

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

In-person requests: *A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).*

Written requests: *Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.*

Website alternative: *Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.*

Permissible charges: *Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.*

Penalties: *An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:*

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: *The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.*

Donor Information: *Please note that donor information is not open to public inspection and has been excluded from this copy.*

Do Not File - Public Inspection Copy
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CALIFORNIA ASSOCIATION OF FOOD BANKS		D Employer identification number 68-0392816	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1616 FRANKLIN STREET, 2ND FLOOR 300		E Telephone number 510-272-4435	
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		G Gross receipts \$ 118,854,190.	
	F Name and address of principal officer: STACIA HILL LEVENFELD SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.CAFOODBANKS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other L Year of formation: 1996 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE HUNGER IN CALIFORNIA.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	13
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,445,327.	Current Year 26,717,335.
	9 Program service revenue (Part VIII, line 2g)	67,209,096.	81,664,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172,281.	482,140.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,182.	3,787.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,827,886.	108,867,622.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,505,101.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,103,481.	5,098,092.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 531,753.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,403,677.	82,940,129.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,012,259.	110,700,514.
19 Revenue less expenses. Subtract line 18 from line 12		-184,373.	-1,832,892.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,249,397.	End of Year 30,783,092.
	21 Total liabilities (Part X, line 26)	7,348,594.	11,715,181.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,900,803.	19,067,911.

Part II Signature Block

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

Sign Here	Signature of officer <i>Stacia Hill Levenfeld</i>	11/14/2025			
	Date				
Paid Preparer Use Only	Preparer's name ANDREA SALAMY	Preparer's signature ANDREA SALAMY	Date 11/14/25	Check if self-employed <input type="checkbox"/>	PTIN P00705827
	Firm's name CRI CAPIN CROUSE ADVISORS, LLC	Firm's EIN 33-2621854		Phone no. 505-502-2746	
	Firm's address 345 MASSACHUSETTS AVE, STE 300 INDIANAPOLIS, IN 46204				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

CALIFORNIA ASSOCIATION OF FOOD BANKS (CAFB) IS A NON-PROFIT PUBLIC
BENEFIT CORPORATION LOCATED IN OAKLAND, CALIFORNIA. TOGETHER WITH ITS
41-MEMBER FOODBANKS, CAFB IS THE LARGEST CHARITABLE HUNGER-RELIEF AND
ANTI-HUNGER LEADER IN THE STATE. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 101,183,061. including grants of \$ 17,554,224.) (Revenue \$ 81,416,110.)
FOOD DISTRIBUTION

IN 2024, THE ORGANIZATION PROVIDED FOOD BANKS WITH MORE THAN 274
MILLION POUNDS OF FOOD THROUGH PARTNERSHIPS WITH AGRICULTURAL PRODUCERS
ACROSS THE STATE. THIS INCLUDED MORE THAN 269 MILLION POUNDS OF FRESH
FRUITS AND VEGETABLES AND ALMOST 5 MILLION POUNDS OF HIGH-QUALITY
PROTEINS AND PANTRY ESSENTIALS TO KEEP FOOD BANKS STOCKED AT A TIME OF
INCREASING NEED IN THEIR COMMUNITIES.

THE ORGANIZATION'S FARM TO FAMILY OPERATION IS THE STATE'S MOST
EXTENSIVE CHARITABLE FOOD RECOVERY PROGRAM, WORKING WITH A NETWORK OF
OVER 240 FARMS AND AGGREGATORS THROUGHOUT THE STATE.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 5,973,646. including grants of \$ 5,038,950.) (Revenue \$)
PROGRAMS

CALFRESH (SNAP) IS ONE OF THE MOST EFFECTIVE ANTI-POVERTY PROGRAMS IN
THE NATION. THE ORGANIZATION'S CALFRESH OUTREACH PROGRAM SUPPORTS OVER
FIFTY COMMUNITY PARTNERS THROUGHOUT THE STATE. THEIR EFFORTS INCLUDE
ENROLLING ELIGIBLE CALIFORNIANS, HELPING THEM KEEP THEIR BENEFITS, AND
EDUCATING THE OUTREACH AND STAKEHOLDER COMMUNITY. OUR OUTREACH PARTNERS
ASSISTED MORE THAN 28,000 HOUSEHOLDS IN APPLYING FOR CALFRESH, AND
NEARLY 8,000+ HOUSEHOLDS RETAINED BENEFITS WITH PARTNER SUPPORT.
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,366,334. including grants of \$ 57,369.) (Revenue \$)
RESEARCH & PUBLIC POLICY

CAFB RESEARCH AND PUBLIC POLICY WORK LEADS THE FIGHT TO ERADICATE FOOD
INSECURITY IN CALIFORNIA BY RESEARCHING HUNGER IN ITS COMMUNITIES,
ADVANCING LEGISLATIVE AND BUDGET INITIATIVES, AND CONDUCTING
ADMINISTRATIVE ADVOCACY AT THE STATE AND FEDERAL LEVELS TO STRENGTHEN
CHARITABLE NUTRITION SAFETY NETS.

IN 2024, OUR ADVOCACY & POLICY TEAM ADVOCATED FOR ROBUST INVESTMENTS IN
FOOD BANKS AND PUBLIC BENEFIT ADEQUACY IMPROVEMENTS. SPECIFICALLY, THE
(CONTINUED ON SCHEDULE O)

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

(Expenses \$ 896,937. including grants of \$ 11,750.) (Revenue \$ 248,250.)

4e Total program service expenses 109,419,978.

Form **990** (2024)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b 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 any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	29
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 46		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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 any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a 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:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
STACY ROBSON - 510-350-9904
1616 FRANKLIN ST. 2ND FLOOR, SUITE 300, OAKLAND, CA 94612

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STACIA LEVENFELD CHIEF EXECUTIVE OFFICER	37.50			X				298,587.	0.	18,697.
(2) STACY ROBSON CHIEF FINANCIAL OFFICER	37.50			X				219,311.	0.	14,271.
(3) MARIA HOULNE FARM TO FAMILY VICE PRESIDENT	37.50				X			191,238.	0.	13,523.
(4) KELLIE LONGO FLORES VP OF POLICY & ADVOCACY	37.50				X			175,242.	0.	9,314.
(5) MAY LYNN TAN DIRECTOR OF RESEARCH & PROGRAM DEVELOPMENT	37.50				X			155,617.	0.	21,495.
(6) STEPHANIE NISHIO DIRECTOR OF PROGRAMS	37.50					X		148,018.	0.	22,841.
(7) SABRINA THAKKAR DIRECTOR OF FARM TO FAMILY	37.50					X		146,453.	0.	10,597.
(8) PHOEBE GEONZON DIRECTOR OF HUMAN RESOURCES	37.50					X		118,141.	0.	32,046.
(9) COURTNEY SCULLIN-TAYLOR ACCOUNTING MANAGER	37.50					X		119,580.	0.	18,031.
(10) LAUREN LATHAN REID COMMUNICATIONS DIRECTOR	37.50					X		127,117.	0.	9,794.
(11) NATALIE CAPLES CHAIR	1.00	X		X				0.	0.	0.
(12) LESLIE BACHO VICE CHAIR	1.00	X		X				0.	0.	0.
(13) MONICA WHITE VICE CHAIR (PART YEAR)	1.00	X		X				0.	0.	0.
(14) BETH STANTON GOVERNANCE COMMITTEE CHAIR	1.00	X		X				0.	0.	0.
(15) CASEY CASTILLO SECRETARY	1.00	X		X				0.	0.	0.
(16) MICHAEL FLOOD TREASURER	1.00	X		X				0.	0.	0.
(17) AMANDA FRISCIA MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARA GRIFFEN MEMBER	1.00	X						0.	0.	0.
(19) TIM HAWKINS MEMBER	1.00	X						0.	0.	0.
(20) CLAUDIA KELLER MEMBER	1.00	X						0.	0.	0.
(21) SHURLA LOVEJOY MEMBER	1.00	X						0.	0.	0.
(22) DAVE MARTINEZ MEMBER	1.00	X						0.	0.	0.
(23) JUAN MARTINEZ MEMBER	1.00	X						0.	0.	0.
(24) REGI YOUNG MEMBER	1.00	X						0.	0.	0.
(25) NICOLE CELAYA MEMBER (PART YEAR)	1.00	X						0.	0.	0.
(26) KEENON KRICK MEMBER (PART YEAR)	1.00	X						0.	0.	0.
1b Subtotal								1,699,304.	0.	170,609.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,699,304.	0.	170,609.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOSE L GONZALES, 800 MEMORIAL DRIVE SUITE #27, SOUTH SAN FRANCISCO, CA 94080	TRANSPORTATION	1,086,150.
TOTAL QUALITY LOGISTICS, LLC PO BOX 799, MILFORD, OH 45150	TRANSPORTATION	1,018,290.
SERGIO ROMO 1630 GIBSON AVENUE, CLOVIS, CA 93611	TRANSPORTATION	243,000.
JENNIFER TRACY REIDLINGER 13122 NE 56TH CIRCLE, VANCOUVER, WA 98682	CONSULTANT	104,692.

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

4

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	675,018.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,897,240.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,145,077.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FARM TO FAMILY	Business Code	624210	81,416,110.	81,416,110.		
	b CONFERENCE		900099	248,250.	248,250.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			81,664,360.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			416,484.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	10,052,224.				
c Gain or (loss)		7c	9,986,568.				
d Net gain or (loss)			65,656.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue		900099	3,787.		3,787.	
	e Total. Add lines 11a-11d			3,787.			
	12 Total revenue. See instructions			108,867,622.	81,664,360.	0.	485,927.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,662,293.	22,662,293.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,117,293.	899,479.	147,565.	70,249.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	26,410.	26,410.		
7 Other salaries and wages	3,140,606.	2,748,326.	164,302.	227,978.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,167.	146,774.	14,094.	12,299.
9 Other employee benefits	327,305.	270,331.	33,082.	23,892.
10 Payroll taxes	313,311.	260,195.	31,210.	21,906.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,351.	9,279.	28,734.	338.
c Accounting	26,800.	22,795.	2,476.	1,529.
d Lobbying	45,000.	45,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,217.	8,220.	5,482.	1,515.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	929,714.	743,502.	144,665.	41,547.
12 Advertising and promotion	36,026.	35,615.	356.	55.
13 Office expenses	212,721.	157,078.	35,945.	19,698.
14 Information technology	452,327.	354,345.	24,957.	73,025.
15 Royalties				
16 Occupancy	382,443.	328,018.	32,842.	21,583.
17 Travel	180,423.	129,108.	41,903.	9,412.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	206,237.	177,629.	26,269.	2,339.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,859.	18,321.	1,477.	1,061.
23 Insurance	35,269.	31,922.	1,200.	2,147.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTION	80,335,720.	80,335,720.		
b STAFF DEVELOPMENT	18,047.	5,800.	11,678.	569.
c MEMBERSHIP DUES	4,975.	3,818.	546.	611.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	110,700,514.	109,419,978.	748,783.	531,753.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	548,856.	1	5,831,753.
	2 Savings and temporary cash investments	8,942,114.	2	9,183,168.
	3 Pledges and grants receivable, net	3,474,433.	3	8,392,340.
	4 Accounts receivable, net	7,998,582.	4	5,391,838.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	195,338.	9	166,029.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 158,264.		
	b Less: accumulated depreciation	10b 37,715.		
		55,133.	10c	120,549.
	11 Investments - publicly traded securities	6,731,001.	11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	303,940.	15	1,697,415.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,249,397.	16	30,783,092.	
Liabilities	17 Accounts payable and accrued expenses	5,628,815.	17	7,109,876.
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,719,779.	25	4,605,305.
	26 Total liabilities. Add lines 17 through 25	7,348,594.	26	11,715,181.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,907,615.	27	18,003,705.
	28 Net assets with donor restrictions	1,993,188.	28	1,064,206.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	20,900,803.	32	19,067,911.	
33 Total liabilities and net assets/fund balances	28,249,397.	33	30,783,092.	

Form **990** (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,867,622.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,700,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,832,892.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,900,803.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,067,911.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

CALIFORNIA ASSOCIATION OF FOOD BANKS

68-0392816

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

- g** Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,871,101.	38,638,299.	11,873,074.	9,445,327.	26,717,335.	154,545,136.
2 Tax revenues levied for the organization'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	67,871,101.	38,638,299.	11,873,074.	9,445,327.	26,717,335.	154,545,136.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						379,188.
6 Public support. Subtract line 5 from line 4.						154,165,948.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	67,871,101.	38,638,299.	11,873,074.	9,445,327.	26,717,335.	154,545,136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,248.	4,269.	33,379.	172,281.	416,484.	627,661.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,883.	500.	-3,531.	1,182.	3,787.	7,821.
11 Total support. Add lines 7 through 10						155,180,618.
12 Gross receipts from related activities, etc. (see instructions)					12	288,540,616.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.35 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	8.00 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI**Supplemental Information.**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2020 AMOUNT: \$ 5,883.

2021 AMOUNT: \$ 500.

2022 AMOUNT: \$ -3,531.

2023 AMOUNT: \$ 1,182.

2024 AMOUNT: \$ 3,787.

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

Name of the organization

CALIFORNIA ASSOCIATION OF FOOD BANKS

Employer identification number

68-0392816

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**☒ 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
CALIFORNIA ASSOCIATION OF FOOD BANKS	68-0392816

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		\$ 16,927,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,543,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

68-0392816

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization	Employer identification number
CALIFORNIA ASSOCIATION OF FOOD BANKS	68-0392816

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization CALIFORNIA ASSOCIATION OF FOOD BANKS	Employer identification number (EIN) 68-0392816
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	22,500.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	22,500.													
c Total lobbying expenditures (add lines 1a and 1b)	45,000.													
d Other exempt purpose expenditures	110,655,514.													
e Total exempt purpose expenditures (add lines 1c and 1d)	110,700,514.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	57,500.	83,875.	45,000.	45,000.	231,375.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures				22,500.	22,500.

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING 2024, \$45,000 WAS PAID TO MOSAIC SOLUTIONS & ADVOCACY, A FIRM THAT PERFORMS ADMINISTRATIVE AND LEGISLATIVE ADVOCACY ON BEHALF OF THE ORGANIZATION.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

CALIFORNIA ASSOCIATION OF FOOD BANKS

Employer identification number

68-0392816

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form section for Conservation Easements, including questions 1-9 and a table for line 2d: Held at the End of the Tax Year.

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		158,264.	37,715.	120,549.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				120,549.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	46,139.
(2) OPERATING LEASES RIGHT-OF-USE ASSET	1,651,276.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,697,415.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,815,721.
(3) REFUNDABLE ADVANCES	2,789,584.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,605,305.

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	28,521,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-80,335,720.
e	Add lines 2a through 2d	2e	-80,335,720.
3	Subtract line 2e from line 1	3	108,856,940.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,682.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	10,682.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	108,867,622.

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

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

1	Total expenses and losses per audited financial statements	1	30,354,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	30,354,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,682.
b	Other (Describe in Part XIII.)	4b	80,335,720.
c	Add lines 4a and 4b	4c	80,346,402.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	110,700,514.

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS EXPENSES NETTED AGAINST REVENUE -80,335,720.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COGS EXPENSES NETTED AGAINST REVENUE 80,335,720.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CALIFORNIA ASSOCIATION OF FOOD BANKS

Employer identification number

68-0392816

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY COMMUNITY FOOD BANK P.O. BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	72,379.	181,109.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
AMADOR-TUOLUMNE COMMUNITY ACTION 10590 HWY 88 JACKSON, CA 95642	94-2765408		1,250.	9,425.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
CAP OF KERN COUNTY 1300 18TH STREET SUITE 200 BAKERSFIELD, CA 93301	95-2402760	501(C)(3)	525.	13,635.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
CAP OF ORANGE COUNTY 11870 MONARCH STREET GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	62,969.	611,602.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
CAP OF SAN BERNARDINO 678 S. TIPPECANOE AVENUE SAN BERNARDINO, CA 92408	95-2376882	501(C)(3)	15,400.	291,348.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DRIVE FRESNO, CA 93725	77-0320851	501(C)(3)	72,868.	35,261.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **81.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINATOWN SERVICE CENTER 767 N HILL STREET, SUITE 400 LOS ANGELES, CA 90012-2343	95-2918844	501(C)(3)	150,000.	0.			TO END HUNGER IN CALIFORNIA
CLEAR LAKE GLEANERS, INC. 1942 BIG VALLEY RD FINLEY, CA 95435	94-2853610	501(C)(3)	16,176.	291,168.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COLLEGE OF THE CANYONS FOUNDATION 26455 ROCKWELL CANYON ROAD SANTA CLARITA, CA 91355	95-3574259	501(C)(3)	36,250.	0.			TO END HUNGER IN CALIFORNIA
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	448,117.	0.			TO END HUNGER IN CALIFORNIA
COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076	94-2460211	501(C)(3)	56,749.	0.			TO END HUNGER IN CALIFORNIA
COMMUNITY FOOD BANK OF SAN BENITO COUNTY - 1133 SAN FELIPE RD. - HOLLISTER, CA 95023	77-0306871	501(C)(3)	14,766.	548,113.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
COMMUNITY SERVICES UNLIMITED INC PO BOX 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	101,137.	0.			TO END HUNGER IN CALIFORNIA
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE, BUILDING 1 REDDING, CA 96003	23-7115371	501(C)(3)	2,527.	111,770.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	94-1358309	501(C)(3)	77,572.	0.			TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY FOOD BANK 7 W. SCOTTS AVENUE STOCKTON, CA 95203	68-0002165	501(C)(3)	2,500.	54,579.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
ESPERANZA COMMUNITY FARMS INC P.O. BOX 1733 WATSONVILLE, CA 95077	92-0412067	501(C)(3)	9,372.	168,696.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
EVERYONE'S HARVEST 31 UPPER RAGSDALE DRIVE SUITE 4 MONTEREY, CA 93940	48-1290990	501(C)(3)	17,870.	321,660.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	0.	20,912.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FEEDING AMERICA 161 N CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	0.	34,871.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FEEDING AMERICA RIVERSIDE/SAN BERNARDINO COS. - 4035 TRAIL CREEK RD - RIVERSIDE, CA 92505	26-0457477	501(C)(3)	36,415.	358,883.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FEEDING SAN DIEGO 9477 WAPLES STREET, SUITE 100 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	37,102.	812,502.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FEEDING THE FOOTHILLS 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	54,149.	257,958.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FIND FOOD BANK 83775 CITRUS AVENUE INDIO, CA 92201	33-0006007	501(C)(3)	87,346.	19,501.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR MONTEREY COUNTY 353 W. ROSSI STREET SALINAS, CA 93907	77-0270228	501(C)(3)	5,554.	103,702.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	134,996.	88,034.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK OF CONTRA COSTA & SOLANO - FAIRFIELD - 2339-F COURAGE DR. - FAIRFIELD, CA 94533	94-2418054	501(C)(3)	0.	23,480.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DR. CAMERON PARK, CA 95682	68-0457594	501(C)(3)	3,032.	2,775.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD BANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	95-3557056	501(C)(3)	20,593.	257,421.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD FOR PEOPLE 307 W. 14TH STREET EUREKA, CA 95501	94-2772549	501(C)(3)	12,641.	369,469.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOOD SHARE, INC 4156 N. SOUTHBANK RD. OXNARD, CA 93036	77-0018162	501(C)(3)	14,326.	271,026.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	36,469.	251,196.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	94-2558802	501(C)(3)	1,775.	5,243.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT FAMILY RESOURCE CENTER 39550 LIBERTY STREET FREMONT, CA 94538	94-3333831	501(C)(3)	13,615.	0.			TO END HUNGER IN CALIFORNIA
FRESH APPROACH 5060 COMMERCIAL CIRCLE, SUITE C CONCORD, CA 94520	26-2438206	501(C)(3)	445,614.	0.			TO END HUNGER IN CALIFORNIA
FRESNO METRO MINISTRY 3845 N CLARK STREET, SUITE 101 FRESNO, CA 93726	94-2181848	501(C)(3)	17,627.	0.			TO END HUNGER IN CALIFORNIA
HEALTHY LEADERS THRIVING CITIES PO BOX 52442 RIVERSIDE, CA 92517	33-0826079	501(C)(3)	11,198.	201,564.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
HELP ME HELP YOU P.O. BOX 32861 LONG BEACH, CA 90832	71-0898124	501(C)(3)	93,801.	0.			TO END HUNGER IN CALIFORNIA
HELPING HANDS PANTRY PO BOX 1224 REDLANDS, CA 92373-0401	26-2558270	501(C)(3)	11,108.	199,944.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
HUNGER ACTION LOS ANGELES, INC 961 S MARIPOSA AVE # 205 LOS ANGELES, CA 90006	20-5142259	501(C)(3)	73,025.	0.			TO END HUNGER IN CALIFORNIA
IMPERIAL VALLEY FOOD BANK P.O. BOX 4406 EL CENTRO, CA 92244	33-0633364	501(C)(3)	75,914.	394,560.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
INDEPENDENT LIVING CENTER OF SOUTHERN CALIFORNIA INC - 14141 HAYNES STREET - VAN NUYS, CA 91401	95-3026060	501(C)(3)	8,091.	0.			TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH FOOD BANK AMADOR 12181 AIRPORT RD. JACKSON, CA 95642	68-0363653	501(C)(3)	1,250.	30,244.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
JACOBS & CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVE. - SAN DIEGO, CA 92121	20-4374795	501(C)(3)	49,070.	929,543.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
KINGS COMMUNITY ACTION ORGANIZATION - 1130 N. 11TH AVE. - HANFORD, CA 93230	94-1604455	501(C)(3)	1,250.	43,141.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
LOS ANGELES REGIONAL FOOD BANK 1734 E. 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	331,305.	2,415,841.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
MATERNAL & CHILD HEALTH ACCESS 350 S. BIXEL ST. SUITE 150 LOS ANGELES, CA 90017	95-4555879	501(C)(3)	309,207.	0.			TO END HUNGER IN CALIFORNIA
MENDOCINO FOOD & NUTRITION PROGRAM PO BOX 70 FORT BRAGG, CA 95437	94-2577092	501(C)(3)	9,600.	255,176.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	65,799.	0.			TO END HUNGER IN CALIFORNIA
MT. SAN ANTONIO COLLEGE FOUNDATION 1100 N. GRAND AVE BLDG F-10 WALNUT, CA 91789	95-6196020	501(C)(3)	50,000.	0.			TO END HUNGER IN CALIFORNIA
NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA STREET, SUITE 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)	230,418.	0.			TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STATE FOOD BANK PO BOX 6369 CHICO, CA 95927-6369	94-1640546	501(C)(3)	0.	68,703.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
NORTHERN VALLEY INDIAN HEALTH 207 N BUTTE STREET WILLOWS, CA 95988	94-1747220	501(C)(3)	720.	12,960.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS, INC. - 319 LAMBERT ST. - OXNARD, CA 93036	95-4611282	501(C)(3)	16,046.	276,840.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
OUR LADY OF THE ASSUMPTION CHURCH 100 SALINAS RD WATSONVILLE, CA 95076	94-1658203	501(C)(3)	27,764.	511,740.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
PALM SPRINGS UNIFIED SCHOOL DISTRICT - 150 DISTRICT CENTER DRIVE - PALM SPRINGS, CA 92264	52-1527179		6,400.	115,200.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
PEOPLE'S COMMUNITY FOUNDATION P.O. BOX 3068 BERKELEY, CA 94703	87-1927956	501(C)(3)	3,771.	97,243.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 2601 AIRPORT DRIVE, SUITE 220 - TORRANCE, CA 90505	51-0224944	501(C)(3)	283,512.	0.			TO END HUNGER IN CALIFORNIA
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	19,686.	617,724.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
RIO HONDO COLLEGE FOUNDATION 3600 WORKMAN MILL RD WHITTIER, CA 90601	95-4367487	501(C)(3)	49,927.	0.			TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER CITY FOOD BANK P.O. BOX 160204 SACRAMENTO, CA 95816	91-1851398	501(C)(3)	55,998.	0.			TO END HUNGER IN CALIFORNIA
ROLLING START INC 1955 S HUNTS LANE #101 SAN BERNARDINO, CA 92408	95-3178138	501(C)(3)	35,716.	0.			TO END HUNGER IN CALIFORNIA
RURAL HUMAN SERVICES 286 M STREET, SUITE A CRESCENT CITY, CA 95531	94-2735346	501(C)(3)	3,946.	23,323.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SACRAMENTO FOOD BANK & FAMILY SERVICES - 1951 BELL AVENUE - SACRAMENTO, CA 95838	94-3315566	501(C)(3)	80,859.	718,287.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SAN DIEGO HUNGER COALITION 4305 UNIVERSITY AVE., STE 630 SAN DIEGO, CA 92105	30-0507718	501(C)(3)	935,410.	0.			TO END HUNGER IN CALIFORNIA
SAN JOAQUIN COUNTY AGING AND COMMUNITY SERVICES - PO BOX 201056 - STOCKTON, CA 95201	94-6000531		15,600.	280,800.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SAVOR THE LOCAL PO BOX 1251 GONZALES, CA 93926	61-2027106		4,360.	78,480.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	252,708.	920,421.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SECOND HARVEST OF THE GREATER VALLEY - 1220 VANDERBILT CIR - MANTECA, CA 95337	68-0376587	501(C)(3)	0.	6,368.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SF-MARIN FOOD BANK 900 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94114	94-0341517	501(C)(3)	108,806.	619,814.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SHFB OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501(C)(3)	525.	354,142.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SHFB SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	47,695.	539,101.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SIERRA COMMUNITY HOUSE PO BOX 1232 KINGS BEACH, CA 96143	94-2985554	501(C)(3)	3,367.	78,502.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
SILICON VALLEY INDEPENDENT LIVING CENTER - 25 N. 14TH STREET, SUITE 1000 - SAN JOSE, CA 95112	94-2332246	501(C)(3)	24,438.	0.			TO END HUNGER IN CALIFORNIA
SLO FOOD BANK 1180 KENDALL RD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	9,409.	277,482.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
ST. MARGARET'S CENTER 1531 JAMES M. WOOD BOULEVARD LOS ANGELES, CA 90015	95-1690973	501(C)(3)	125,000.	0.			TO END HUNGER IN CALIFORNIA
THE CHILDREN'S CLINIC 701 EAST 28TH ST. SUITE 200 LONG BEACH, CA 90806	95-1643332	501(C)(3)	128,068.	0.			TO END HUNGER IN CALIFORNIA
THE RESOURCE CONNECTION P.O. BOX 919 SAN ANDREAS, CA 95249-0919	94-2705790	501(C)(3)	0.	21,534.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VEGGIELUTION 647 S KING RD SAN JOSE, CA 95116	27-2021333	501(C)(3)	11,102.	199,836.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	14,405.	168,026.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
YOLO COUNTY CHILDREN'S ALLIANCE 600 A STREET, SUITE Y DAVIS, CA 95616	68-0526185	501(C)(3)	32,318.	0.			TO END HUNGER IN CALIFORNIA
YOLO FOOD BANK 233 HARTER AVENUE WOODLAND, CA 95776	23-7111782	501(C)(3)	0.	32,318.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA
YUBA SUTTER FOOD BANK, INC. 760 STAFFORD WAY YUBA CITY, CA 95991	94-2909773	501(C)(3)	14,462.	394,641.	FMV	PRODUCE AND TRANSPORTATION SUBSIDIES	TO END HUNGER IN CALIFORNIA

Schedule I (Form 990)

Part III

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

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

Part IV

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

PART I, LINE 2:

THE CALIFORNIA ASSOCIATION OF FOOD BANKS MONITORS THE RECIPIENTS, SUB-AGENCIES, OF PASS THROUGH FUNDS BY GATHERING THEN REVIEWING TIME AND INVOICE TRACKING DOCUMENTS ON A MONTHLY BASIS. FURTHER MONITORING IS PERFORMED THROUGH DESK AND SITE REVIEWS USING SELECTION GUIDELINES PROVIDED BY THE STATE OF CALIFORNIA. BASED ON THE DESK AND SITE REVIEWS, REVIEW REPORTS ARE DRAFTED WITH CORRECTIVE FOLLOW UP ACTION THAT THE SUB-AGENCIES ARE TO IMPLEMENT.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CALIFORNIA ASSOCIATION OF FOOD BANKS

Employer identification number

68-0392816

Part I Questions Regarding Compensation

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.

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

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

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

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

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STACIA LEVENFELD CHIEF EXECUTIVE OFFICER	(i)	263,735.	27,500.	7,352.	14,702.	3,995.	317,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STACY ROBSON CHIEF FINANCIAL OFFICER	(i)	198,271.	15,040.	6,000.	10,973.	3,298.	233,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIA HOULNE FARM TO FAMILY VICE PRESIDENT	(i)	172,128.	13,110.	6,000.	9,419.	4,104.	204,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLIE LONGO FLORES VP OF POLICY & ADVOCACY	(i)	157,932.	11,060.	6,250.	6,314.	3,000.	184,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAY LYNN TAN DIRECTOR OF RESEARCH & PROGRAM DEVELOPMENT	(i)	148,037.	7,580.	0.	7,977.	13,518.	177,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE NISHIO DIRECTOR OF PROGRAMS	(i)	140,748.	7,270.	0.	7,627.	15,214.	170,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SABRINA THAKKAR DIRECTOR OF FARM TO FAMILY	(i)	133,683.	6,770.	6,000.	10,016.	581.	157,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PHOEBE GEONZON DIRECTOR OF HUMAN RESOURCES	(i)	108,974.	9,167.	0.	5,146.	26,900.	150,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE ORGANIZATION MADE NONFIXED PAYMENTS IN THE FORM OF DISCRETIONARY BONUSES.

SCHEDULE L
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization	Employer identification number
CALIFORNIA ASSOCIATION OF FOOD BANKS	68-0392816

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IVBusiness Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAURI LEVENFELD	FAMILY MEMBER OF CE	26,410.	MEDIA WORK		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part VSupplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LAURI LEVENFELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CEO STACIA LEVENFELD

(D) DESCRIPTION OF TRANSACTION: MEDIA WORK CONSULATION

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

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CALIFORNIA ASSOCIATION OF FOOD BANKS	68-0392816

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

THE ORGANIZATION PURSUES ITS MISSION OF ENDING HUNGER IN CALIFORNIA THROUGH PROGRAMS FORTIFYING THE CHARITABLE AND PUBLIC NUTRITION SAFETY NETS AND SUPPORTING THE COLLECTIVE SUCCESS OF ITS MEMBERS.

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

LAST YEAR ALONE, THE PROGRAM DISTRIBUTED MORE THAN 54 VARIETIES OF PRODUCE TO MORE THAN 71 FOOD BANKS ACROSS THE COUNTRY.

IN 2024, CAFB BEGAN IMPLEMENTING ITS STATE CONTRACT FOR THE USDA LOCAL FOOD PURCHASE ASSISTANCE PROGRAM. THROUGH THIS PROGRAM, WE PURCHASED \$11 MILLION WORTH OF PRODUCE FROM 600 LOCAL, SMALL, AND MID-SIZED FARMS. THIS PRODUCE WAS THEN DELIVERED TO 30 FOOD BANKS AND 14 COMMUNITY-BASED ORGANIZATIONS THROUGHOUT CALIFORNIA.

THE CAFB FOOD PROCUREMENT PROGRAMS OPERATE ON A REIMBURSEMENT BASIS. THIS MEANS THE ORGANIZATION NEEDS TO HAVE SEVERAL MILLION DOLLARS IN WORKING CAPITAL TO COVER THE PACKAGING AND FREIGHT COSTS FOR OUR MEMBERS BEFORE RECEIVING REIMBURSEMENT FROM FOOD BANKS OR STATE CONTRACTS. AN IMPORTANT FINANCIAL SAFETY NET FOR OUR MEMBERS WHICH ENSURES THE FOOD SUPPLY CHAIN IS NOT INTERRUPTED, AND VITAL PRODUCE REACHES CALIFORNIA COMMUNITIES IN NEED.

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

IN 2024, THE ORGANIZATION CONTINUED ITS OUTREACH EFFORTS TO SUPPORT CALFRESH FOR DISASTER RELIEF AND SUN BUCKS UNTIL THESE PROGRAMS CONCLUDED. ACTIVITIES INCLUDED TRAINING AND PROVIDING PROGRAMMATIC SUPPORT, OFFERING UPDATES ON POLICIES THAT AFFECT CALFRESH ACCESS AND ELIGIBILITY, AND COLLABORATING WITH STAKEHOLDERS TO ENHANCE LANGUAGE ACCESS BY TRANSLATING AND REVIEWING MATERIALS.

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

ORGANIZATION WORKED TO INCREASE STATE BASELINE FUNDING FOR THE CALFOOD PROGRAM WHICH ENABLES FOOD BANKS TO PURCHASE CALIFORNIA GROWN AND MANUFACTURED FOODS, PROTECTING FUNDING FOR A CALFRESH MINIMUM NUTRITION BENEFIT PILOT PROGRAM TO RAISE THE CALFRESH MONTHLY BENEFIT TO \$60 FROM THE CURRENT MINIMUM OF \$23, AND WORKED WITH THE STATE TO ENSURE ROBUST IMPLEMENTATION FOR THE NEW SUNBUCKS, SUMMER LUNCH PROGRAM.

CAFB RESEARCH AND STRATEGIC INITIATIVES CONTINUED ITS WORK TO DEEPEN OUR UNDERSTANDING OF FOOD INSECURITY IN CALIFORNIA, INCLUDING CONVENING A COMMUNITY ADVISORY BOARD TO INFORM THE ORGANIZATION ON BARRIERS TO ACCESSING CHARITABLE FOOD. WE ALSO RELEASED A MIXED-METHODS REPORT ON THE IMPACT OF EMERGENCY ALLOTMENTS IN CALIFORNIA, AND AN UPDATED ANALYSIS AND DASHBOARD ON THE EXPANSION OF CALFRESH BENEFITS TO SSI RECIPIENTS. IN ADDITION, THE DEPARTMENT CONTINUED TO PROVIDE RELEVANT TIME-SENSITIVE RESEARCH AND DATA THROUGH SEVERAL NEW DASHBOARDS TO TRACK ECONOMIC INDICATORS IN CALIFORNIA RELATED TO FOOD SECURITY, AND A SUITE OF RESOURCES TO INFORM THE EXPANSION OF MEDICALLY SUPPORTIVE FOOD AND NUTRITION PROGRAMS AMONG MEMBER FOOD BANKS.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNICATIONS & MEMBER ENGAGEMENT

CAFB IS COMMITTED TO INCREASING THE UNDERSTANDING OF HUNGER AND ITS SOCIAL AND HEALTH-RELATED IMPACTS. OUR WORK INCLUDES UPLIFTING THE ESSENTIAL WORK OF FOOD BANKS, EDUCATING THE PUBLIC ABOUT BARRIERS TO ACCESSING FOOD, CALFRESH, AND OTHER PUBLIC NUTRITION BENEFITS, AND POLICY PRIORITIES TO END HUNGER IN CALIFORNIA PERMANENTLY.

THE ORGANIZATION PROVIDES DIRECT SUPPORT AND RESOURCES TO ITS MEMBER FOOD BANKS THROUGH TRAINING, TECHNICAL ASSISTANCE, COMMUNICATIONS TOOLKITS, AND AD HOC SUPPORT. ITS MEMBER ENGAGEMENT PROGRAMS AIM TO INCREASE THE RESILIENCE AND CAPACITY OF ITS MEMBER FOOD BANKS THROUGH WEBINARS AND IN-PERSON CONVENING, AS WELL AS DISCIPLINE-SPECIFIC, CROSS-NETWORK DISCUSSION GROUPS AND COHORTS TO SHARE BEST PRACTICES AND FIND INNOVATIVE SOLUTIONS TO CHALLENGES FACED BY FOOD BANKS ACROSS THE STATE.

EXPENSES \$ 896,937. INCLUDING GRANTS OF \$ 11,750. REVENUE \$ 248,250.

FORM 990, PART VI, SECTION A, LINE 6:

CAFB SHALL HAVE ONE CLASS OF ORGANIZATIONAL MEMBERS, WHICH MAY BE REFERRED TO AS "FOOD BANK MEMBERS" OR "MEMBERS".

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

CAFB HAS 41 MEMBER FOOD BANKS THAT MEET ANNUALLY TO ELECT THE BOARD OF DIRECTORS.

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

ALL MEMBERS SHALL HAVE THE RIGHT TO VOTE ON:

- (A) THE ELECTION OF DIRECTORS;
- (B) THE REMOVAL OF DIRECTORS PURSUANT TO SECTION 5222 OF THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW;
- (C) ANY AMENDMENT TO THE BYLAWS THAT MATERIALLY AND ADVERSELY AFFECTS MEMBER VOTING RIGHTS;
- (D) ANY AMENDMENT TO THE ARTICLES OF INCORPORATION (THE "ARTICLES"), EXCEPT FOR AMENDMENTS PERMITTED TO BE ADOPTED BY THE BOARD ALONE UNDER SECTION 5812(B) OF THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW;
- (E) THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF CAFB'S ASSETS;
- (F) ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS;
- (G) ANY ELECTION TO DISSOLVE CAFB; AND
- (H) ANY OTHER MATTERS THAT MAY PROPERLY BE PRESENTED TO MEMBERSHIP VOTE, PURSUANT TO THE ARTICLES, BYLAWS, OR ACTION OF THE BOARD, OR BY OPERATION OF LAW.

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

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED IN DETAIL BY THE ORGANIZATION'S TOP MANAGEMENT. THE REVIEWED FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND BOARD MEMBERS ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. THE SIGNED POLICIES ARE REVIEWED BY INDEPENDENT BOARD MEMBERS, WHO ENSURE THAT INTERESTED PERSONS ARE IN COMPLIANCE WITH THE

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CONFLICT OF INTEREST POLICY. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED, THE BOARD MEMBER OR OFFICER WOULD BE ASKED TO REFRAIN FROM PARTICIPATION IN ANY DELIBERATION OR DECISION WITH REGARD TO MATTERS AFFECTED BY THE RELATIONSHIP.

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

COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. RELEVANT SALARY SURVEY DATA USED TO ADJUST COMPENSATION FOR THE OTHER KEY EMPLOYEES IS PROVIDED TO THAT COMMITTEE AS PART OF THEIR REVIEW PROCESS. THAT DATA INCLUDES REPORTS FROM THE NONPROFIT COMPENSATION ASSOCIATES, INC. AND NORTHERN CALIFORNIA FAIR PAY, AS WELL AS UTILIZING Payscale's COMPENSATION SURVEY TOOL. THE CEO'S COMPENSATION PACKAGE IS APPROVED BY THE BOARD AND COMPENSATION FOR ALL OTHER COMPENSATED OFFICERS IS APPROVED BY THE CEO. SALARY DISCUSSIONS ARE DOCUMENTED IN BOARD & COMMITTEE MINUTES.

FORM 990, PART VI, LINE 15B

SEE NARRATIVE FOR FORM 990, PART VI, LINE 15A.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.