## Form **990**

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Depa	rtment o	f the Treasury	Do not enter social security numbers on this form as it	_	· ·	·	Open to Public				
intern	a Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the			22	Inspection				
			,	nding J	UN 30, 202						
<b>B</b> c	heck if pplicable	e: <b>C Name</b> of	forganization		D Employer ider	ntificati	ion number				
	⊣Addre:	ss   DEDW	OOD EMPIRE FOOD BANK								
	_ chang □Name		1055								
	_chang □Initial	e Doing bi	usiness as		68-0121855						
	_return □Final		,	oom/suite	E Telephone nun		7000				
	return/ termin	_	BRICKWAY BOULEVARD		(707)	045-					
	ated □Amen		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		57,907,642.				
	return □Applic	SAMI	A ROSA, CA 95403		H(a) Is this a grou	-					
	⊥tiön pendir	, F Name a	nd address of principal officer: DAVID GOODMAN		for subordina						
SAME AS C ABOVE  I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See in											
			X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or REFB • ORG	527	r .						
	Vebsit		X Corporation Trust Association Other	Voor (	H(c) Group exem	_	umber tate of legal domicile: <b>CA</b>				
	art I	Summary	Association Other	L fear	or formation. ± 50	/   IVI SI	iale of legal domicile. CA				
			be the organization's mission or most significant activities: THE M.	TSSTO	N OF REDWO	COC	EMPTRE				
g			NK IS TO END HUNGER IN OUR COMMUNIT		II OI IIIDII						
Governance	l	Check this bo			than 25% of its net	assets	·				
ver						3	14				
ဗိ			dependent voting members of the governing body (Part VI, line 1b)			4	14				
& S			of individuals employed in calendar year 2022 (Part V, line 2a)			5	97				
itie	ı		of volunteers (estimate if necessary)			6	10594				
Activities &			7a	0.							
Ā			d business revenue from Part VIII, column (C), line 12business taxable income from Form 990-T, Part I, line 11			7b	0.				
					Prior Year		Current Year				
a)	8	Contributions	and grants (Part VIII, line 1h)		52,437,113	3.	55,934,800.				
Revenue			ce revenue (Part VIII, line 2g)		725,49		1,175,141.				
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		641,93	7.	737,495.				
~	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			).	-46,634.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		53,804,549		57,800,802.				
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
		-	to or for members (Part IX, column (A), line 4)			2.	0.				
Se	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		7,423,57		8,145,356.				
šuš	16a		undraising fees (Part IX, column (A), line 11e)	<u></u>		٥.	0.				
Expenses	b		ing expenses (Part IX, column (D), line 25) 1,666,085		42 704 05	_	40 000 550				
ш	۱''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		43,784,854		48,298,558.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,208,429		56,443,914.				
s		Revenue less	expenses, Subtract line 18 from line 12	Po	2,596,116 ginning of Current Ye		1,356,888. End of Year				
Net Assets or Fund Balances		Total access (f	Deat V. Bing 10)		49,554,75°		51,931,374.				
\sse Bala	20		Part X, line 16) s (Part X, line 26)		1,405,954		1,836,025.				
let /	21 22		fund balances. Subtract line 21 from line 20		48,148,803		50,095,349.				
Pa	rt II	Signature			40,140,000	<u> </u>	30,033,343.				
			I declare that I have examined this return, including accompanying schedules a	nd stateme	nts, and to the hest o	f my kno	owledge and helief it is				
			Declaration of preparer (other than officer) is based on all information of which			i iiiy ixiix	owioago ana boliot, it io				
11 00,	001700	, and complete.	Doda aton of proper of (other than officer) to below on an information of which	ii proparor	That any knowledge.						
Sigr		Signature of of	fficer		Date						
Her		DAVID G	OODMAN, CEO								
	-	Type or print n									
		Print/Type prep	parer's name Preparer's signature	C	Date Check		PTIN				
Paid		ALICIA	· · · · · · · · · · · · · · · · · · ·	lo	2/23/24 if self-e	mp <b>l</b> oyed	P01247967				
Prep		Firm's name	PISENTI & BRINKER LLP		Firm's EIN		1585562				
Use	Only	Firm's address	201 FIRST STREET, SUITE 208								

Phone no. (707) 762-9900

PETALUMA, CA 94952

May the IRS discuss this return with the preparer shown above? See instructions

<u> Pag</u>e **2** 

## Form 990 (2022) REDWOOD EMPIRE FOOD BANK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	ii ree, complete concade b,		.,	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democracy government on that its, column (-), into the life rest. Complete Scriedule I, Parts Faind II	41	<u> </u>	

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Part IV	Checklist of Required Schedules (con:	tinued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	_
24 a	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	١		
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
٨	any tax-exempt bonds?  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	<u> 24u</u>		_
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 25a</u>		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>├</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
- <b>-</b>	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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## REDWOOD EMPIRE FOOD BANK Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	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?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_	v							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>7</b> -		X						
اء.	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		^						
d		7e		Х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>6</del>		X						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
9 h										
8										
_	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	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									
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	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	. 75								
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the 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.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

REDWOOD EMPIRE FOOD BANK 68-0121855 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done ... 12c \_\_\_\_\_ Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

523-7900

DAVID GOODMAN, CEO - (707)

3990 BRICKWAY BOULEVARD, SANTA ROSA,

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

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

X

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	I	IIIZA		C)	прст	isat	(D)	(E)	(F)
Note			(do		Pos	itior		one			
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(1) DAVID J GOODMAN								Ĺ			
(1) DAVID J GOODMAN		1 '	r direc				pa				•
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(1) DAVID J GOODMAN		1 "	nal tru	ional		g e	t com		1099-NEC)		
(1) DAVID J GOODMAN		1	ndivid	nstituti	Hicer	ey em	lighest mploy	ormer			organizations
AUTOM	(1) DAVID J GOODMAN		ā			*	- a				
AUTOM	CEO				X				341,200.	0.	14,205.
Alison Smith	(2) PAULA HANDELMAN	40.00									
DIRECTOR OF OPERATIONS & S	DIRECTOR OF FINANCE				Х				193,488.	0.	16,935.
ALLISON GOODWIN	(3) ALISON SMITH	40.00									
DIRECTOR OF PROGRAMS	DIRECTOR OF OPERATIONS & S						X		180,151.	0.	20,442.
S	(4) ALLISON GOODWIN	40.00			ľ						
DIRECTOR OF DEVELOPMENT						L,	X		180,064.	0.	16,087.
SHERI WENZEL		40.00	1							_	
MEMBER			_				X.		160,742.	0.	9,059.
Tracy Condron		1.00	ļ								
MEMBER		1 00	X						0.	0.	0.
RACY CONDRON		1.00	١							•	_
AUDIT CHAIR  (9) GARY NADLER  MEMBER  (10) KOMRON SHAHHOSSEINI  1.00  MEMBER  X  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1 00	X		_		_		0.	0.	0.
MEMBER		1.00	٠,							0	0
MEMBER         X         0.         0.         0.           (10) KOMRON SHAHHOSSEINI         1.00         X         0.         0.         0.           MEMBER         X         0.         0.         0.         0.           (11) VIVIANN STAPP         1.00         X         0.         0.         0.           MEMBER         X         0.         0.         0.         0.           (12) TROY SANDERSON         1.00         X         0.         0.         0.           MEMBER         X         X         0.         0.         0.           (13) LISA MCCANN         1.00         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.           (14) GAYLE GUYNUP         4.00         X         X         0.         0.         0.           PAST PRESIDENT         X         X         X         0.         0.         0.           (15) COURTNEY FOLEY         4.00         X         X         0.         0.         0.           (16) KATY LONG         X         X         X         0.         0.         0. <t< td=""><td></td><td>1 00</td><td>^</td><td></td><td>_</td><td></td><td>┢</td><td></td><td>0.</td><td>0.</td><td><u> </u></td></t<>		1 00	^		_		┢		0.	0.	<u> </u>
Treasurer   Too   Too   Treasurer   Too   Too   Treasurer   Too   Too   Treasurer   Too   Treasurer   Too   Too   Treasurer   Too   Too   Too   Treasurer   Too   Too		1.00	- v						_	0	0
MEMBER         X         0.         0.         0.           (11) VIVIANN STAPP         1.00         0.         0.         0.           MEMBER         X         0.         0.         0.           (12) TROY SANDERSON         1.00         0.         0.         0.           MEMBER         X         X         0.         0.         0.           (13) LISA MCCANN         1.00         0.         0.         0.         0.         0.         0.           (14) GAYLE GUYNUP         4.00         0.		1 00	^		_		┢		0.	0.	<u> </u>
1.00		1.00	x						0.	0.	0.
MEMBER         X         0.         0.         0.           (12) TROY SANDERSON         1.00         0.         0.         0.           MEMBER         X         X         0.         0.         0.           (13) LISA MCCANN         1.00         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.           (14) GAYLE GUYNUP         4.00         X         X         0.         0.         0.           (15) COURTNEY FOLEY         4.00         X         X         0.         0.         0.           INTERIM VICE PRESIDENT         X         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.           (17) ANDY BANNISTER         4.00         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.		1.00	<del></del>				H				
1.00   MEMBER			X						0.	0.	0.
MEMBER       X       0.       0.       0.         (13) LISA MCCANN       1.00       0.       0.       0.         TREASURER       X       X       0.       0.       0.         (14) GAYLE GUYNUP       4.00       0.       0.       0.       0.         (15) COURTNEY FOLEY       4.00       0.       0.       0.       0.         (15) COURTNEY FOLEY       4.00       0.       0.       0.       0.         (16) KATY LONG       4.00       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.         (17) ANDY BANNISTER       4.00       0.       0.       0.       0.         PRESIDENT       X       X       X       0.       0.       0.	(12) TROY SANDERSON	1.00									
TREASURER   X	MEMBER		Х						0.	0.	0.
(14) GAYLE GUYNUP       4.00         PAST PRESIDENT       X       X       0.       0.       0.         (15) COURTNEY FOLEY       4.00       X       X       0.       0.       0.         INTERIM VICE PRESIDENT       X       X       X       0.       0.       0.         (16) KATY LONG       4.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.         (17) ANDY BANNISTER       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       X       0.       0.       0.       0.	(13) LISA MCCANN	1.00									
PAST PRESIDENT	TREASURER		Х		Х				0.	0.	0.
(15) COURTNEY FOLEY       4.00       0.0.0.0.         INTERIM VICE PRESIDENT       X       X       0.0.0.0.         (16) KATY LONG       4.00       0.0.0.0.       0.0.0.0.         TREASURER       X       X       0.0.0.0.       0.0.0.0.         (17) ANDY BANNISTER       4.00       X       X       0.0.0.0.0.	(14) GAYLE GUYNUP	4.00									
INTERIM VICE PRESIDENT	PAST PRESIDENT		Х		X				0.	0.	0.
(16) KATY LONG       4.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.         (17) ANDY BANNISTER       4.00       X       X       0.       0.       0.         PRESIDENT       X       X       X       0.       0.       0.	(15) COURTNEY FOLEY	4.00									
TREASURER         X         X         X         0.         0.         0.           (17) ANDY BANNISTER         4.00         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.	INTERIM VICE PRESIDENT		Х		X		_		0.	0.	0.
(17) ANDY BANNISTER PRESIDENT  4.00 X X X 0. 0.	(16) KATY LONG	4.00									_
PRESIDENT X X 0. 0. 0.			X	_	X		_		0.	0.	0.
		4.00			<u>-</u> _				_		_
	PRESIDENT		X		X				0.	0.	

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	not c	Posi			nne	Reportab <b>l</b> e	Reportable		Estimat	ed
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation		amount	of
	week		cer an	la a a	recto	rrus	tee)	from	from related		other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	0	ompensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		from th organiza	
	organizations	ruste	l trus		99/	mpen		1099-NEC)	1000-1420)		and rela	
	below	Individual trustee or director	Institutional trustee	Ji	(old m	Highest compensated employee	er			(	organizat	
	line)	ndivi	Instit	Officer	Key employee	Highe	Former					
(18) DAVID BERRY (JOINED OCT 2022)	1.00											
MEMBER	1	X						0.	0.	_		0.
(19) GEORGE GITTLEMAN (JOINED OCT 20	1.00	,,							^			^
MEMBER	4 00	Х				_		0.	0.	+		<u>0.</u>
(20) LANNIE MEDINA (RESIGNED JUNE 20	4.00	٠,		7.7					0			^
BOARD VICE PRESIDENT (21) GERALD JONES (RESIGNED MARCH 20	1.00	Х		Х				0.	0.	+		0.
MEMBER	1.00	х						0.	0.			0.
MINDER								0.	<b>0</b> •	+		<del>.</del>
										+		
							4			_		
						_						
1b Subtotal 1,055,645. 0.											76,7	28
1b Subtotal c Total from continuation sheets to Part VII								0.	0.	-	70,7	0.
d Total (add lines 1b and 1c)								1,055,645.	0.	_	76,7	
Total number of individuals (including but no							o re			<u> </u>	, .	
compensation from the organization								,				5
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for si	ıch individual									Ŀ	3	X
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization			
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual		Ľ	4 X	
5 Did any person listed on line 1a receive or a	-				-			=				
rendered to the organization? If "Yes." com	<u>plete Schedule</u>	) <i>J f</i>	or su	ıch <u>r</u>	oers	on .					5	X
Section B. Independent Contractors									100,000 (		•	
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>	-								•	atior	1 from	
(A)	ne calendar ye	ai e	Hull	ig w	ILI I	ועע וכ	<u> </u>	(B)	ear.		(C)	
Name and business	address							Description of s	ervices	Com	pensatio	n
EFUEL, LLC												
4605 E. VINE AVENUE, FRES	NO, CA	93	72	5				FUEL DELIVER	Y	2	261,4	54.
							$\dashv$					
							7					
2 Total number of independent contractors (in	•	ot <b>l</b> in	nited	to t	thos 1	e lis	ted	above) who received mo	ore than			

232008 12-13-22

ı a		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Grieck if Scriedule O Contains à l'esponse o	Thote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	Hederated campaigns Hombership dues Hombership	675,108.  7,301,418.  47,958,274. 35,865,564.	55,934,800.			
			Business Code				
ဗ္ပ	2 8		624200	662,587.	662,587.		
ervi	I	SHARED MAINTENANCE FEES	624200	512,554.	512,554.		
n S	(	;					
Jrar Bey		·					
Program Service Revenue		All others are green consider revenue					
_		All other program service revenue		1,175,141.			
	3	Total. Add lines 2a-2f     Investment income (including dividends, interes other similar amounts)	st, and	737,495.			737,495.
	4	Income from investment of tax-exempt bond pro			-		,,
	5	Royalties					
	ı	(i) Real Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	(	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
Revenue	(	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
Other	8 8	Gross income from fundraising events (not including \$ 675,108. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	46,306. 106,840.				
		Net income or (loss) from fundraising events	,	-60,534.			-60,534.
		Gross income from gaming activities. See					·
		Part IV, line 19 9a	13,900.				
	ı	Less: direct expenses 9b	0.				
		4 > 6 1 11 11		13,900.			13,900.
	10 :	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	- 0	Net income or (loss) from sales of inventory					
Sī		-	Business Code				
Miscellaneous Revenue	11 6						
llan	ı	·					
Sce		All other revenue					
Ξ		All other revenue  Total. Add lines 11a-11d					
	12	Total revenue. See instructions		57,800,802.	1,175,141.	0.	690,861.

Form **990** (2022) 232009 12-13-22

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 1,188,267. 863,870. 165,169. 159,228. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,362,324. 3,843,470. 730,346. 788,508. Other salaries and wages 7 Pension plan accruals and contributions (include 249,970. 175,952. 33,934 40,084. section 401(k) and 403(b) employer contributions) 861,487. 696,438. 132,860. 32,189. Other employee benefits 9 483,308. 340,975. 69,009. 73,324. 10 Payroll taxes Fees for services (nonemployees): Management 26,744. 26,744. Legal 160,825. 160,825. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 137,994. 29,422.2,224. 106,348. Advertising and promotion ..... 12 554,714. 166,525. 32,929. 355,260. 13 Office expenses 116,147. 89,791. 14,669. 11,687. Information technology 14 Royalties 15 458,234. 424,512. 18,390. 15,332. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 11,300. 4,153. 1,093. 6,054. Conferences, conventions, and meetings 19 20 Payments to affiliates .... 21 912,385. 789,193. 58,026. 65,166. Depreciation, depletion, and amortization ..... 22 143,070. 116,948. 13,217. 12,905. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 36,248,181. 36,248,181. FOOD DISTRIBUTED - DONA FOOD DISTRIBUTED -8,447,383. 8,447,383. ACQU 1,080,750. 1,081,581. 831. FOOD DISTRIBUTION EXPEN d All other expenses 56,443,914. 53,317,563. 1,460,266. 1,666,085. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

## Form 990 (2022) Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,622,843.	1	4,627,041.
	2	Savings and temporary cash investments	6,042,935.	2	5,084,832
	3	Pledges and grants receivable, net	1,164,658.	3.	1,004,455
	4	Accounts receivable, net	68,069.	4	90,031
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,476,971.	8	2,137,416
Ÿ	9	Prepaid expenses and deferred charges	74,304.	9	78,034
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,384,697.			
	b	Less: accumulated depreciation 10b 5,386,999.	13,253,633.	10c	13,997,698
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	21,851,344.	12	24,911,867
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	40 554 555	15	54 004 054
	16	Total assets. Add lines 1 through 15 (must equal line 33)	49,554,757.	16	51,931,374
	17	Accounts payable and accrued expenses	1,405,954.	17	1,836,025
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Liabilities	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
	2 <del>4</del> 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,405,954.	26	1,836,025.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc anc	27	Net assets without donor restrictions	48,038,678.	27	50,016,403
Bale	28	Net assets with donor restrictions	110,125.	28	78,946.
힏		Organizations that do not follow FASB ASC 958, check here			·
Ξ		and complete lines 29 through 33.			
ō	29 (	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	48,148,803.	32	50,095,349
4	33	Total liabilities and net assets/fund balances	49,554,757.		51,931,374.
			·		Form <b>990</b> (2022

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8		57,5 56,5 1,5	800 443 356 148	, 9: , 8:	14. 88. 03. 58.	
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,			- 0	^ ^ -		4.0	
Do	column (B))	10		50,	095	, 34	<u>49.</u>	
Га	rt XIII Financial Statements and Reporting						X	
	Check if Schedule O contains a response or note to any line in this Part XII					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0				163	140	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	·.			2a		Х	
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a				77		
b	Were the organization's financial statements audited by an independent accountant?				2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				2c	$_{\rm x}$		
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			.	3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			Ψ,		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			3b	х	ı	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REDWOOD EMPIRE FOOD BANK

Employer identification number

Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omp <b>l</b> ete th	nis part.) S	ee instructions.						
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck on <b>l</b> y	one box.)							
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i),						
2		A school described in secti											
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	一	A medical research organization						the hospital's name					
•		city, and state:	anon opolated in co.	gariotion mar a ricopital	4000004		11 o(b)( 1)(x ()(iii)1 = 1110)	the mospital o mame,					
5		An organization operated for	or the benefit of a col	lege or university owned	or operati	ed by a do	vernmental unit describe	ed in					
3		section 170(b)(1)(A)(iv). (C		lege of diliversity owner	or operat	ed by a go	verninental unit describe	5 <b>u</b> III					
_			•	andal code dan acida a di in	47	70/LV4V4V	(-)						
6	v	A federal, state, or local gov						1.12 1 22 12					
′	X	An organization that norma		ntial part of its support ti	om a gove	ernmentai	unit or from the general	public described in					
_		section 170(b)(1)(A)(vi). (C											
8	Н	A community trust describe											
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:				_							
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4) <b>.</b>						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or					
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on					
		lines 12a through 12d that	describes the type of	supporting organization	and com	p <b>l</b> ete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	nization operat <mark>ed, s</mark> i	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving					
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting					
		organization. You must o	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntro <b>l</b> or manage the supp	oorted					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)					
		that is not functionally int	egra <mark>ted.</mark> The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and an attenti	veness					
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		ride the following information											
	(	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
	K,												
Γ <sub>O+</sub>													

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

Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	35938462.	57633222.	70711657.	52437113.	55934800.	272655254					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	35938462.	57633222.	70711657.	52437113.	55934800.	272655254					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly				Į.							
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.						272655254					
Sec	tion B. Total Support				-	•						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	Amounts from line 4	35938462.	57633222.	70711657.	52437113.	55934800.	272655254					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	286,593.	329,198.	388,412.	631,137.	737,495.	2372835.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on	14,650.				13,900.	28,550.					
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						275056639					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,661,393.					
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)						
	organization, check this box and stop											
<u>Sec</u>	ction C. Computation of Publi	c Support Per	centage									
14	Public support percentage for 2022 (I	ine 6, co <b>l</b> umn (f), d	ivided by line 11, o	column (f))		14	99.13 %					
	Public support percentage from 2021					15	99.33 %					
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo						
	stop here. The organization qualifies		_									
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances te	•			•							
b	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and <b>l</b> ine 15 is	10% or					
	more, and if the organization meets the	ne facts-and-circun	nstances test, ched	ck this box and s	<b>top here.</b> Exp <b>l</b> ain i	n Part VI how the						
	organization meets the facts-and-circle				•							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a							
						Calaaduda A	(Form 990) 2022					

232022 12-09-22

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

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

Sed	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in				_		
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf				)		
5	The value of services or facilities				2		
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_							
11	Add lines 10a and 10b  Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	tion C. Computation of Publi	<u>c Support Per</u>	centage				
7	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			on line 14 and line		18   2 1/20/ and line 17	%
19a	33 1/3% support tests - 2022. If the						is not
1.	more than 33 1/3%, check this box ar						
C	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•					
20	Private foundation If the organization						

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
- Oa		
3b		
3с		
4a		
4b		
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4C		
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8		
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9с		
10a		
10b		

	dule A (Form 990) 2022 REDWOOD EMPIRE FOOD BANK 68-012	185 <u>!</u>	5 Pa	age 5
Par	t IV   Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	-115		
		44.		
Sect	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	non by Type I dupporting organizations			L
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		Yes	No
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	1,40
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
	Activities Test. Answer lines 2a and 2b below.	5	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 55	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		I

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2b

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	dule A (Form 990) 2022 REDWOOD EMPIRE FOOD BANK  TV Type III Non-Functionally Integrated 509(a)(3) Supporting	Orac	nizationa	68-0121855 Page 6
				Doublin Continue
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must or	ompiei	e Sections A through E.	(B) Current Year
ect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	
_			 

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2022** 

68-0121855

Name of the organization Employer identification number

REDWOOD EMPIRE FOOD BANK

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 250,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 213,145.	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
3		\$ 192,965 <b>.</b>	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
4		\$ <u>164,415.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>156,437.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$150,938.	Person X Payroll

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>150,000.</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
8		\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$140,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 10	Name, address, and ZIP + 4	\$ 130,711.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>120,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$ 100,000.	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
14_		\$ 100,000.	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
15		\$ 100,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$5,000.	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
17		\$ <u>94,800.</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
<u>18</u>		\$ <u>87,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ 80,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$ 80,000.	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
21		\$ 80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 75,000.	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
<b>24</b> 223452 11-15	5-22	\$\$	Person X Payroll

Name of organization

Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 62,683.	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
26		\$ 62,508.	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
27		\$ 62,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> 223452 11-15		\$50,000.	Person X Payroll

Name of organization

## REDWOOD EMPIRE FOOD BANK

68-0121855

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 50,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	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
<u>36</u>	5-22	\$ <u>41,568.</u>	Person X Payroll

Name of organization

Employer identification number

#### REDWOOD EMPIRE FOOD BANK 68-0121855 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person **Payroll** 41,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution 38 X Person **Payroll** 40,485. Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total** contributions Type of contribution No. 39 X Person **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 X Person Payroll Noncash 40,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 Person **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person **Payroll** 38,442. Noncash

223452 11-15-22

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 37,760.	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
44_		\$ 36,100.	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
<u>45</u>		\$ 36,080.	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
46		\$35,471.	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
47		\$\$	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
<u>48</u>		\$	Person X Payroll

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 30,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 30,000.	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
51		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$	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
<b>54</b> 223452 11-15	5-22	\$ 28,500.	Person X Payroll

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$ 27,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$ 27,000.	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
57		\$ 26,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$ 26,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ <u>25,952.</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
<u>60</u>	5-22	\$ <u>25,560.</u>	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

68-0121855

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 25,425.	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
62		\$ 25,000.	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
63		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ 25,000.	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
<u>66</u>		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

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Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 25,000.	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
68		\$ 25,000.	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
69		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$ <u>25,000.</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
<u>72</u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Paga 2

Name of organization Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 25,000.	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
<u>74</u>		\$ 23,643.	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
75		\$ <u>21,250.</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
76		\$ <u>21,147.</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
77		\$ <u>21,050.</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
78		\$ <u>20,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 20,343.	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
80		\$ 20,197.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$ 20,000.	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
83		\$\$	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<b>84</b> 223452 11-15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

p 2

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 20,000.	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
86		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$ <u>20,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$ 20,000.	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
89		\$\$	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
90		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 20,000.	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
92		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ <u>20,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$ <u>20,000</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
96		\$\$	Person X Payroll

Name of organization

Employer identification number

	REDWOOD	EMPIRE	FOOD	BANK
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 19,313.	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
98		\$ 10,000.	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
99		\$ 18,330.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ 18,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$	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
223452 11-18	5-22	\$\$	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		s <u>16,285.</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
104		\$ 16,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$	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
	5-22	\$ <u>15,100.</u>	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 15,050.	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
_110		\$ 15,030.	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
111		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$ <u>15,000.</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
113		\$ <u>15,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<b>114</b> 223452 11-18	5-22	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 15,000.	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
116		\$ 15,000.	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
117		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ <u>15,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>120</u>	5-22	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 15,000.	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
122		\$ 15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
123		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$ <u>14,473.</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
125		\$ <u>13,900.</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
<u>126</u>	5-22	\$ <u>13,850.</u>	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ <u>13,710.</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
128		\$ 13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$ <u>13,000.</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
130		\$ <u>13,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$\$	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
<u>132</u>		\$\$	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ <u>12,250.</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
134		\$ 12,200.	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
135		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$ <u>12,000.</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
137		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15	5.22	\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 12,000.	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
140		\$ 12,000.	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
141		\$ <u>12,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$ <u>12,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<b>144</b> 223452 11-15	5-22	\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 12,000.	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
146		\$ 11,634.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$ <u>11,600.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$ <u>11,250.</u>	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$11,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>150</u>	5.22	\$	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>151</u>		\$ <u>11,000.</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
152		\$ 11,000.	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
153		\$ <u>11,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$ <u>10,796.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$10,750.	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
<u>156</u>	5-22	\$\$	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>157</u>		\$ 10,500.	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
158		\$ 10,500.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
159		\$10,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$	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
<u>162</u>	5.22	\$ <u>10,000.</u>	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>168</u>	5-22	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

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Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 10,000.	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
170		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$10,000.	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
172		\$	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
173		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<b>174</b>	5.22	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 10,000.	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
<u>176</u>		\$ 10,000.	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
177		\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$\$	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
<u>180</u>	-22	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization

Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 10,000.	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
182		\$ 10,000.	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
183		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	nume, asuress, und Eli 14	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$10,000 <b>.</b> _	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
186		\$10,000.	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 10,000.	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
188		\$ 10,000.	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
189		\$10,000.	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
190		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191		\$\$	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
<u>192</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization

Employer identification number

REDWOOD	EMPIRE	FOOD	BANK
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 10,000.	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
194		\$ 10,000.	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
195		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	nume, asuress, und Eli 14	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197		\$10,000 <b>.</b> _	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
198		\$10,000.	Person X Payroll

Name of organization

Employer identification number

REDWOOD	EMPIRE	FOOD	BANK
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
199		\$ 10,000.	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
200		\$ 10,000.	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
201		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	Nume, and Eli 11	\$10,000.	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
203		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
204		\$10,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 10,000.	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
206		\$ 10,000.	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
207		\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208		\$	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
210	5-22	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 10,000.	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
212		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
213		\$9,955.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$9,605.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216	5-22	\$\$,599.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 9,575.	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
218		\$9,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
219		\$9,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$9,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221		\$9,000.	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
222		\$8,655.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

68-0121855

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 8,574.	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
224		\$ 8,514.	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
225		\$ <u>8,500.</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
226		\$8,360.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$	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
228	5.22	\$8,000.	Person X Payroll

60

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 8,000.	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
230		\$ 8,000.	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
231		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232	Nume, assuress, und Eli 14	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$7,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
234		\$	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 7,600.	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
236		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238		\$	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
239		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
240	5-22	\$ <u>7,500.</u>	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 7,500.	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
242		\$ 7,500.	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
243		\$ <u>7,500.</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
244		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246	5-22	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 7,500.	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
248		\$ 7,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
249		\$ <u>7,150.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
252	5-22	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization

Employer identification number

REDWOOD BRITISH I COD DAN	REDWOOD	EMPIRE	FOOD	BAN
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 7,000.	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
254		\$ 7,000.	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
255		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		\$7,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
258		\$6,650 <b>.</b>	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 6,600.	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
260		\$ 6,500.	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
261		\$6,500.	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
262		\$6,500.	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
263		\$6,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264		\$6,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization

Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 6,250.	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
266		\$ 6,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267		\$6,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
268		\$6,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269		\$6,050.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
270		\$6,050.	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$ 6,004.	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
272		\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
274	Nume, and Eli 11	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275		\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
276		\$6,000.	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 6,000.	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
278		\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
282		\$6,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		\$ 6,000.	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
284		\$ 6,000.	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
285		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
286		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
287		\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
288		\$6,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$ 5,924.	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
290		\$5,900.	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
291		\$5,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292		\$5,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		\$5,695.	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
294	5-22	\$5,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$ 5,600.	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
296		\$ 5,600.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
297		\$5,589.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298		\$5,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$5,550 <b>.</b> _	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-18	5-22	\$5,525.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$ 5,500.	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
302		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
303		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$5,400.	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
223452 11-18	5-22	\$5,400.	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$ 5,235.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308		\$ 5,160.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
310		\$5,100.	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
311		\$5,100.	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
312	5-22	\$5,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314		\$ 5,000.	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
315		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318	5.22	\$5,000.	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		\$ 5,000.	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
320		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321		\$5,000.	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
322		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323		\$5,000.	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
324	5-22	\$5,000.	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$ 5,000.	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
326		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
327		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329		\$5,000.	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
223452 11-18	5-22	\$5,000.	Person X Payroll

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$ 5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$	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
333		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
334		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		\$5,000.	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
223452 11-15		\$5,000.	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$ 5,000.	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
338		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
339		\$5,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
340		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>342</u> 223452 11-15	5-22	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

REDWOOD	EMPIRE	FOOD	BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$ 5,000.	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
344		\$ 5,000.	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
345		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>348</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
349		\$ 5,000.	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
350		\$ 5,000.	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
351		\$5,000.	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
352		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
353		\$\$	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
<u>354</u> 223452 11-15		\$5,000.	Person X Payroll

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Name of organization Em

Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		\$ 5,000.	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
356		\$ 5,000.	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
357		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
358		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
360		\$5,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		\$ 5,000.	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
362		\$ 5,000.	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
363		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
364		\$5,000.	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
365		\$5,000.	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
<u>366</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		\$ 5,000.	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
368		\$ 5,000.	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
369		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
370		\$5,000.	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
371		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>372</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$ 5,000.	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
374		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
375		\$5,000.	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
376		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
377		\$5,000.	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
223452 11-15	5-22	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022)

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		\$ 5,000.	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
380		\$ 5,000.	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
381		\$5,000.	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
382		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
383		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
386		\$ 5,000.	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
387		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
388		\$5,000.	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
389		\$5,000.	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
390	522	\$5,000.	Person X Payroll

Name of organization Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		\$ 5,000.	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
392		\$ 5,000.	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
393		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
394		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
395		\$5,000.	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
<u>396</u>		\$5,000.	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		\$ 5,000.	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
398		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
399		\$5,000 <b>.</b>	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
400		\$5,000.	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
401		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>402</u>	5.22	\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
404		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
405		\$5,000.	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
406		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
407		\$5,000.	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
<u>408</u>	5-22	\$5,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		\$ 5,000.	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
410		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
411		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
412	nume, asuress, und Eli 14	\$5,000.	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
413		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
414		\$5,000.	Person X Payroll

Name of organization

Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415		\$ 5,000.	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
416		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
417		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
418	nume, asuress, und Eli 14	\$5,000.	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
419		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
420		\$5,000.	Person X Payroll

Name of organization Employer identification number

## REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		\$ 5,000.	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
422		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
424	nume, asuress, und Eli 14	\$16,000.	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
425		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
426		\$12,214.	Person X Payroll

Name of organization Employer identification number

#### REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		\$ 10,418.	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
428		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
429		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
430		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
431		\$	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
432		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433		\$ 7,500.	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
434		\$5,000.	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
435		\$ <u>163,919</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
436		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
437		\$\$72,267.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>438</u>	5-22	\$\$	Person X Payroll

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439		\$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
440		\$ <u>4,416,877</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
441		\$ 37,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
442		\$ <u>156,437.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
443		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>444</b> 223452 11-15	5-22	\$9,029.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

REDWOOD EMPIRE FOOD BANK
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		\$ <u>1,352,000</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 Oncash Occash If 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 Oncash (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 <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

# REDWOOD EMPIRE FOOD BANK

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed	0121033
	(see instructions), ose duplicate copies of Part II II at	ичнопаг эрасе is пеецец.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VEHICLE		
444		\$ 9,029.	08/17/22
(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
		\$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

Name of organization Employer identification number REDWOOD EMPIRE FOOD BANK 68-0121855 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

REDWOOD EMPIRE FOOD BANK

**Employer** identification number 68-0121855

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired a		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>3</b> ,,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the
_	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of pub <b>l</b> ic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under FASB A	-	Φ.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIII 99U.	Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining Coll	ections of Art, Histo	rical Trea	sures, or Othe	r Similar Ass	ets (continued)
3	Using the organization's acquisition, accession,	and other records, check	any of the fol	llowing that make s	ignificant use of i	ts
	collection items (check all that apply):		,	•		
а	Public exhibition	d 🔲 I	_oan or excha	ange program		
b	Scholarly research		Other			
С	Preservation for future generations					
4	Provide a description of the organization's collection	ctions and explain how the	ev further the	organization's exer	mpt purpose in P	art XIII.
5	During the year, did the organization solicit or re	•	•	-		
_	to be sold to raise funds rather than to be maint					Yes No
Pai	rt IV Escrow and Custodial Arrange					IV, line 9, or
	reported an amount on Form 990, Part X		J			
1a	Is the organization an agent, trustee, custodian	or other intermediary for c	ontributions o	or other assets not	included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII and					
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year					
f	Ending balance				. 1f	
2a					lity?	Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanation	n has been pr	rovided on Part XIII		
Pai	rt V Endowment Funds. Complete if the	e organization answered '	'Yes" on Forn	n 990, Part IV, line	10.	
	(,	a) Current year (b) P	rior year	(c) Two years back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance	4,967,500. 4,	967,500.	32,203.	31,50	0. 31,500.
b	Contributions			4,935,297.		
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	4,967,500. 4,	967,500.	4,967,500.	32,20	3. 31,500.
2	Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) I	he <b>l</b> d as:		
а	Board designated or quasi-endowment	100 %				
b	Permanent endowment	%				
С	Term endowment%					
	The percentages on lines 2a, 2b, and 2c should	equal 100%.				
За	Are there endowment funds not in the possession	on of the organization that	are held and	administered for th	ne	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization					
4	Describe in Part XIII the intended uses of the organization		ınds.			
Pai	rt <b>VI</b> Land, Buildings, and Equipmen	ıt.				
	Complete if the organization answered "	Yes" on Form 990, Part IV	line 11a. See	e Form 990, Part X,	line 10.	
	Description of property	(a) Cost or other	(b) Cost o	or other (c) A	ccumulated	(d) Book value
		basis (investment)	basis (o	ther) de	preciation	
1a	Land	1,670,000.				1,670,000.
b	Buildings	10,889,664.		2,	868,835.	8,020,829.
C	Leasehold improvements	_				
d	Equipment	6,825,033.		2,	518,164.	4,306,869.
е	Other					
Total	Add lines 1a through 1e (Column (d) must ocur	J Form OOO Port V colum	n (D) line 10e	- 1		13,997,698.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 REDWOOD EMP	IRE FOOD BANK	68	8-0121855 Page
Part VII Investments - Other Securities.			<b>y</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			<u></u>
(A) MORGAN STANLEY AND POPPY			
(B) BANK	24,911,867.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,911,867.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-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.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T 615 1 1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<del>? 15.)</del>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(6) (7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	s With R	evenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_				
1	Total revenue, gains, and other support per audited financial statements			1	58,2	82 <u>,</u>	<u>460.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	589,658.				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e			<u>658.</u>
3	Subtract line 2e from line 1			3	57,6	<u>92,</u>	802.
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	108,000.				
С	Add lines 4a and 4b			4c			<u>000.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		00,	802.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ts With E	Expenses per F	Retur	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	56,3	35,	<u>914.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	14					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С							
ام	Other losses	2c					
u	Other (Describe in Part XIII.)	2d					
e e	Other (Describe in Part XIII.)	2d		2e			0.
а е 3	Other (Describe in Part XIII.)	2d		2e 3	56,3	35,	0. 914.
_	Other (Describe in Part XIII.) Add lines 2a through 2d	2d			56,3	35,	
3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2d			56,3	35,	
3	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:	2d					914.
3 4 a b	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	2d 4a 4b	108,000.		1	.08,	914.
3 4 a b c	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.)	2d 4a 4b	108,000.	3	1	.08,	914.

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 NOT DESIGNATED BY THE DONOR AS THIS IS A QUASI ENDOWMENT AND ALL FUNDS HELD CURRENTLY ARE DESIGNATED BY THE BOARD.

#### PART X, LINE 2:

REFB IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND 232054 09-01-22

Part XIII Supplemental Information (continued)

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. HOWEVER,

REFB IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A

TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE

PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION, COMMONLY REFERRED TO AS

UNRELATED BUSINESS INCOME. NO INCOME TAX PROVISION HAS BEEN RECORDED FOR

THE YEAR ENDED JUNE 30, 2023, AS MANAGEMENT DETERMINED THAT REFB HAD NO

UNRELATED BUSINESS INCOME.

REFB IS SUBJECT TO "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES. ASC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN REFB'S TAX RETURNS AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS THAT DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. REFB DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD. REFB'S POLICY IS TO REFLECT INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS PART OF INCOME TAX EXPENSE, WHEN AND IF THEY BECOME APPLICABLE. REFB'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS. IN GENERAL, FEDERAL INCOME TAX RETURNS HAVE A THREE-YEAR STATUTE OF LIMITATIONS, AND STATE INCOME TAX RETURNS HAVE A FOUR-YEAR STATUTE OF LIMITATIONS. 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ACCOUNTING EXPENSES REPORTED IN LINE 11C, STATEMENT OF FUNCTIONAL EXPENSE

Schedule D (Form 990) 2022

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

REDWOOD	EMPIRE FOOD BA	NK			68-0121	855
Part I Fundraising Activities. required to complete this part		answered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed to compensated at least \$5,000 by the</li> </ul>	ed funds through any of the form of the fo	Solicitation of Solicitation of Solicitation of Special fundratividual (included)	non-g gover aising of ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	' <del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund fund have o or co contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<u>Total</u>						
List all states in which the organization or licensing.	n is registered or licensed to s	solicit contrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			EMPTY BOWLS			col. (c)
			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
Revenue						
e e	1	Gross receipts	721,414.			721,414.
ď			,			,
	2	Less: Contributions	675,108.			675,108.
	-		, , , , , , , , , , , , , , , , , , , ,			,
	3	Gross income (line 1 minus line 2)	46,306.			46,306.
	Ť					
	4	Cash prizes				
	Ι΄	Cusi. p. 1200			7	
	5	Noncash prizes				
တ္သ		Trondadir prizod				
nse	6	Rent/facility costs	40,794.			40,794.
χbe	١٥	The fibraciinty costs	40,754.			40,754.
Direct Expenses	_	Food and haverages	28,974.			28,974.
irec	7	Food and beverages	20,5/4.			20,5/4.
	Ι.	Entertainment	500.			500.
	8	Entertainment	36,572.			36,572.
	9	Other direct expenses				106,840.
	10	Direct expense summary. Add lines 4 through		,		-60,534.
D	11   art	Net income summary. Subtract line 10 from li		000 Day IV/ Fra 10 av		-00,534.
Г	21 L I	<b>III Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-Ez, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
þ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billgo/progressive billgo		coi. (a) through coi. (c)
Вè	١.					
	1	Gross revenue				
	_					
es	2	Cash prizes				
Expenses	_	Noncash prizes				
ă	3	Noncash prizes				
t E						
Direct [	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in co <b>l</b> umn (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			~	_		
9		ter the state(s) in which the organization condu	-			
		he organization licensed to conduct gaming ac	tivities in each of these s	states?		X Yes No
- Ł	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	•		/ear?	Yes X No
k	) <b> </b> f "`	Yes," exp <b>l</b> ain:				

Schedule G (Form 990) 2022

232082 10-27-22

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

REDWOOD EMPIRE FOOD BANK

**Employer identification number** 68-0121855

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

68-0121855

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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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID J GOODMAN	(E)	328,75	0	12,447.	00	14,205.	355,405.	0
CEO (2) PAULA HANDELMAN		184,508	0	.086,8	00	16,935	210,423.	0
Ö	€		0	1	0	٠.	٠.	0
(3) ALISON SMITH	≘	171,51	0	8,637.	0	20,442.	200,593.	0
DIRECTOR OF OPERATIONS & S	≘		0	- 4	0			0
(4) ALLISON GOODWIN	Ξ	171,77	0	8,293.	0	16,087.	196,151.	0
DIRECTOR OF PROGRAMS	(ii)		0.	0.	0.	0.		0.
(5) LISA CANNON	(E)	156,51	0	4,225.	0	9,059.	169,801.	0
DIRECTOR OF DEVELOPMENT	<u>(ii</u>	0.	0.	0.	0.	0.	0.	0.
	Ξ							
	Ξ							
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							Schedu	Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022
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.

232113 10-18-22

#### SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

**Employer identification number** 

#### 68-0121855 REDWOOD EMPIRE FOOD BANK Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods 9,029.FMV Cars and other vehicles Х 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 23435644 35,856,535. LBS X EST COST/LB Х 19 Food inventory Drugs and medical supplies \_\_\_\_\_ 20 21 Taxidermy ..... Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other 25 Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REDWOOD EMPIRE FOOD BANK

**Employer** identification number 68-0121855

REDWOOD EMPTRE FOOD DANK
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION
REDWOOD EMPIRE FOOD BANK
3990 BRICKWAY BLVD
SANTA ROSA, CA 95403
EMPLOYER IDENTIFICATION NUMBER: 68-0121855
FOR THE YEAR ENDING JUNE 30, 2023
REDWOOD EMPIRE FOOD BANK IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION
UNDER REG. SEC. 1.263(A)-1(F).
FORM 990, PART VI, SECTION B, LINE 11B:
THE DIRECTOR OF FINANCE REVIEWS THE 990. THE REVIEW CONSISTS OF READING AND
RECONCILING THE FORM 990 TO THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS
AND RELATED INTERNAL RECORDS. THE CEO REVIEWS THE 990 AND THE BOARD OF
DIRECTORS IS PROVIDED THE 990 FOR REVIEW PRIOR TO FILING.
FORM 990, PART 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 CONFLICT OF
INTEREST. BOARD MEMBERS SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT AND
ARE INSTRUCTED TO REPORT ANY INTERIM CONFLICTS AS THEY ARISE. THEY ARE ALSO
REQUIRED TO ABSTAIN FROM VOTING ON ANY MATTER PRESENTED IF A CONFLICT OR
PERCEIVED CONFLICT EXISTS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number REDWOOD EMPIRE FOOD BANK Employer identification number 68-0121855

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

THE BOARD REVIEWS THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ANNUALLY.

LOCAL SALARY SURVEYS AND RELATED DATA ARE ANALYZED AND DISCUSSED TO

DETERMINE THE APPROPRIATE COMPENSATION PACKAGE.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON ITS

WEBSITE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

THE BOARD GOVERNANCE COMMITTEE CONTINUALLY STRIVES TO RECRUIT AND

ONBOARD MEMBERS THAT WILL REFLECT THE DIVERSITY OF OUR COMMUNITY WITH

THE SKILLS AND DEPTH OF COMMUNITY CONNECTION THAT WILL BENEFIT THE

ORGANIZATION. THE ONGOING EFFORT HAS RESULTED IN AN AVERAGE OF 16

ACTIVE BOARD MEMBERS OVER THE LAST FIVE YEARS.

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES TO THE PROCESS FOR OVERSIGHT OF THE AUDIT OF

THE FINANICAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

232212 10-28-22 Schedule O (Form 990) 2022