 16	Ĵ				
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20 Interest		21,533.	12,715.	995.	7,823
Payments to affiliates 660,736.524,497.46,637.89,602 Insurance 89,554.70,431.14,132.4,991 Other expenses. Itemize expenses on line 24. If line 24 expenses on Schedule 0.) amount, list line 24e expenses on Schedule 0.) 89,554.70,431.14,132.4,991 a FOOD DISTRIBUTED - DONA b FOOD DISTRIBUTED - ACQU 34,653,918.34,653,918. 34,653,918. c FOOD DISTRIBUTED - ACQU 34,653,918.34,653,918. 121,012.3,121,012. c FOOD DISTRIBUTION EXPEN 983,257.983,257. 983,257. d 45,817,067.43,881,616.660,780.1,274,671 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 45,817,067.43,881,616.660,780.1,274,671					•
22 Depreciation, depletion, and amortization 660,736. 524,497. 46,637. 89,602 23 Insurance 89,554. 70,431. 14,132. 4,991 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 34,653,918. 34,653,918. 34,653,918. a FOOD DISTRIBUTED - DONA 34,653,918. 34,653,918. 3,121,012. 3,121,012. c FOOD DISTRIBUTED - ACQU 3,121,012. 3,121,012. 3,121,012. 45,817,067. 43,881,616. 660,780. 1,274,671 d					
Insurance 89,554. 70,431. 14,132. 4,991 We have the expenses. Itemize expenses on to overed 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.) 89,554. 70,431. 14,132. 4,991 a FOOD DISTRIBUTED - DONA 34,653,918. 34,653,918. 34,653,918. 34,653,918. b FOOD DISTRIBUTED - ACQU 3,121,012. 3,121,012. 3,121,012. 3,121,012. c FOOD DISTRIBUTION EXPEN 983,257. 983,257. 983,257. 983,257. d 4 45,817,067. 43,881,616. 660,780. 1,274,671 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 45,817,067. 43,881,616. 660,780. 1,274,671		660,736.	524,497.	46,637.	89,602
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.) 34,653,918.34,653,918. a FOOD DISTRIBUTED - DONA 34,653,918.34,653,918. b FOOD DISTRIBUTED - ACQU 3,121,012.3,121,012. c FOOD DISTRIBUTION EXPEN 983,257.983,257. d	· · · · · · · · · · · · · · · · · · ·			14,132.	4,991
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.) 34,653,918.34,653,918. a FOOD DISTRIBUTED - DONA b FOOD DISTRIBUTED - ACQU c FOOD DISTRIBUTION EXPEN 34,653,918.34,653,918. d 3,121,012.3,121,012. c FOOD DISTRIBUTION EXPEN 983,257.983,257. d 45,817,067.43,881,616.660,780.1,274,671 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-			
amount, list line 24e expenses on Schedule 0.) a FOOD DISTRIBUTED - DONA b FOOD DISTRIBUTED - ACQU c FOOD DISTRIBUTION EXPEN d	above (List miscellaneous expenses on line 24e. If				
a FOOD DISTRIBUTED - DONA b FOOD DISTRIBUTED - ACQU c FOOD DISTRIBUTION EXPEN d 3,121,012. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					
b FOOD DISTRIBUTED - ACQU 3,121,012. 3,121,012. c FOOD DISTRIBUTION EXPEN 983,257. 983,257. d		34,653,918.	34,653,918.		
c FOOD DISTRIBUTION EXPEN 983,257. 983,257. d	b FOOD DISTRIBUTED - ACQU				
d					
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 45,817,067.43,881,616.660,780.1,274,671 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					
25 Total functional expenses. Add lines 1 through 24e 45,817,067.43,881,616.660,780.1,274,671 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 660,780.1,274,671					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	· · · · · · · · · · · · · · · · · · ·	45,817,067.	43,881,616.	660,780.	1,274,671
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					
educational campaign and fundraising solicitation.					

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10 2019.05094 REDWOOD EMPIRE FOOD BANK Form **990** (2019)

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Check if Schedule O contains a response or note to any line in this Part X
Cash - non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net

		•			1 000 000	i	4 4 4 4 4 4 4 4 4 4
	2	Savings and temporary cash investments			4,022,396.		10,612,030.
	3	Pledges and grants receivable, net	320,296.		350,510.		
	4	Accounts receivable, net			85,268.	4	67,229.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,288,860.	8	5,155,152.
<	9	Prepaid expenses and deferred charges			29,584.	9	85,775.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	15,958,270.			
	b	Less: accumulated depreciation	10b	3,395,432.	11,206,329.	10c	12,562,838.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		7,490,181.	12	9,001,099.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	l line (33)	27,588,521.	16	40,679,388.
	17	Accounts payable and accrued expenses			627,537.	17	1,080,749.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	er offi	cer, director,			
iliti		trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
-	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			001 500
		of Schedule D			0.		821,500.
	26	Total liabilities. Add lines 17 through 25			627,537.	26	1,902,249.
ŝ		Organizations that follow FASB ASC 958, chee	ck her	re 🕨 🔟			
alances		and complete lines 27, 28, 32, and 33.			06 100 640		
alaı	27	Net assets without donor restrictions			26,129,643.	27	37,946,137.
dB	28	Net assets with donor restrictions			831,341.	28	831,002.
n		Organizations that do not follow FASB ASC 95	58, ch	eck here 🕨 📖			
ъ		and complete lines 29 through 33.					
ets (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund B	31	Retained earnings, endowment, accumulated inc				31	
ž	32	Total net assets or fund balances			26,960,984.	32	38,777,139.
	33	Total liabilities and net assets/fund balances	<u></u>		27,588,521.	33	40,679,388.
							Form 990 (2019)

(B) End of year

2,844,755.

(A) Beginning of year

2,145,607. 1

1

Form	990 (2019) REDWOOD EMPIRE FOOD BANK	68-012	1855	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	<u></u>			
				- -	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)		57,63 5,81		
2	Total expenses (must equal Part IX, column (A), line 25)		1,81		
3	Revenue less expenses. Subtract line 2 from line 1		<u>1,01</u> 6,96		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 <u>2</u> 5	10,50	0,5	0 - •
5 6	Net unrealized gains (losses) on investments	6			
7	Donated services and use of facilities	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 3	8,77	7,1	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
•		o oudit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		. 20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	Х	
			Form	990	(2019)

932012 01-20-20

Schedule B

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

Name of the organization

Organization type (check one):

F

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

68-012185	55
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REDWOOD	EMPIRE	FOOD	BANK	

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

68-0121855

REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,918,791.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0 260517	⁶⁻¹⁹ 7 755879 07974 2019.05094 REDWOO		990, 990-EZ, or 990-PF) (2019

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Page 3

Employer identification number

68-0121855

REDWOOD EMPIRE FOOD BANK

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990, 990-EZ, or 990-PF

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lame of or	ganization		Employer identification number
REDWOO	DD EMPIRE FOOD BANK		68-0121855
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
23454 11-06	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (201

2019.05094 REDWOOD EMPIRE FOOD BANK

SCHEDULE D

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.



Employer identification number 68-0121855

Yes

No

___ No

Name of the organization

REDWOOD	EMPIRE	FOOD	BANK
	D	al de la sel	E

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		

4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only	

for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

		•	0	
1	Purpose(s) of conservatio	n easements held by the organiz	ation (check all that apply).
	Preservation of lanc	for public use (for example, recr	eation or education)	Preservation of a historically important land area
	Protection of natura	ıl habitat		Preservation of a certified historic structure
	Preservation of ope	n space		

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

а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
С	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	izatior	during the tax	
	year ►			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on eas	ements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	semer	nts during the year	

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

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

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Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	

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

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

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	S	chedule D (Form 990) 2019
b	Assets included in Form 990, Part X	• \$	
а	Revenue included on Form 990, Part VIII, line 1	• \$	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vide	
	(ii) Assets included in Form 990, Part X	• \$	
	(i) Revenue included on Form 990, Part VIII, line 1	• \$	

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Sche	dule D (Form 990) 2019 REDWOOD	EMPIRE FO	OD BANK		68-0	012185	5 Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Similar As	sets(conti	nued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that make	significant use of	its	
	collection items (check all that apply):						
а	Public exhibition	d	I 🔄 Loan or exc	hange program			
b	Scholarly research	e	Other				
С	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 XIII.							
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be m					Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod						
	on Form 990, Part X?					Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amour	ıt
	Beginning balance						
	Additions during the year						
	Distributions during the year						
	Ending balance					N ₂	
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Ves	No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it						<u>. </u>
I UI		(a) Current year	(b) Prior year	(c) Two years back	i		r vears hack
10	Beginning of year balance	31,500.	31,500.	31,500.			
	Contributions	51,500.	51,500.	51,500.	1,00		30,500.
	Net investment earnings, gains, and losses				1,00	, , , , , , , , , , , , , , , , , , ,	
	Grants or scholarships						
	Other expenditures for facilities						
U	and programs						
f	Administrative expenses						
	End of year balance	32,203.	31,500.	31,500.	31,50	0.	30,500.
2	Provide the estimated percentage of the cur			,			
	Board designated or quasi-endowment	ione your one building	%				
	Permanent endowment	%					
		<u></u> /3					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organization		
	by:				0		Yes No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.				
Pa	t VI Land, Buildings, and Equipm	hent.					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	K, line 10.		
	Description of property	(a) Cost or o		or other (c) A	Accumulated	(d) Boo	ok value
		basis (investr	,	(other) de	epreciation		
1a	Land						0,000.
b	Buildings		056.	1,	796,396.	8,02	4,660.
с	Leasehold improvements						
d	Equipment		214.	1,	599,036.	2,86	8,178.
	Other					1	
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	►		2,838.
					<u> </u>	/-	0001 0040

Schedule D (Form 990) 2019

932052 10-02-19

Part VII Investments - Other Securities.	RE FOOD BANK		-0121855 Page 3
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MORGAN STANLEY	9,001,099.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	9,001,099.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	n Form 000 Dart IV line :	11d Soc Form 000 Part V line 15	
Complete if the organization answered "Yes" o	escription	TTU: See Form 990, Fart A, line TS:	(b) Book value
. ,	escription		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	,,	, · · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(1) PAYCHECK PROTECTION PROGRA	M		821,500.
			021,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	821,500.
2. Liability for uncertain tax positions. In Part XIII, provide t	· · · · · · · · · · · · · · · · · · ·	•	hat reports the
organization's liability for uncertain tax positions under l		-	

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 REDWOOD EMPIRE FOOD BANK		68-	0121855 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	57,633,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			57,633,222.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			57,633,222.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Retu	ırn.
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 13		ises per Retu	
Pa 1		2a.		ırn. 45,817,067.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.		
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:	2a. 2 a		
1 2 a	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	2a. 2 a 2 b		
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	2a. 2a 2b 2c		
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	2a. 2a 2b 2c 2d		45,817,067.
1 2 b c d	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.)	2a. 2a 2b 2c 2d	1	
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	2a. 2a 2b 2c 2d	1	45,817,067.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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	2a. 2a 2b 2c 2d	1	45,817,067.
1 2 6 6 8 3 4	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:	2a. 2a 2b 2c 2d 4a	1	45,817,067.
1 2 6 6 8 3 4	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	2a. 2a 2b 2c 2d 4a 4b	1 2e 3	45,817,067. 0. 45,817,067. 0.
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.)	2a. 2a 2b 2c 2d 4a 4b	1 2e 3	45,817,067.

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

PART V, LINE 4:

THE ORGANIZATION'S INTENDED USE OF THE BOARD DESIGNATED ENDOWMENT FUND IS
TO PROVIDE LONG-TERM FUNDING FOR THE MISSION OF THE REDWOOD EMPIRE FOOD
BANK. THE ASSETS OF THIS FUND SHALL BE MANAGED IN SUCH A WAY AS TO
FACILITATE THE ORGANIZATION'S GOALS AND OBJECTIVES AS OUTLINED BY THE
BOARD OF DIRECTORS. DONATIONS PLACED IN THE ENDOWMENT FUND ARE THOSE
DESIGNATED BY THE DONOR AS ENDOWMENT, AND MAY OR MAY NOT HAVE SPECIFIC
STIPULATIONS AS TO ITS USE.

PART X, LINE 2:

THE FOOD BANK IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL

AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE 932054 10-02-19 20 Schedule D (Form 990) 2019 20

Schedule D (Form 990) 2019 REDWOOD EMPIRE FOOD BANK	68-0121855 Page 5
Part XIII Supplemental Information (continued)	
CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAX	ATION CODE.
HOWEVER, THE FOOD BANK IS SUBJECT TO INCOME TAXES ON ANY NE	T INCOME THAT
IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON,	AND NOT IN
FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPT	ION, COMMONLY
REFERRED TO AS UNRELATED BUSINESS INCOME. NO INCOME TAX PRO	VISION HAS BEEN
RECORDED FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, AS MAN	AGEMENT
DETERMINED THAT THE FOOD BANK HAD NO UNRELATED BUSINESS INC	OME.

THE FOOD BANK DETERMINES WHETHER ITS TAX POSITIONS ARE "MORE-LIKELY-THAN NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITIONS. AS OF JUNE 30, 2020, THE FOOD BANK HAS REVIEWED ITS TAX POSITIONS AND HAS CONCLUDED NO RESERVE FOR UNCERTAIN TAX POSITIONS IS REQUIRED. THE FOOD BANK'S OPEN TAX YEARS SUBJECT TO REVIEW ARE FOR 3 YEARS AFTER THE DATE OF FILING FOR FEDERAL AND 4 YEARS AFTER THE DATE OF FILING FOR CALIFORNIA. THE FOOD BANK IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming /	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or				or 19,	, or if the	2019
Dependement of the Tuescum	0	rganization entered more than \$" Attach to Form 99						Open to Public
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for inst				ion.		Inspection
Name of the organizatior		EMPIRE FOOD BANK					Employer ide	ntification number 855
		Complete if the organization answ	ered "\	/es" o	n Form 990, Part IV, I	line 1		
 Indicate whether th a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P I highest paid indiv	ed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ition of ition of I fundra I (inclu profess	non-g gover aising ding c	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (func		(ii) Activity	fund have o	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
			1					
				L				
3 List all states in whi		n is registered or licensed to solicit		oution	s or has been notified	d it is	exempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 oi	r 990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 d Gh List avants with **.**+ .

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1
						(d) Total events (add col. (a) through
			EMPTY BOWLS			col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Å	•					
	2	Less: Contributions				
	_					
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ş	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses						
irect	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10				►	
	11					
Pa		III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Dilligo	bingo/progressive bingo		col. (a) through col. (c))
Re	1					
_	-	Gross revenue				
SS	2	Cash prizes				
Š						
ē	~	Neurophania				
Expe	3	Noncash prizes				
irect Exper	3 4					
Direct Expenses	4	Rent/facility costs				
Direct Exper	4		Vac %	Vac 96	Voc 94	
Direct Expe	4 5	Rent/facility costs Other direct expenses	Yes%	└── Yes% └── No	└── Yes% └── No	
Direct Exper	4 5	Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
Direct Expe	4 5	Rent/facility costs Other direct expenses	No	No	No	
Direct Expe	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	□ No	□ No ►	
Direct Expe	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor	No	□ No	□ No ►	
9	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No	No	□ No ►	
9	4 5 7 8 En Ist	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	No 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No states?	□ No ►	YesNo
9	4 5 7 8 En Ist	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No states?	□ No ►	YesNo
9 a b	4 5 7 8 En 1s 1 1f "	Rent/facility costs	No No	No states?	□ No ►	
9 a b	4 5 7 8 5 15 1 15 1 15 1 15 1 15	Rent/facility costs	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	□ No ►	
9 a b	4 5 7 8 5 15 1 15 1 15 1 15 1 15	Rent/facility costs	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	□ No ►	
9 a b	4 5 7 8 5 15 1 15 1 15 1 15 1 15	Rent/facility costs	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	□ No ►	
9 a b 10a	4 5 7 8 8 8 15 1 1f " We 1f "	Rent/facility costs	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2019 REDWOOD EMPIRE FOOD BANK	68-0	121855	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
b	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ves	└── No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		U Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Par	t III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320		G (Form	990 or 990)-EZ) 2019
	24			

09260517 755879 07974

24 2019.05094 REDWOOD EMPIRE FOOD BANK 07974__1

Schedule 0	G (Form 990 or 990-EZ)	REDWOOD	EMPIRE	FOOD	BANK
Part IV	Supplemental In	formation (contine	ued)		

	Schedule G (Form 990 or 990-EZ)
932084 04-01-19	25

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	1
	-	Compensated Employees		ΖU	IJ)
Dena	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		
Nan	ne of the organization		Employer id			mber
		REDWOOD EMPIRE FOOD BANK	68-0:	12185	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
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		
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, dic	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re				37	
а		e payment or change-of-control payment?			Х	37
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	•			5a		Х
		ation?				Х
		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					
а	-			6a		Х
b	Any related organiz	ation?		6b		Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	S			
		nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				Х
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990)	2019

932111 10-21-19

Schedule J (Form 990) 2019

68-0121855

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID J GOODMAN	(i)	275,409.	0.	0.	0.	17,308.	292,717.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAULA HANDELMAN	(i)	134,792.	0.	0.	0.	16,749.	151,541.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			· ·				
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 68-0121855

19

Department of the Treasury	
Internal Revenue Service	

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

BANK

Open to Public Inspection

Name	of the	organization	۱
------	--------	--------------	---

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

REDWOOD	EMPIRE	FOOD

Par	τI	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		s and planes							
8		ectual property							
9		urities - Publicly traded							
10		irities - Closely held stock							
11	Secu	irities - Partnership, LLC, or interests							
12		urities - Miscellaneous							
13		ified conservation contribution -							
		pric structures							
14		ified conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		l inventory	X	36,640,752		LBS X EST C	OST	/LB	
20		s and medical supplies	(
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er 🕨 ()							
26	Othe								
27	Othe	er 🕨 (
28	Othe	er 🕨 (
29	Num	ber of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for v	hich the organization completed Form 828	83, Part IV,	Donee Acknowledg	gement 29				
								Yes	No
30a	Duri	ng the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	mus	t hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exer	npt purposes for the entire holding period?	?				30a		Х
b	lf "Y	es," describe the arrangement in Part II.							
31	Does	s the organization have a gift acceptance p	policy that r	equires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does	s the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
	cont	ributions?					32a	Х	
b	lf "Y	es," describe in Part II.							
33	If the	e organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			

LHA

describe in Part II.

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

SCHEDULE M, LINE 32B:

Part II

THE ORGANIZATION USES A THIRD PARTY TO SELL DONATED VEHICLES.

2142 09-27-19	Schedule M (Form 990
50517 755879 07974	30 2019.05094 REDWOOD EMPIRE FOOD BANK 07974

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization		ployer identification number $8-0121855$
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
THE DIRECTOR	OF FINANCE REVIEWS THE 990. THE REVIEW CONSISTS	OF READING AND
RECONCILING T	THE FORM 990 TO THE ORGANIZATION'S AUDITED FINANCE	CIAL STATEMENTS
AND RELATED I	INTERNAL RECORDS. THE CEO REVIEWS THE 990 AND TH	E BOARD OF
DIRECTORS IS	PROVIDED THE 990 FOR REVIEW PRIOR TO FILING.	
FORM 990, PAR	AT VI, SECTION B, LINE 12C:	
BOARD MEMBERS	MUST INFORM THE GOVERNANCE COMMITTEE, AND THEN	DISCLOSE AT A
BOARD MEETING	, IF THERE MAY BE, OR IS A PERCEPTION OF, A CONT	FLICT OF
INTEREST.		
FORM 990, PAR	RT VI, SECTION B, LINE 15:	
THE BOARD REV	VIEWS THE CHIEF EXECUTIVE OFFICER'S COMPENSATION	ANNUALLY.
LOCAL SALARY	SURVEYS AND RELATED DATA ARE ANALYZED AND DISCUS	SSED TO
DETERMINE THE	APPROPRIATE COMPENSATION PACKAGE.	
FORM 990, PAR	RT VI, SECTION C, LINE 18:	
THE ORGANIZAT	ION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT (OF INTEREST
POLICY AVAILA	ABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL	STATEMENTS ARE
AVAILABLE ON	ITS WEBSITE.	
FORM 990, PAR	AT VI, SECTION C, LINE 19:	
THE ORGANIZAT	TION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST

POLICY AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE

AVAILABLE ON ITS WEBSITE.

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

lame of the organization REDWOOD EM	PIRE FOOD BANK	Employer identification nur 68-0121855
FORM 990, PART XII, LINE		
	ES TO THE PROCESS FOR OVI	RSIGHT OF THE MIDIT OF
HE FINANICAL STATEMENTS	AND SELECTION OF AN INDE	SPENDENT ACCOUNTANT.
		P
		Schedule O (Form 990 or 990-EZ) (

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instructions.					xpayer identification number (TIN)		
print	REDWOOD EMPIRE FOOD BANK			68-0121855				
File by the due date t filing your	e for Number, street, and room or suite no. If a P.O. box, see instructions.							
return. Se instructior								
Enter th	e Return Code for the return that this application is for (fi	ile a separa	ate application for each return)					
Application Return Application					Return			
Is For		Code	Is For		Code			
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above) DAVID GOODMAN,			Form 8870			12		
Tele If the If thi box I I I U I I I I I I I I I I I I I I I	request an automatic 6-month extension of time until he organization named above. The extension is for the org ↓ or ↓ X tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 months, or ↓ Change in accounting period	ss in the Ur Group Exe and atta MA ganization's , an check reas	Fax No.	is is fo memb	r the whole g ers the exter npt organizat	roup, check this		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less	3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and					
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.		
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			_		
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.		
Caution instruct	n: If you are going to make an electronic funds withdrawa ions.	l (direct de	bit) with this Form 8868, see Form 8453	3-EO a	nd Form 887	9-EO for payment		
LHA	LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)							

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OMB No. 1545-0047

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

201	9 Annual Information Return		199				
Calendar Yea	$^{\prime}$ 2019 or fiscal year beginning (mm/dd/yyyy) $07/01/2019$, and ending (mm/d	d/yyyy)	06/30/2020 .				
Corporation/C	ganization name	California corpo	pration number				
	D ENDIDE ECOD DANK	1	1 5 0				
	D EMPIRE FOOD BANK mation. See instructions.	1577	128				
Additional inte			121855				
Street addres	(suite or room)	PMB no.	121055				
3990 E	RICKWAY BLVD.						
City	State	ZIP code					
SANTA	ROSA CA	9540	3				
Foreign count	y name Foreign province/state/county	Foreign po	ostal code				
		0070444					
	urn Yes X No J If exempt under R&TC Section 23701d, has the organization						
	Ind Return Image: Construction of the section of t						
	C Section 4947(a)(1) trust Yes X No K Is the organization exempt under R&TC Section 23701g? • Yes X N nal Information Return?						
•	D Initial information Returns: D Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt under R&TC						
	(mm/dd/yyyy) • Section 23701d and meets the	filing fee exce	ption, check				
	counting method: (1) Cash (2) X Accrual (3) Other box. No filing fee is required ,		•				
	eturn filed? (1) ● 990T(2) ● 990PF (3) ● Sch H (990) M Is the organization a Limited Li						
	Other 990 series aroup filing? See instructions • Yes X No report taxable income?	100 or Form 10					
	group filing? See instructions • Yes X No report taxable income? ganization in a group exemption Yes X No 0 Is the organization under audit	by the IPS or	• Yes X No				
	rganization in a group exemption Yes X No 0 Is the organization under audit by the IRS or has the under audit by the IRS or has the RS audited in a prior year? • Yes X N						
	P Is federal Form 1023/1024 per						
I Did the d	rganization have any changes to its guidelines Date filed with IRS						
	ted to the FTB? See instructions						
Part I	Complete Part I unless not required to file this form. See General Information B and C.						
	Gross sales or receipts from other sources. From Side 2, Part II, line 8		1 1,713,409 ₀₀				
	Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received STM	гт 1 •	2 00 3 55,919,813 00				
Receipts	3 Gross contributions, gifts, grants, and similar amounts received STM 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	•	4 57,633,222 ₀₀				
and	5 Cost of goods sold	00					
Revenues	6 Cost or other basis, and sales expenses of assets sold 6	00					
	7 Total costs. Add line 5 and line 6		7 00				
	8 Total gross income. Subtract line 7 from line 4	•	8 57,633,222 ₀₀				
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 45,817,067 ₀₀ 10 11,816,155 ₀₀				
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments						
	12 Use tax. See General Information K		11 00 12 00				
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13 00				
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14 00				
	15 Filing fee \$10 or \$25. See General Information F		15 10 ₀₀				
	16 Penalties and Interest. See General Information J		16 00				
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	and to the best of	17 10 00				
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	-	-				
Here	Signature of officer	Date	 Telephone 				
	Date	Check if	PTIN				
		self-employed	P01962060				
Paid	Firm's name (or yours, PISENTI & BRINKER LLP		● Firm's FEIN				
Preparer's	94-1585562						
Use Only	employed) 3562 ROUND BARN CIECLE, SUITE 300		● Telephone				
	SANTA ROSA, CA 95403	• X	707-542-3343				
	May the FTB discuss this return with the preparer shown above? See instructions	●∟▲	Yes No				

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Form 199 2019 Side 1