#### **2016 TAX RETURN**

|               | CLIENT COPY  |
|---------------|--|
| Client:       | 30062  |
| Prepared for: | FEEDING AMERICA<br>RIVERSIDE & SAN BERNARDINO COUNTIES<br>2950 JEFFERSON STREET B<br>RIVERSIDE, CA 92504<br>(951) 359-4757 |
| Prepared by:  | MICHELE SUCHAN SUCHAN & ASSOCIATES 3286 E GUASTI RD, STE 130 ONTARIO, CA 91761 909-781-6443                                |
| Date:         | DECEMBER 13, 2017  |
| Comments:     |  |
| Route to:     |  |

FDIL2001L 09/01/16

### **2016 Exempt Org. Return** prepared for:

# FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES 2950 JEFFERSON STREET B RIVERSIDE, CA 92504

Suchan & Associates 3286 E Guasti Rd, Ste 130 Ontario, CA 91761

### **SUCHAN & ASSOCIATES**

3286 E GUASTI RD, STE 130 ONTARIO, CA 91761 909-781-6443 **Client 30062 December 11, 2017** 

FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES 2950 JEFFERSON STREET B RIVERSIDE, CA 92504 (951) 359-4757

#### FEDERAL FORMS

Form 990 2016 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule G Fundraising or Gaming Activities

Schedule M Non-Cash Contributions
Schedule O Supplemental Information
Form 8868 Application for Extension

**Depreciation Schedules** 

Form 8879-EO IRS e-file Signature Authorization

#### **CALIFORNIA FORMS**

Form 199 2016 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3539 (199) Automatic Extension Voucher - Corp.
Form 3885 (199) Depreciation and Amortization - Corp.
Form 3586 S186 Electronic Filing Payment Voucher

Form 8453-EO California e-file Return Authorization for Exempt

Form RRF-1 2017 Registration/Renewal Fee Report

California Depreciation Schedules

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|---|----|---|-----|----|-----|-----|---|---|---|---|
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Preparation Fee \$ 850.00

Amount Due \$ 850.00

### FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

PAGE 1

| REVENUE   | 2016   | 2015  | DIFF   |
|---|--|---|--|
| CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE  | 47,804,974<br>1,189,786<br>4,083<br>33,066     | 55,212,075<br>1,170,686<br>25,800<br>56,979     | -7,407,101<br>19,100<br>-21,717<br>-23,913     |
| TOTAL REVENUE   | 49,031,909                                     | 56,465,540                                      | -7,433,631                                     |
| EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES  | 1,497,932<br>46,401,060                        | 1,471,839<br>56,046,780                         | 26,093<br>-9,645,720                           |
| TOTAL EXPENSES  | 47,898,992                                     | 57,518,619                                      | -9,619,627                                     |
| NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR. | 1,132,917<br>3,959,769<br>323,780<br>3,635,989 | -1,053,079<br>2,893,830<br>390,758<br>2,503,072 | 2,185,996<br>1,065,939<br>-66,978<br>1,132,917 |

## CALIFORNIA 199 TAX SUMMARY FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

PAGE 1

| DEVENUE  | 2016  | 2015  | DIFF  |
|--|---|---|---|
| REVENUE GROSS AMOUNT FROM SALE OF ASSETSOTHER INCOMEGROSS CONTRIBUTIONS, GIFTS, & GRANTS   | 11,000<br>1,222,852<br>47,804,974   | 25,800<br>1,227,665<br>55,212,075   | -14,800<br>-4,813<br>-7,407,101   |
| COST OR OTHER BASIS OF ASSETS SOLD   | 6,917   | 0   | 6,917   |
| TOTAL INCOME   | 49,031,909  | 56,465,540  | -7,433,631  |
| EXPENSES AND DISBURSEMENTS  COMPENSATION OF OFFICERS, ETC. OTHER SALARIES AND WAGES. INTEREST TAXES. RENTS. DEPRECIATION AND DEPLETION. OTHER DEDUCTIONS.  TOTAL DEDUCTIONS.  EXCESS OF RECEIPTS OVER DISBURSEMENTS. | 90,846<br>1,094,053<br>1,023<br>84,791<br>460,559<br>220,547<br>45,947,173<br>47,898,992<br>1,132,917 | 144,569<br>1,044,717<br>5,680<br>85,398<br>489,238<br>204,864<br>55,544,153<br>57,518,619<br>-1,053,079 | -53,723<br>49,336<br>-4,657<br>-607<br>-28,679<br>15,683<br>-9,596,980<br>-9,619,627<br>2,185,996 |
| FILING FEE FILING FEE BALANCE DUE  | 10<br>10  | 10<br>10  | 0<br>0  |

### **GENERAL INFORMATION**

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

#### FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH M, SCH O, 8868 CALIFORNIA: 199, SCH B, 3539, 3885, 3586, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

#### **CARRYOVERS TO 2017**

NONE

### PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 1

### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

### THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

#### PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 990**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### **PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

#### AFTER TRANSMISSION OF THE RETURN

#### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

#### DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

### PREPARER E-FILE INSTRUCTIONS - FEDERAL

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 8868**

NO SIGNATURE IS REQUIRED WITH FORM 8868.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

#### AFTER TRANSMISSION OF THE RETURN

#### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

### PREPARER E-FILE INSTRUCTIONS - CALIFORNIA

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

### THE ENTITY'S 2016 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

#### PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 199**

THE ENTITY SHOULD REVIEW THEIR 2016 CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

#### **BALANCE DUE**

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

#### AFTER TRANSMISSION OF THE RETURN

#### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

#### KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

#### DO NOT MAIL:

FORM 8453-EO

#### **MAIL FORM 3586 AND PAYMENT TO:**

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

#### **CAUTION**

DO NOT MAIL FORM 3586 UNTIL THE FRANCHISE TAX BOARD HAS ACCEPTED FORM 199.

EXCEPTION: MAIL FORM 3586 WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

### FEDERAL WORKSHEETS

PAGE 1

### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

### FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

|                | PROGRAM<br>SERVICES<br>TOTAL | FORM 990 | SOURCE                     |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 46,962,598.                  | 0.       | PART IX, LINE 25, COL. B   |
| GRANTS         | 0.                           |          | PART IX, LINES 1-3, COL. B |
| REVENUE        | 0.                           |          | PART VIII, LINE 2, COL. A  |

### FORM 990, PART IX, LINE 24E OTHER EXPENSES

|   |                 | (A)  | (B)<br>PROGRAM                          | (C)<br>MANAGEMENT                       | (D)  |
|---|-----------------|--|---|---|--|
|   |                 | TOTAL  | SERVICES                                | & GENERAL                               | <u>FUNDRAISING</u>                         |
| DUES<br>MISC<br>POSTAGE AND SHIPPING<br>PRINTING AND PUBLICATIONS | TOTAL <u>\$</u> | 25,175.<br>25,523.<br>30,769.<br>45,363.<br>126,830. | 16,335.<br>3,648.<br>860.<br>\$ 20,843. | 25,175.<br>6,891.<br>497.<br>\$ 32,563. | 2,297.<br>26,624.<br>44,503.<br>\$ 73,424. |

### 2016 FEDERAL BOOK DEPRECIATION SCHEDULE

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

| NO      | DESCRIPTION             | DATE<br><u>ACQUIRED</u> | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | <u>) LII</u> | E RATE | CURRENT<br>DEPR. |
|---------|-------------------------|-------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|--------------|--------|------------------|
| FORM 99 | 0/990-PF                |                         |              |                |              |                     |                            |                                      |                            |                            |                |                |        |              |        |                  |
| AUTO    | / TRANSPORT EQUIPMENT   |                         |              |                |              |                     |                            |                                      |                            |                            |                |                |        |              |        |                  |
| 8 199   | 95 UTILITY 53           | 11/27/01                |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L I  | НΥ           | 5      |                  |
| 9 198   | 35 LUFKIN 53            | 3/16/03                 |              | 3,000          |              |                     |                            |                                      |                            |                            | 3,000          | 3,000          | S/L I  | ΗY           | 5      |                  |
| 10 198  | 35 LUFKIN 53            | 6/23/03                 |              | 3,000          |              |                     |                            |                                      |                            |                            | 3,000          | 3,000          | S/L I  | ΗY           | 5      | (                |
| 11 CR   | OWN LIFT TRUCK          | 7/01/03                 |              | 4,089          |              |                     |                            |                                      |                            |                            | 4,089          | 4,089          | S/L I  | ΗY           | 5      |                  |
| 12 199  | 99 WABASH 53            | 3/23/05                 |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L I  | ΗY           | 5      | (                |
| 13 199  | 99 WABASH 53            | 3/23/05                 |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L I  | ΗY           | 5      | (                |
| 14 199  | 99 WABASH 53            | 3/23/05                 |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L I  | ΗY           | 5      | (                |
| 15 199  | 99 WABASH 53            | 3/23/05                 |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L I  | ΗY           | 5      |                  |
| 16 199  | 97 GREAT DATE 53        | 1/10/06                 |              | 4,500          |              |                     |                            |                                      |                            |                            | 4,500          | 4,500          | S/L I  | ΗY           | 5      | (                |
| 17 199  | 96 LUFKIN 53 TRAILER    | 10/08/07                |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L I  | ΗY           | 5      | (                |
| 18 199  | 96 LUFKIN 53 TRAILER    | 10/08/07                |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L I  | ΗY           | 5      |                  |
| 19 199  | 98 HYUNDIA 53 DRY BOX   | 11/06/07                |              | 9,982          |              |                     |                            |                                      |                            |                            | 9,982          | 9,982          | S/L I  | ΗY           | 5      |                  |
| 20 RIE  | DER SCRUBBER CAT MODEL  | 1/17/08                 |              | 14,936         |              |                     |                            |                                      |                            |                            | 14,936         | 13,869         | S/L I  | ΗY           | 5      | (                |
| 21 200  | DI DORSEY 32FT REFER    | 3/11/08                 |              | 14,000         |              |                     |                            |                                      |                            |                            | 14,000         | 14,000         | S/L I  | ΗY           | 5      | (                |
| 22 200  | 00 TRAILMOBILE 32FT DRY | 4/28/09                 |              | 12,604         |              |                     |                            |                                      |                            |                            | 12,604         | 12,604         | S/L I  | ΗY           | 5      | (                |
| 23 20   | 10 FREIGHTLINER         | 3/05/10                 |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L I  | ΗY           | 5      | (                |
| 24 20   | 10 FREIGHTLINER         | 3/05/10                 |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L I  | ΗY           | 5      | (                |
| 25 20   | 10 FREIGHTLINER         | 3/05/10                 |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L I  | ΗY           | 5      | (                |
| 26 20   | 10 FREIGHTLINER         | 3/05/10                 |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L I  | ΗY           | 5      | (                |
| 27 201  | 10 FREIGHTLINER         | 3/05/10                 |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L I  | ΗY           | 5      | (                |
| 28 200  | 04 GREAT DANE 53 REEFER | 12/20/10                |              | 21,848         |              |                     |                            |                                      |                            |                            | 21,848         | 21,848         | S/L I  | ΗY           | 5      | (                |
| 29 51   | 50 32 BOX               | 12/21/10                | 3/16/17      | 7,500          |              |                     |                            |                                      |                            |                            | 7,500          | 7,500          | S/L I  | ΗY           | 5      | (                |
| 30 950  | 02 1994 UTILITY 32' REE | 12/23/10                |              | 3,846          |              |                     |                            |                                      |                            |                            | 3,846          | 3,846          | S/L I  | ΗY           | 5      | (                |

### 2016 FEDERAL BOOK DEPRECIATION SCHEDULE

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

| <u>NO.</u> | DESCRIPTION                  | DATE<br>ACQUIRED | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | _METHOI | D_ L | JEE | RATE   | CURRENT<br>DEPR. |
|------------|------------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|---------|------|-----|--------|------------------|
| 31         | 2011 FREIGHTLINER CASCADI    | 1/31/11          |              | 117,675        |              |                     |                            |                                      |                            |                            | 117,675        | 117,675        | S/L     | HY   | 5   |        | 0                |
| 32         | 2011 FREIGHTLINER CASCADI    | 1/31/11          |              | 117,675        |              |                     |                            |                                      |                            |                            | 117,675        | 117,675        | S/L     | ΗY   | 5   |        | 0                |
| 33         | 2011 FREIGHTLINER CASCADI    | 1/31/11          |              | 117,675        |              |                     |                            |                                      |                            |                            | 117,675        | 117,675        | S/L     | HY   | 5   |        | 0                |
| 34         | 1999 TOYOTA CAMRY            | 9/22/11          | 1/31/17      | 8,324          |              |                     |                            |                                      |                            |                            | 8,324          | 8,047          | S/L     | HY   | 5   | .10000 | 277              |
| 43         | RETROFIT ENGINE 9502         | 9/02/14          |              | 8,210          |              |                     |                            |                                      |                            |                            | 8,210          | 2,463          | S/L     | ΗY   | 5   | .20000 | 1,642            |
| 44         | RETROFIT ENGINE 9905         | 9/09/14          |              | 8,018          |              |                     |                            |                                      |                            |                            | 8,018          | 2,406          | S/L     | HY   | 5   | .20000 | 1,604            |
| 45         | RETROFIT ENGINE 0101         | 11/18/14         |              | 7,930          |              |                     |                            |                                      |                            |                            | 7,930          | 2,379          | S/L     | HY   | 5   | .20000 | 1,586            |
| 46         | 48' TRAILER                  | 12/08/14         |              | 56,484         |              |                     |                            |                                      |                            |                            | 56,484         | 16,945         | S/L     | HY   | 5   | .20000 | 11,297           |
| 47         | 48" TRAILER                  | 12/08/14         |              | 56,484         |              |                     |                            |                                      |                            |                            | 56,484         | 16,945         | S/L     | HY   | 5   | .20000 | 11,297           |
| 48         | 2005 28" REEFER 1 AXLE 05    | 1/22/15          |              | 26,514         |              |                     |                            |                                      |                            |                            | 26,514         | 7,954          | S/L     | HY   | 5   | .20000 | 5,303            |
| 49         | RETROFIT ENGINE 9902         | 2/19/15          |              | 8,013          |              |                     |                            |                                      |                            |                            | 8,013          | 2,404          | S/L     | HY   | 5   | .20000 | 1,603            |
| 50         | RETROFIT ENGINE 9901         | 3/03/15          |              | 8,013          |              |                     |                            |                                      |                            |                            | 8,013          | 2,404          | S/L     | HY   | 5   | .20000 | 1,603            |
| 51         | RETROFIT ENGINE 9904         | 4/01/15          |              | 8,118          |              |                     |                            |                                      |                            |                            | 8,118          | 2,436          | S/L     | HY   | 5   | .20000 | 1,624            |
| 52         | RETROFIT ENGINE 9903         | 4/21/15          |              | 9,756          |              |                     |                            |                                      |                            |                            | 9,756          | 2,927          | S/L     | HY   | 5   | .20000 | 1,951            |
| 53         | 2007 MODEL 4300 GVSR103-2    | 5/13/15          |              | 36,196         |              |                     |                            |                                      |                            |                            | 36,196         | 10,859         | S/L     | HY   | 5   | .20000 | 7,239            |
| 60         | NISSAN LEAF                  | 8/15/15          | 3/09/17      | 9,881          |              |                     |                            |                                      |                            |                            | 9,881          | 1,647          | S       | /L   | 5   |        | 1,317            |
| 61         | TRAILER TEC                  | 12/21/15         |              | 89,592         |              |                     |                            |                                      |                            |                            | 89,592         | 8,959          | S       | /L   | 5   |        | 17,918           |
| 62         | BTP 16 BAY BEVRAGE TRAIL.    | 12/31/15         |              | 18,415         |              |                     |                            |                                      |                            |                            | 18,415         | 1,842          | S       | /L   | 5   |        | 3,683            |
| 63         | VANS (2) FROM NTC            | 4/13/16          |              | 31,521         |              |                     |                            |                                      |                            |                            | 31,521         | 1,313          | S       | /L   | 5   |        | 6,304            |
| 65         | VW ROUTAN                    | 3/09/17          | -            | 15,386         |              |                     |                            |                                      |                            |                            | 15,386         |                | S       | /L   | 5   | _      | 1,026            |
|            | TOTAL AUTO / TRANSPORT EQUIP |                  |              | 1,510,318      |              | 0                   | 0                          | 0                                    | ) 0                        | 0                          | 1,510,318      | 1,194,326      |         |      |     |        | 77,274           |
| FU         | RNITURE AND FIXTURES         |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |         |      |     |        |                  |
| 35         | SHARP AR-337                 | 10/16/01         |              | 10,477         |              |                     |                            |                                      |                            |                            | 10,477         | 10,477         | S/L     | HY   | 7   |        | 0                |
| 36         | RICOH MP SIDE LCT BIN TRA    | 1/27/10          |              | 8,552          |              |                     |                            |                                      |                            |                            | 8,552          | 8,552          | S/L     | HY   | 5   |        | 0                |
| 37         | PHONE/PAGING SYSTEM          | 4/17/12          |              | 11,506         |              |                     |                            |                                      |                            |                            | 11,506         | 9,780          | S/L     | HY   | 5   | .10000 | 1,151            |
|            |                              |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |         |      |     |        |                  |

### 2016 FEDERAL BOOK DEPRECIATION SCHEDULE

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

| NO. | DESCRIPTION                 | DATE<br>ACQUIRED | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHO | D_ LIFI | RATE     | CURRENT<br>DEPR. |
|-----|-----------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|-------|---------|----------|------------------|
| 38  | DELL POWEREDGE SERVER       | 3/07/13          |              | 9,53           | 1            |                     |                            |                                      |                            |                            | 9,531          | 6,353          | S/L   | HY      | .20000   | 1,906            |
| 39  | PRIMARIUS CORE SYSTEM       | 1/23/14          |              | 46,300         | 0            |                     |                            |                                      |                            |                            | 46,300         | 16,537         | S/L   | HY      | .14280   | 6,612            |
| 64  | OFFICE FURNITURE DONATED    | 6/30/16          |              | 17,50          | 3            |                     |                            |                                      |                            |                            | 17,503         |                | S     | /L      | 5        | 3,501            |
| 66  | DELL COMP - ONLINE ORDERS   | 7/31/16          |              | 6,21           | 6            |                     |                            |                                      | <u> </u>                   |                            | 6,216          |                | S/L   | HY      | .10000   | 622              |
|     | TOTAL FURNITURE AND FIXTURE |                  |              | 110,08         | 5            | 0                   | 0                          | C                                    | ) (                        | 0                          | 110,085        | 51,699         |       |         |          | 13,792           |
| IMF | PROVEMENTS                  |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |       |         |          |                  |
| 40  | LEASEHOLD IMPROVEMENTS      | 5/01/92          |              | 34,429         | 9            |                     |                            |                                      |                            |                            | 34,429         | 26,414         | S/L N | ИМ 31.  | 5 .03175 | 1,093            |
| 41  | LEASEHOLD IMPROVEMENTS      | 6/30/11          |              | 9,90           | 2            |                     |                            |                                      | <u> </u>                   |                            | 9,902          | 9,901          | S/L   | HY      | 5        | 0                |
|     | TOTAL IMPROVEMENTS          |                  |              | 44,33          | 1            | 0                   | 0                          | C                                    | ) (                        | 0                          | 44,331         | 36,315         |       |         |          | 1,093            |
| MA  | CHINERY AND EQUIPMENT       |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |       |         |          |                  |
| 1   | WALK IN COOLER 16X32        | 4/01/92          | 1/31/17      | 11,06          | 1            |                     |                            |                                      |                            |                            | 11,061         | 11,061         | S/L   | HY      | 5        | 0                |
| 2   | WALK IN FREEZER 24X40       | 10/01/93         | 1/31/17      | 64,360         | 0            |                     |                            |                                      |                            |                            | 64,360         | 64,360         | S/L   | HY      | 5        | 0                |
| 3   | WALK IN COOLER 28X32        | 2/01/94          | 1/31/17      | 20,55          | 1            |                     |                            |                                      |                            |                            | 20,551         | 20,551         | S/L   | HY      | 5        | 0                |
| 4   | CROWN RC3020/BA             | 6/30/05          |              | 13,469         | 9            |                     |                            |                                      |                            |                            | 13,469         | 13,469         | S/L   | HY      | 5        | 0                |
| 5   | 48" BALER                   | 7/15/13          |              | 11,880         | 6            |                     |                            |                                      |                            |                            | 11,886         | 7,129          | S/L   | HY      | .20000   | 2,377            |
| 6   | TOYOTA FORKLIFT             | 8/29/13          |              | 31,67          | 1            |                     |                            |                                      |                            |                            | 31,671         | 18,475         | S/L   | HY      | .20000   | 6,334            |
| 7   | NISSAN FORKLIFT             | 6/12/14          |              | 6,04           | 8            |                     |                            |                                      |                            |                            | 6,048          | 2,521          | S/L   | HY      | .20000   | 1,210            |
| 42  | 3 WHEEL ELECTRIC FORKLIFT   | 6/25/15          |              | 54,57          | 8            |                     |                            |                                      |                            |                            | 54,578         | 16,374         | S/L   | HY      | .20000   | 10,916           |
| 54  | 30 STRIP DOORS- SIMPLEX     | 8/18/15          |              | 10,612         | 2            |                     |                            |                                      |                            |                            | 10,612         | 1,769          | S     | /L      | 5        | 2,122            |
| 55  | NEW SPRINKLER SYSTEM- UN    | 9/01/15          |              | 7,000          | 0            |                     |                            |                                      |                            |                            | 7,000          | 1,167          | S     | /L      | 5        | 1,400            |
| 56  | FREEZER COOLER- LIQ. UNL.   | 10/31/15         |              | 91,190         | 0            |                     |                            |                                      |                            |                            | 91,190         | 12,159         | S     | /L      | 5        | 18,238           |
| 57  | CIP BARCODE SYSTEM          | 11/30/15         |              | 63,85          | 4            |                     |                            |                                      |                            |                            | 63,854         | 7,450          | S     | /L      | 5        | 12,771           |
|     | FREEZER COOLER-ALLIANCE     | 12/18/15         |              | 295,940        |              |                     |                            |                                      |                            |                            | 295,940        | 29,594         |       | /L      |          | 59,188           |

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| <u>NO.</u> | DESCRIPTION                 | DATE<br>ACQUIRED | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | _RATE  | CURRENT<br>DEPR. |
|------------|-----------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|--------|------------------|
| 59         | WALKIE STACKER              | 6/01/16          |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 83             | S/L    | 5    |        | 1,000            |
| 68         | TOYOTA LIFT - RACKING       | 2/28/17          | -            | 161,513        |              |                     |                            |                                      |                            |                            | 161,513        |                | S/L MM | 27.5 | .01364 | 2,203            |
| MI         | TOTAL MACHINERY AND EQUIPME |                  |              | 848,733        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 848,733        | 206,162        |        |      |        | 117,759          |
| 67         | SOFTWARE - ONLINE ORDER     | 7/31/16          |              | 9,000          |              |                     |                            |                                      |                            |                            | 9,000          |                | S/L HY | 10   | .05000 | 450              |
|            | TOTAL MISCELLANEOUS         |                  |              | 9,000          |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 9,000          | 0              |        |      |        | 450              |
|            | TOTAL DEPRECIATION          |                  |              | 2,522,467      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,522,467      | 1,488,502      |        |      | -      | 210,368          |
|            | GRAND TOTAL DEPRECIATION    |                  |              | 2,522,467      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,522,467      | 1,488,502      |        |      | =      | 210,368          |
|            | DEPRECIATION ASSETS SOLD    |                  |              | 121,677        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 121,677        | 113,166        |        |      |        | 1,594            |
|            | DEPR REMAINING ASSETS       |                  | :            | 2,400,790      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,400,790      | 1,375,336      |        |      | =      | 208,774          |

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| NO       | DESCRIPTION          | DATE<br>ACQUIRED | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |
|----------|----------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| FORM 199 |                      |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| AUTO / 1 | TRANSPORT EQUIPMENT  |                  |              |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 8 1995   | UTILITY 53           | 11/27/01         |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L H  | Y 5  |      | (                |
| 9 1985   | LUFKIN 53            | 3/16/03          |              | 3,000          |              |                     |                            |                                      |                            |                            | 3,000          | 3,000          | S/L H  | Y 5  |      |                  |
| 10 1985  | LUFKIN 53            | 6/23/03          |              | 3,000          |              |                     |                            |                                      |                            |                            | 3,000          | 3,000          | S/L H  | Y 5  |      | (                |
| 11 CROW  | /N LIFT TRUCK        | 7/01/03          |              | 4,089          |              |                     |                            |                                      |                            |                            | 4,089          | 4,089          | S/L H  | Y 5  |      |                  |
| 12 1999  | WABASH 53            | 3/23/05          |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L H  | Y 5  |      |                  |
| 13 1999  | WABASH 53            | 3/23/05          |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L H  | Y 5  |      |                  |
| 14 1999  | WABASH 53            | 3/23/05          |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L H  | Y 5  |      |                  |
| 15 1999  | WABASH 53            | 3/23/05          |              | 26,537         |              |                     |                            |                                      |                            |                            | 26,537         | 26,537         | S/L H  | Y 5  |      |                  |
| 16 1997  | GREAT DATE 53        | 1/10/06          |              | 4,500          |              |                     |                            |                                      |                            |                            | 4,500          | 4,500          | S/L H  | Y 5  |      |                  |
| 17 1996  | LUFKIN 53 TRAILER    | 10/08/07         |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L H  | Y 5  |      | (                |
| 18 1996  | LUFKIN 53 TRAILER    | 10/08/07         |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 5,000          | S/L H  | Y 5  |      |                  |
| 19 1998  | HYUNDIA 53 DRY BOX   | 11/06/07         |              | 9,982          |              |                     |                            |                                      |                            |                            | 9,982          | 9,982          | S/L H  | Y 5  |      |                  |
| 20 RIDER | R SCRUBBER CAT MODEL | 1/17/08          |              | 14,936         |              |                     |                            |                                      |                            |                            | 14,936         | 13,869         | S/L H  | Y 5  |      |                  |
| 21 2001  | DORSEY 32FT REFER    | 3/11/08          |              | 14,000         |              |                     |                            |                                      |                            |                            | 14,000         | 14,000         | S/L H  | Y 5  |      |                  |
| 22 2000  | TRAILMOBILE 32FT DRY | 4/28/09          |              | 12,604         |              |                     |                            |                                      |                            |                            | 12,604         | 12,604         | S/L H  | Y 5  |      | (                |
| 23 2010  | FREIGHTLINER         | 3/05/10          |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L H  | Y 5  |      | (                |
| 24 2010  | FREIGHTLINER         | 3/05/10          |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L H  | Y 5  |      |                  |
| 25 2010  | FREIGHTLINER         | 3/05/10          |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L H  | Y 5  |      |                  |
| 26 2010  | FREIGHTLINER         | 3/05/10          |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L H  | Y 5  |      |                  |
| 27 2010  | FREIGHTLINER         | 3/05/10          |              | 105,997        |              |                     |                            |                                      |                            |                            | 105,997        | 105,997        | S/L H  | Y 5  |      | (                |
| 28 2004  | GREAT DANE 53 REEFER | 12/20/10         |              | 21,848         |              |                     |                            |                                      |                            |                            | 21,848         | 21,848         | S/L H  | Y 5  |      | (                |
| 29 5150  | 32 BOX               | 12/21/10         | 3/16/17      | 7,500          |              |                     |                            |                                      |                            |                            | 7,500          | 7,500          | S/L H  | Y 5  |      | (                |
| 30 9502  | 1994 UTILITY 32' REE | 12/23/10         |              | 3,846          |              |                     |                            |                                      |                            |                            | 3,846          | 3,846          | S/L H  | Y 5  |      | (                |

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|-----|------------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|---------------|--------|-------|--------|------------------|
|     | 2011 FREIGHTLINER CASCADI    | 1/31/11          | SULU         | 117,675        |              | DUNUS               | ALLOW.                     | SF. DEFR.                            | _ DEFR.                    | REDUCT                     | 117,675        | 117,675       | S/L H  |       |        |                  |
|     | 2011 FREIGHTLINER CASCADI    | 1/31/11          |              | 117,675        |              |                     |                            |                                      |                            |                            | 117,675        | 117,675       | S/L H  |       |        | 0                |
|     | 2011 FREIGHTLINER CASCADI    | 1/31/11          |              | 117,675        |              |                     |                            |                                      |                            |                            | 117,675        | 117,675       | S/L H  |       |        | 0                |
| 34  | 1999 TOYOTA CAMRY            | 9/22/11          | 1/31/17      | 8,324          |              |                     |                            |                                      |                            |                            | 8,324          | 8,047         | S/L H  |       | .10000 | 277              |
|     | RETROFIT ENGINE 9502         | 9/02/14          |              | 8,210          |              |                     |                            |                                      |                            |                            | 8,210          | 2,463         | S/L H  |       | .20000 | 1,642            |
| 44  | RETROFIT ENGINE 9905         | 9/09/14          |              | 8,018          |              |                     |                            |                                      |                            |                            | 8,018          | 2,406         | S/L H  | Y 5   | .20000 | 1,604            |
| 45  | RETROFIT ENGINE 0101         | 11/18/14         |              | 7,930          |              |                     |                            |                                      |                            |                            | 7,930          | 2,379         | S/L H  | Υ 5   | .20000 | 1,586            |
| 46  | 48' TRAILER                  | 12/08/14         |              | 56,484         |              |                     |                            |                                      |                            |                            | 56,484         | 16,945        | S/L H  | Y 5   | .20000 | 11,297           |
| 47  | 48" TRAILER                  | 12/08/14         |              | 56,484         |              |                     |                            |                                      |                            |                            | 56,484         | 16,945        | S/L H  | Υ 5   | .20000 | 11,297           |
| 48  | 2005 28" REEFER 1 AXLE 05    | 1/22/15          |              | 26,514         |              |                     |                            |                                      |                            |                            | 26,514         | 7,954         | S/L H  | Y 5   | .20000 | 5,303            |
| 49  | RETROFIT ENGINE 9902         | 2/19/15          |              | 8,013          |              |                     |                            |                                      |                            |                            | 8,013          | 2,404         | S/L H  | Υ 5   | .20000 | 1,603            |
| 50  | RETROFIT ENGINE 9901         | 3/03/15          |              | 8,013          |              |                     |                            |                                      |                            |                            | 8,013          | 2,404         | S/L H  | Υ 5   | .20000 | 1,603            |
| 51  | RETROFIT ENGINE 9904         | 4/01/15          |              | 8,118          |              |                     |                            |                                      |                            |                            | 8,118          | 2,436         | S/L H  | Υ 5   | .20000 | 1,624            |
| 52  | RETROFIT ENGINE 9903         | 4/21/15          |              | 9,756          |              |                     |                            |                                      |                            |                            | 9,756          | 2,927         | S/L H  | Υ 5   | .20000 | 1,951            |
| 53  | 2007 MODEL 4300 GVSR103-2    | 5/13/15          |              | 36,196         |              |                     |                            |                                      |                            |                            | 36,196         | 10,859        | S/L H  | Υ 5   | .20000 | 7,239            |
| 60  | NISSAN LEAF                  | 8/15/15          | 3/09/17      | 9,881          |              |                     |                            |                                      |                            |                            | 9,881          | 1,647         | S/     | L 5   |        | 1,317            |
| 61  | TRAILER TEC                  | 12/21/15         |              | 89,592         |              |                     |                            |                                      |                            |                            | 89,592         | 8,959         | S/     | L 5   |        | 17,918           |
| 62  | BTP 16 BAY BEVRAGE TRAIL.    | 12/31/15         |              | 18,415         |              |                     |                            |                                      |                            |                            | 18,415         | 1,842         | S/     | L 5   |        | 3,683            |
| 63  | VANS (2) FROM NTC            | 4/13/16          |              | 31,521         |              |                     |                            |                                      |                            |                            | 31,521         | 1,313         | S/     | L 5   |        | 6,304            |
| 65  | VW ROUTAN                    | 3/09/17          |              | 15,386         |              |                     |                            |                                      |                            | - <u> </u>                 | 15,386         |               | S/     | L 5   |        | 1,026            |
|     | TOTAL AUTO / TRANSPORT EQUIP |                  |              | 1,510,318      |              | 0                   | 0                          | (                                    | ) 0                        | 0                          | 1,510,318      | 1,194,326     |        |       |        | 77,274           |
| FU  | RNITURE AND FIXTURES         |                  |              |                |              |                     |                            |                                      |                            |                            |                |               |        |       |        |                  |
| 35  | SHARP AR-337                 | 10/16/01         |              | 10,477         |              |                     |                            |                                      |                            |                            | 10,477         | 10,477        | S/L H  | Y 7   |        | 0                |
| 36  | RICOH MP SIDE LCT BIN TRA    | 1/27/10          |              | 8,552          |              |                     |                            |                                      |                            |                            | 8,552          | 8,552         | S/L H  | Υ 5   |        | 0                |
| 37  | PHONE/PAGING SYSTEM          | 4/17/12          |              | 11,506         |              |                     |                            |                                      |                            |                            | 11,506         | 9,780         | S/L H  |       | .10000 | 1,151            |
|     |                              |                  |              |                |              |                     |                            |                                      |                            |                            |                |               |        |       |        |                  |

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|-----|-----------------------------|-------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|--------|--------|------------------|
| 38  | DELL POWEREDGE SERVER       | 3/07/13                 |              | 9,531          |              |                     |                            |                                      |                            |                            | 9,531          | 6,353          | S/L H  | Y 5    | .20000 | 1,906            |
| 39  | PRIMARIUS CORE SYSTEM       | 1/23/14                 |              | 46,300         | )            |                     |                            |                                      |                            |                            | 46,300         | 16,537         | S/L H  | Y 7    | .14280 | 6,61             |
| 64  | OFFICE FURNITURE DONATED    | 6/30/16                 |              | 17,503         | }            |                     |                            |                                      |                            |                            | 17,503         |                | S      | L 5    |        | 3,50             |
| 66  | DELL COMP - ONLINE ORDERS   | 7/31/16                 |              | 6,216          | <u>;</u>     |                     |                            |                                      |                            | - <u></u> -                | 6,216          |                | S/L H  | Y 5    | .10000 | 62               |
|     | TOTAL FURNITURE AND FIXTURE |                         |              | 110,085        | j            | 0                   | 0                          | 0                                    | 0                          | 0                          | 110,085        | 51,699         |        |        |        | 13,79            |
| IMF | PROVEMENTS                  |                         |              |                |              |                     |                            |                                      |                            |                            |                |                |        |        |        |                  |
| 40  | LEASEHOLD IMPROVEMENTS      | 5/01/92                 |              | 34,429         | )            |                     |                            |                                      |                            |                            | 34,429         | 26,414         | S/L M  | M 31.5 | .03175 | 1,093            |
| 41  | LEASEHOLD IMPROVEMENTS      | 6/30/11                 |              | 9,902          | )<br>-       |                     |                            |                                      |                            |                            | 9,902          | 9,901          | S/L H  | Y 5    |        | (                |
|     | TOTAL IMPROVEMENTS          |                         |              | 44,331         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 44,331         | 36,315         |        |        |        | 1,09             |
| MA  | CHINERY AND EQUIPMENT       |                         |              |                |              |                     |                            |                                      |                            |                            |                |                |        |        |        |                  |
| 1   | WALK IN COOLER 16X32        | 4/01/92                 | 1/31/17      | 11,061         |              |                     |                            |                                      |                            |                            | 11,061         | 11,061         | S/L H  | Y 5    |        | (                |
| 2   | WALK IN FREEZER 24X40       | 10/01/93                | 1/31/17      | 64,360         | )            |                     |                            |                                      |                            |                            | 64,360         | 64,360         | S/L H  | Y 5    |        | (                |
| 3   | WALK IN COOLER 28X32        | 2/01/94                 | 1/31/17      | 20,551         |              |                     |                            |                                      |                            |                            | 20,551         | 20,551         | S/L H  | Y 5    |        | (                |
| 4   | CROWN RC3020/BA             | 6/30/05                 |              | 13,469         | )            |                     |                            |                                      |                            |                            | 13,469         | 13,469         | S/L H  | Y 5    |        | (                |
| 5   | 48" BALER                   | 7/15/13                 |              | 11,886         | ;            |                     |                            |                                      |                            |                            | 11,886         | 7,129          | S/L H  | Y 5    | .20000 | 2,377            |
| 6   | TOYOTA FORKLIFT             | 8/29/13                 |              | 31,671         |              |                     |                            |                                      |                            |                            | 31,671         | 18,475         | S/L H  | Y 5    | .20000 | 6,334            |
| 7   | NISSAN FORKLIFT             | 6/12/14                 |              | 6,048          | }            |                     |                            |                                      |                            |                            | 6,048          | 2,521          | S/L H  | Y 5    | .20000 | 1,210            |
| 42  | 3 WHEEL ELECTRIC FORKLIFT   | 6/25/15                 |              | 54,578         | 3            |                     |                            |                                      |                            |                            | 54,578         | 16,374         | S/L H  | Y 5    | .20000 | 10,916           |
| 54  | 30 STRIP DOORS- SIMPLEX     | 8/18/15                 |              | 10,612         | ?            |                     |                            |                                      |                            |                            | 10,612         | 1,769          | SA     | L 5    |        | 2,122            |
| 55  | NEW SPRINKLER SYSTEM- UN    | 9/01/15                 |              | 7,000          | )            |                     |                            |                                      |                            |                            | 7,000          | 1,167          | SA     | L 5    |        | 1,400            |
| 56  | FREEZER COOLER- LIQ. UNL.   | 10/31/15                |              | 91,190         | )            |                     |                            |                                      |                            |                            | 91,190         | 12,159         | SA     | L 5    |        | 18,238           |
|     | CIP BARCODE SYSTEM          | 11/30/15                |              | 63,854         | ļ            |                     |                            |                                      |                            |                            | 63,854         | 7,450          | S      | L 5    |        | 12,771           |
| 57  |                             |                         |              |                |              |                     |                            |                                      |                            |                            |                |                |        |        |        |                  |

### 2016 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

| <u>NO.</u> | DESCRIPTION                             | DATE<br>ACQUIRED | DATE<br>SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE . | RATE   | CURRENT<br>DEPR. |
|------------|---|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|--------|--------|------------------|
| 59         | WALKIE STACKER                          | 6/01/16          |              | 5,000          |              |                     |                            |                                      |                            |                            | 5,000          | 83             | S/L    | 5      |        | 1,000            |
| 68         | TOYOTA LIFT - RACKING                   | 2/28/17          |              | 161,513        |              |                     |                            |                                      |                            |                            | 161,513        |                | S/L MM | 27.5   | .01364 | 2,203            |
| MI         | TOTAL MACHINERY AND EQUIPME SCELLANEOUS |                  |              | 848,733        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 848,733        | 206,162        |        |        |        | 117,759          |
| 67         | SOFTWARE - ONLINE ORDER                 | 7/31/16          |              | 9,000          |              |                     |                            |                                      |                            |                            | 9,000          |                | S/L HY | 10     | .05000 | 450              |
|            | TOTAL MISCELLANEOUS                     |                  |              | 9,000          |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 9,000          | 0              |        |        |        | 450              |
|            | TOTAL DEPRECIATION                      |                  |              | 2,522,467      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,522,467      | 1,488,502      |        |        |        | 210,368          |
|            | GRAND TOTAL DEPRECIATION                |                  |              | 2,522,467      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,522,467      | 1,488,502      |        |        |        | 210,368          |
|            | DEPRECIATION ASSETS SOLD                |                  |              | 121,677        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 121,677        | 113,166        |        |        |        | 1,594            |
|            | DEPR REMAINING ASSETS                   |                  |              | 2,400,790      |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,400,790      | 1,375,336      |        |        | ;      | 208,774          |

### Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning  $\frac{7}{01}$ , 2016, and ending  $\frac{6}{30}$ , 20  $\frac{2017}{01}$ 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

| Name of exempt organ   | ization  | Employer identification number   |
|--|--|--|
|  | FEEDING AMERICA<br>RIVERSIDE & SAN BERNARDINO COUNTIES   | 33-0072922   |
| Name and title of office   |  | 33 0072322   |
| STEPHANIE (  | OTERO CEO  |  |
| Part I Type  | of Return and Return Information (Whole Dollars Only)  |  |
| check the box on leave line 1b. 2b.  | r the return for which you are using this Form 8879-EO and enter the applicable amount in line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered be below. Do not complete more than 1 line in Part I.  | led with this form was blank, then   |
| <b>1 a</b> Form 990 c  | heck here <b>\(\bullet\) b Total revenue,</b> if any (Form 990, Part VIII, column (A), line  |  |
|  | EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)   |  |
| <b>3 a</b> Form 1120-  | POL check here b Total tax (Form 1120-POL, line 22)  |  |
| <b>4 a</b> Form 990-P  | PF check here ▶ <b>b</b> Tax based on investment income (Form 990-PF, Part \   |  |
| <b>5 a</b> Form 8868   | check here ▶   | 5 b  |
| Part II Decla  | ration and Signature Authorization of Officer  |  |
|  | of perjury, I declare that I am an officer of the above organization and that I have ex  | vamined a copy of the organization's 201   |
| the IRS (a) an act<br>refund, and (c) th<br>funds withdrawal<br>organization's fec<br>contact the U.S.<br>authorize the fina<br>answer inquiries | that the amount in Part I above is the amount shown on the copy of the organization vice provider, transmitter, or electronic return originator (ERO) to send the organization vice provider, transmister, or electronic return originator (ERO) to send the organization when the comparison of the transmission, (b) the reason need ate of any refund. If applicable, I authorize the U.S. Treasury and its designated (direct debit) entry to the financial institution account indicated in the tax preparation deral taxes owed on this return, and the financial institution to debit the entry to this Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the ancial institutions involved in the processing of the electronic payment of taxes to recand resolve issues related to the payment. I have selected a personal identification electronic return and, if applicable, the organization's consent to electronic funds without the content of the payment of the electronic funds without the content of the payment of the electronic funds without the content of the payment. | n for any delay in processing the return of Financial Agent to initiate an electronic on software for payment of the saccount. To revoke a payment, I must he payment (settlement) date. I also accive confidential information necessary number (PIN) as my signature for the |
| Officer's PIN: che   | eck one box only   |  |
| X I authorize  | SUCHAN & ASSOCIATES to enter my PIN  | N 30062 as my signatu  |
|  | ERO firm name  | Enter five numbers, but do not enter all zeros   |
| a state agend  | ration's tax year 2016 electronically filed return. If I have indicated within this return that a cay(ies) regulating charities as part of the IRS Fed/State program, I also authorize the disclosure consent screen.  | copy of the return is being filed with   |
| indicated with   | of the organization, I will enter my PIN as my signature on the organization's tax year 2016 nin this return that a copy of the return is being filed with a state agency(ies) regulated the enter my PIN on the return's disclosure consent screen.   | 5 electronically filed return. If I have<br>ting charities as part of the IRS Fed/State  |
| Officer's signature  | Date ►   |  |
| Part III Certif  | ication and Authentication   |  |
| ERO's EFIN/PIN.  | Enter your six-digit electronic filing identification  |  |
|  | bllowed by your five-digit self-selected PIN   |  |
| I certify that the a<br>above. I confirm th<br>Authorized IRS e  | above numeric entry is my PIN, which is my signature on the 2016 electronically filed nat I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernize <i>file</i> Providers for Business Returns.  | ed return for the organization indicated ed e-File (MeF) Information for   |
| ERO's signature  | MICHELE SUCHAN Date ►  |  |
|  | ERO Must Retain This Form — See Instructions<br>Do Not Submit This Form To the IRS Unless Requested To Do  | Do So  |

**BAA** For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

### Form **8868**

(Nev. Sandary 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

| Automat   | tic 6-Month Extension of Time. Only subr  | mit origina                 | al (no copies needed).                                  |                      |                          |                     |  |  |  |  |
|---|---|-----------------------------|---|----------------------|--------------------------|---------------------|--|--|--|--|
| All corpora   | ations required to file an income tax return other the 7004 to request an extension of time to file income  | an Form 99                  | 0-T (including 1120-C filers), partnership              |                      | •                        |                     |  |  |  |  |
|   | Name of exempt organization or other filer, see instructions.   |                             |   |                      | ,                        | ion number (EIN) or |  |  |  |  |
| Type or<br>print  | FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COU Number, street, and room or suite number. If a P.O. box, see ir  |                             |   |                      | 0072922<br>security numb |                     |  |  |  |  |
| File by the<br>due date for<br>filing your  | 2950 JEFFERSON STREET B   |                             |   | Jocial               | security numb            | oci (00iv)          |  |  |  |  |
| return. See instructions.   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  RIVERSIDE, CA 92504   |                             |   |                      |                          |                     |  |  |  |  |
| Enter the F   | Return Code for the return that this application is fo  | or (file a se               | parate application for each return)                     |                      |                          | 01                  |  |  |  |  |
| Application   | n   | Return<br>Code              | Application<br>Is For                                   |                      |                          | Return<br>Code      |  |  |  |  |
| Form 990 o  | r Form 990-EZ   | 01                          | Form 990-T (corporation)                                |                      |                          | 07                  |  |  |  |  |
| Form 990-l  | BL  | 02                          | Form 1041-A   |                      |                          | 08                  |  |  |  |  |
| Form 4720   | (individual)  | 03                          | Form 4720 (other than individual)                       |                      |                          | 09                  |  |  |  |  |
| Form 990-l  | PF  | 04                          | Form 5227   |                      |                          | 10                  |  |  |  |  |
| Form 990-   | T (section 401(a) or 408(a) trust)  | 05                          | Form 6069   |                      |                          | 11                  |  |  |  |  |
| Form 990-   | T (trust other than above)  | 06                          | Form 8870   |                      |                          | 12                  |  |  |  |  |
| <ul><li>If the o</li><li>If this i check if</li></ul>   | one No. ► (951) 359-4757  organization does not have an office or place of busis for a Group Return, enter the organization's four this box ► . If it is for part of the group, clension is for.  | digit Group                 | e United States, check this box  Exemption Number (GEN) | this is              | for the wh               | hole group,         |  |  |  |  |
| for the for the formula for t | Lest an automatic 6-month extension of time untile organization named above. The extension is for the calendar year 20 or $\overline{X}$ tax year beginning $7/01$ , $20$ $16$ etax year entered in line 1 is for less than 12 months change in accounting period | organization<br>, and endir | ng <u>6/30</u> , <sup>20</sup> <u>17</u>                | zation r<br>nal retu |                          |                     |  |  |  |  |
| nonre   | s application is for Forms 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions   |                             |   | 3 a                  | \$                       | 0.                  |  |  |  |  |
| <b>b</b> If this tax p  | s application is for Forms 990-PF, 990-T, 4720, or sayments made. Include any prior year overpaymen   | 6069, enter<br>nt allowed a | any refundable credits and estimated is a credit        | 3 b                  | \$                       | 0.                  |  |  |  |  |
| EFTF  | nce due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See   | instructions                | S   | 3с                   |                          | 0.                  |  |  |  |  |
| Caution: If payment in  | f you are going to make an electronic funds withdranstructions.   | awal (direct                | debit) with this Form 8868, see Form 84                 | 53-EO                | and Form                 | n 8879-EO for       |  |  |  |  |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

### Form **990**

**Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public

Department of the Treasury

| Inter                          | rnal Rev   | venue Service          |              | - IIIIOIIIIauo                                     | II about Foriii 990    | anu its mstructi  | ions is at ww     | w.irs.gov/       | 101111990         | <i>).</i>                          |            | ilispectio             |               |
|--------------------------------|------------|------------------------|--------------|--|------------------------|-------------------|-------------------|------------------|-------------------|------------------------------------|------------|------------------------|---------------|
| Α                              | For t      | he 2016 calend         | dar year     | r, or tax year begir                               | nning 7/01             |                   | , <b>20</b> 16, a | and ending       | <b>g</b> 6/       | 30                                 | ,          | 2017                   |               |
| В                              | Check      | if applicable:         | С            |  |                        |                   |                   |                  |                   | D Employ                           | er identif | ication number         |               |
|                                | А          | ddress change          | FEEDI        | ING AMERICA  |                        |                   |                   |                  |                   | 33-0                               | 00729      | 922                    |               |
|                                |            |                        |              | RSIDE & SAN  | BERNARDIN              | O COUNTI          | ES                |                  |                   | E Telepho                          |            |                        |               |
|                                |            |                        |              | JEFFERSON S  |                        |                   |                   |                  |                   | (OE                                | 1) 25      | 59-4757                |               |
|                                |            |                        | RIVEF        | RSIDE, CA 92                                       | 2504                   |                   |                   |                  |                   | (93.                               | L) 3.      | 9-4131                 |               |
|                                |            | nal return/terminated  |              |  |                        |                   |                   |                  |                   |                                    | ٠          |                        | 006           |
|                                |            | mended return          | _            |  |                        |                   |                   | 1.               |                   | <b>G</b> Gross re                  |            |                        |               |
|                                | Α          | pplication pending     | F Name       | e and address of principa                          | al officer:            |                   |                   |                  |                   | a group return                     |            |                        |               |
|                                |            |                        |              | AS C ABOVE   |                        |                   |                   |                  | Are al<br>If 'No, | l subordinates<br>' attach a list. | (see inst  | ? <b>Yes</b> ructions) | No No         |
|                                | Tax        | -exempt status         | X 501(c      | c)(3) 501(c) (                                     | )◀ (inse               | rt no.) 49        | 947(a)(1) or      | 527              |                   |                                    |            |                        |               |
| J                              | We         | bsite: 🕨 FE            | EDING        | SAMERICAIE.O                                       | RG                     |                   |                   | ı                | H(c) Group        | exemption nu                       | mber ►     |                        |               |
| K                              | Forr       | n of organization:     | X Corpo      | oration Trust                                      | Association            | Other ►           | LYe               | ear of formation | on: 198           | 0 <b>M</b> s                       | tate of le | gal domicile: CA       | Ā             |
| Pa                             | art I      | Summar                 | V            | · · · · · · · · · · · · · · · · · · ·              | •                      |                   | •                 |                  |                   |                                    |            |                        |               |
|                                | 1          | Briefly describ        | oe the o     | rganization's miss                                 | ion or most sig        | nificant activ    | ities:OUR         | MISSIC           | ON IS             | TO ALL                             | EVIAT      | CE HUNGEF              | . IN          |
| a                              |            |                        |              | PIRE OF SOU  |                        |                   |                   |                  |                   |                                    |            |                        |               |
| Activities & Governance        |            |                        |              |  |                        |                   |                   |                  | . — — — —         |                                    |            |                        | . — — —       |
| Шa                             |            |                        |              |  |                        |                   |                   |                  |                   |                                    |            |                        |               |
| š                              | 2          | Check this bo          |              |  |                        |                   |                   |                  |                   |                                    | net ass    | sets.                  |               |
| త                              | 3          | Number of vo           | ting me      | mbers of the gove                                  | rning body (Pa         | rt VI, line 1a    | )                 |                  |                   |                                    | 3          |                        | 16            |
| ∾ర                             | 4          | Number of inc          | depende      | ent voting member                                  | s of the govern        | ing body (Pa      | art VI, line      | 1b)              |                   |                                    | 4          |                        | 15            |
| Ë                              | 5          |                        |              | riduals employed in                                |                        |                   |                   |                  |                   |                                    | 5          |                        | 42            |
| .≧                             | 6          |                        |              | nteers (estimate if                                |                        |                   |                   |                  |                   |                                    | 6          |                        | 500           |
| Ą                              |            |                        |              | ess revenue from                                   |                        |                   |                   |                  |                   |                                    | 7a         |                        | 0.            |
|                                | b          | Net unrelated          | busines      | ss taxable income                                  | from Form 990          | )-T, line 34      |                   |                  |                   |                                    | 7b         |                        | 0.            |
|                                |            |                        |              |  |                        |                   |                   |                  |                   | Prior Year                         |            | Current Y              |               |
| Ф                              | 8          |                        |              | ants (Part VIII, line                              |                        |                   |                   |                  |                   | 5,212,0                            |            | 47,804                 |               |
| Revenue                        | 9          | -                      |              | enue (Part VIII, line                              |                        |                   |                   |                  |                   | 1,170,6                            |            |                        | 786.          |
| eve                            | 10         |                        |              | Part VIII, column (                                | •                      | •                 |                   |                  |                   | 25,8                               |            |                        | 1,083.        |
| Œ                              | 11         |                        |              | VIII, column (A), li                               |                        |                   |                   |                  |                   | 56,9                               |            |                        | 3,066.        |
|                                | 12         |                        |              | lines 8 through 11                                 |                        |                   |                   |                  |                   | 6,465,5                            | 40.        | 49,031                 | <u>.,909.</u> |
|                                | 13         |                        |              | mounts paid (Part                                  |                        | -                 |                   |                  |                   |                                    |            |                        |               |
|                                | 14         | Benefits paid          | to or fo     | r members (Part I                                  | X, column (A),         | line 4)           |                   |                  |                   |                                    |            |                        |               |
| <b>,</b> 0                     | 15         | Salaries, other        | er compe     | ensation, employe                                  | e benefits (Par        | t IX, column      | (A), lines        | 5-10)            |                   | 1,471,8                            | 39.        | 1,497                  | 7,932.        |
| Se                             | 16 a       | Professional t         | fundrais     | ing fees (Part IX,                                 | column (A), lin        | e 11e)            |                   |                  |                   |                                    |            |                        |               |
| Expenses                       | h          | Total fundrais         | ina exp      | enses (Part IX, co                                 | Jumn (D) line          | 25) ▶             | 336               | 6,274.           |                   |                                    |            |                        |               |
| X                              | 17         |                        |              | t IX, column (A), li                               |                        |                   |                   |                  | F.                | C 04C 7                            | 0.0        | 4.6 4.01               | 0.00          |
|                                | 18         | •                      | •            | lines 13-17 (must                                  | •                      | ,                 |                   |                  |                   | 6,046,7                            |            | 46,401                 |               |
|                                |            |                        |              |  |                        |                   |                   |                  |                   | 7,518,6                            |            | 47,898                 |               |
|                                | 19         | Revenue less           | expens       | ses. Subtract line 1                               | 16 170111 111110 12    |                   |                   |                  |                   | 1,053,0                            |            |                        | 2,917.        |
| Net Assets or<br>Fund Balances | 20         | Tatal assats (         | 'David V     | line 10)   |                        |                   |                   |                  |                   | ng of Curren                       |            | End of Y               |               |
| sse.<br>Bala                   | 20         |                        |              | line 16)   |                        |                   |                   |                  |                   | 2,893,8                            |            |                        | 769.          |
| Pt A                           | 21         |                        | •            | X, line 26)  |                        |                   |                   |                  | -                 | 390,7                              |            |                        | 3,780.        |
|                                |            |                        |              | alances. Subtract I                                | ine 21 from lin        | e 20              |                   |                  | . 2               | 2,503,0                            | 72.        | 3,635                  | 5,989.        |
| Pa                             | art II     | Signatur               | e Bloc       | .k   |                        |                   |                   |                  |                   |                                    |            |                        |               |
| Unde                           | er pena    | Ities of perjury, I de | clare that   | I have examined this ret than officer) is based on | urn, including accor   | npanying schedul  | es and statem     | ents, and to the | he best of r      | ny knowledge                       | and belie  | ef, it is true, correc | ct, and       |
| COIII                          | piete. L   | Peciaration of prepa   | rer (other i | .nan onicer) is based on                           | all illioillation of w | mich preparer nas | s arry knowleu    | ye.              |                   |                                    |            |                        |               |
|                                |            | <u>Gianata</u>         |              |  |                        |                   |                   |                  |                   | -1-                                |            |                        |               |
| Sig                            | gn         | Signatui               | re of office | r  |                        |                   |                   |                  | D                 | ate                                |            |                        |               |
| He                             | re         |                        |              | E OTERO  |                        |                   |                   |                  | CEO               |                                    |            |                        |               |
|                                |            | Type or                | print name   | e and title  | _                      |                   |                   |                  |                   |                                    |            |                        |               |
| _                              | · <u>-</u> | Print/Type p           | reparer's r  | name   | Preparer's signat      | ure               |                   | Date             | _                 | Check                              | if F       | PTIN                   |               |
| Pa                             | id         | MICHEL                 | E SUC        | CHAN   | MICHELE                | SUCHAN            |                   | 12/11/           | 17                | self-employe                       | ed [       | 200123639              | }             |
|                                | epar       | er Firm's name         | <b>►</b> S   | UCHAN & ASS  | OCIATES                |                   | '                 |                  |                   |                                    | •          |                        |               |
|                                | e Or       |                        |              | 286 E GUAST  |                        | 130               |                   |                  |                   | Firm's EIN                         | 61-        | 1675902                |               |
|                                |            |                        | _            |  | 91761                  |                   |                   |                  |                   | Phone no.                          |            | 781-6443               |               |
| Ma                             | v the      | IRS discuss th         |              | n with the prepare                                 |                        | ? (see instruc    | ctions)           |                  |                   |                                    |            | X Yes                  | No            |
|                                |            |                        |              | L. The second                                      |                        | ,                 | ,                 |                  |                   |                                    |            |                        |               |

| Part | : III      | Statement of Program Service Accomplishments  |              |
|------|------------|---|--------------|
|      | D : (I     | Check if Schedule O contains a response or note to any line in this Part III  | Ш            |
| 1    | _          | describe the organization's mission:  |              |
|      | <u>our</u> | MISSION IS TO ALLEVIATE HUNGER IN THE INLAND EMPIRE OF SOUTHERN CALIFORNIA.   |              |
|      |            |   |              |
|      |            |   |              |
| 2    | Did th     | e organization undertake any significant program services during the year which were not listed on the prior  |              |
|      |            |   | lo           |
|      |            | ,' describe these new services on Schedule O.   |              |
| 3    | Did th     | e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N  | lo           |
|      | If 'Yes    | r,' describe these changes on Schedule O.   |              |
|      | Section    | be the organization's program service accomplishments for each of its three largest program services, as measured by expense n 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses evenue, if any, for each program service reported. | š.           |
| 4 a  | (Code      | : ) (Expenses \$ 37,570,078. including grants of \$ ) (Revenue \$   | )            |
|      | FOO        | SHARE PROGRAM   | _            |
|      |            | NOTING SUSTAINABILITY AND CAPACITY BUILDING, FEEDING AMERICA RIVERSIDE SAN  |              |
|      |            | NARDINO WORKS WITH OVER 500 PARTNER AGENCIES TO PROVIDE HUNGER-RELIEF SERVICES AN   | 1 <u>D</u> _ |
|      |            | RGENCY FOOD ASSISTANCE TO NEIGHBORHOOODS THROUGHOUT RIVERSIDE AND SAN BERNARDINO  |              |
|      |            | NTIES. OUR NON-PROFIT PARTNERS ARE HELD TO A STRICT SET OF GUIDELINES AND   |              |
|      |            | ERNING PROCEDURES THAT ENSURE FOOD IS DISTRIBUTED SAFELY IN ACCORDANCE WITH STATE FEDERAL LAW. BI-ANNUAL SITE VISITS ARE CONDUCTED TO MONITOR SITE OPERATIONS,  | <u>-</u> –   |
|      |            | FEDERAL LAW. BI-ANNUAL SITE VISITS ARE CONDUCTED TO MONITOR SITE OPERATIONS, IFY FOOD SAFETY COMPLIANCE, ASSESS CAPACITY, AND RECOMMEND PROGRAM SERVICE   |              |
|      |            | ANCEMENTS. THIS PROGRAM IS CONDUCTED THROUGH FOOD PANTRIES, COMMUNITY CENTERS,  |              |
|      |            | IDENTIAL FACILITIES, GROUP HOMES AND MOBILE FOOD PANTRIES. THE PROGRAM CURRENTLY  | <u> </u>     |
|      |            | CHES OVER 400,000 MEN, WOMEN AND CHILDREN MONTHLY.  |              |
|      |            |   |              |
| 4 b  | (Code      | : ) (Expenses \$ 5,635,512. including grants of \$ ) (Revenue \$  | )            |
|      | THE        | EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) PROVIDES UNITED STATES DEPARTMENT OF   |              |
|      |            | CULTURE (USDA) COMMODITIES TO A NETWORK OF AGENCY PARTNER SITES IN RIVERSIDE  |              |
|      |            | TY FOR DISTRIBUTION TO ELIGIBLE INDIVIDUALS AND HOUSEHOLDS. IN ORDER TO BE  |              |
|      |            | GIBLE FOR USDA COMMODITIES, A RECIPIENT OR HOUSEHOLD MUST RESIDE IN THE   |              |
|      |            | GRAPHICAL AREA BEING SERVED AND MEET ESTABLISHED INCOME GUIDELINES. THE PROGRAM INCOME STATE AGED THROUGH 40 PARTNER ORGANIZATIONS ASSISTING NEARLY 140,000 MEN, WOMEN AND  | . <u>s</u> _ |
|      |            | DREN MONTHLY.   |              |
|      | <u> </u>   |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
| 4 c  | •          | (Revenue \$) (Expenses \$3,757,008. including grants of \$) (Revenue \$)  | _)           |
|      |            | OR CITIZEN FOOD DISTRIBUTION: DISTRIBUTIONS TAKE PLACE ONCE PER MONTH AT VARIOUS  | ;            |
|      |            | ATIONS AT PRE-SCHEDULED TIMES. QUALIFICATION GUIDELINES ARE THE SAME AS FOR THE A EFAP. EACH SITE IS LIMITED AS TO THE NUMBER OF ELIGIBLE PARTICIPANTS. THIS  |              |
|      |            | GRAM CURRENTLY SERVES OVER 1,000 LOW-INCOME SENIORS. PROGRAM FOOD IS PROVIDED BY  |              |
|      |            | STATE OF CALIFORNIA DSS AND DONATED FOOD FROM THE FOOD INDUSTRY, LOCAL FOOD   |              |
|      |            | ES AND CORPORATE DONORS.  |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
| ۷ ۸  | Other      | program services (Describe in Schedule O.)  |              |
|      | (Expe      |   |              |
|      |            | program service expenses   46.962.598.  |              |

### Form 990 (2016) FEEDING AMERICA Part IV Checklist of Required Schedules

|    |   |      | Yes | No |
|----|---|------|-----|----|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1    | Х   |    |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    | Χ   |    |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3    |     | Х  |
| 4  | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II  | 4    |     | Х  |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |     | Х  |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |     | Х  |
| 7  | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>   | 7    |     | Х  |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.  | 8    |     | Х  |
| 9  | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV                            | 9    |     | Х  |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |     | Х  |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |      |     |    |
|    | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  | 11 a | Х   |    |
|    | <b>b</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>  | 11 b |     | Х  |
|    | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  | 11 c |     | Х  |
|    | <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.  | 11 d |     | Х  |
|    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |     | 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>   | 11 f |     | Х  |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.   | 12a  | Х   |    |
|    | <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |     | Х  |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | X  |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х  |
|    | <b>b</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  |     | Х  |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |     | Х  |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |     | Х  |
|    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17   |     | Х  |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   | Х   |    |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.   | 19   |     | Х  |
| _  |   |      |     |    |

Page 4

### Form 990 (2016) FEEDING AMERICA Part IV Checklist of Required Schedules (continued)

| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  20b bil "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b consisting operation of the programment of the programment of the programment of the programment of part IX, column (A), line 17 II" "Yes," complete Schedule I, Parts I and III.  21 column (A), line 27 II" "Yes," complete Schedule I, Parts I, and III.  22 column (A), line 27 II" "Yes," complete Schedule I, Parts I, and III.  23 Did the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of the list day of the year, if the was issued affect becember 31, 2002" If "Yes, answer lines 24b brough 24d and competed Schedule K, II" No, go to line 25a  24a bill the organization are line as an "on behalf of issuer for bonds custanding at any time during the year to defease any tare-exempt bonds."  25a Section 501(X)3, 501(X)40, and 501(X)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b bills the organization avars that the organization in a priory year, and that the financian has not been reported on any of the organization and provide a priory year. A programment of the programment of the programment of any of these persons? If "Yes," complete Schedule L, Part IV.  25c bill the organization provide a grant or othe   |             |  |     | Yes | No |
|--|-------------|--|-----|-----|----|
| 21 Did the organization report more than \$5.000 of grants or other assistance to any domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III.  22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  23 Did the organization answer "Yes I Part IX IX, section A, Iiii a. 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule IX, IX   | <b>20</b> a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a |     | Х  |
| domestic government on Part IX, column (A), line 12 if Yes,' complete Schedule I, Parts I and II   | b           | ) If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 22 Did the organization server "Yes" for Part N I. Section A, Im. 3, 4, 0.5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II.  23 July 10 the organization have a tax-eveript bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, intal was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No. [or to line 25a.  24b Did the organization invest any proceeds of tax-evempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-evempt bonds beyond a temporary period exception?  24d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  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? If "Yes," complete Schedule L. Part I.  25b 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-E2? If "Yes," complete Schedule L. Part II.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II.  27 Did the organization party to a business transaction with one of the following parties (see Schedule L. Part IIV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  28 Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Did the organization related to any tax-exempt or taxable  | 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21  |     | Х  |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,' complete Schedule L. Part I."  23 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the less tday of the year, that was issued after December 31, 2002? If "Yes,' answer lines 24b through 24d and complete Schedule K. If "No, go to line 25a."  24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c/Q3), 501(c/Q4), and 501(c/Q2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,' complete Schedule L. Part I.  25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person aring the year? If "Yes,' complete Schedule L. Part I.  25b 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 organizations prior Forms 990 ergonization are provided to the organization provide any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or displact compensated employees, or displact compensated employees, or displact compensated employees, or any any and the contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or fart IV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  28 Did the organization end from the organization receive con  | 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.   | 22  |     | Х  |
| b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? If "Yes," complete Schedule L, Part I.  25a  15b Is the organization act as an access 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? If "Yes," complete Schedule L, Part I.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former of ficers, directors, furstees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  27 Dot the organization or organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A amount of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A ment by divisich a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribu   | 23          | and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete   | 23  |     | Х  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  b Is the organization naver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.  25b Did the organization peror any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part III.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b C An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or oth   | 24 a        | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a |     | Х  |
| any tax-exempt bonds? 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)(x)3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  25a  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-E2? If Yes, complete Schedule L, Part I.  25b  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes,' complete Schedule L, Part II.  27 Did the organization provide a grean or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof a, grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or face to indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule M, Part II.  32 Did the organization sell, exchange, dispose of, or tra   | ŀ           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
| 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? If Yes, complete Schedule L, Part I.  25a  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-E2? If Yes, complete Schedule L, Part II.  25b  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part III.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If Yes, complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  31 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  32 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part II.  33 Did the organization on the party of the party of transfer more than 25% of its net assets? If Yes, complete Schedule R, Part II.  34 Was the organization one of the party of transfer more than 25% of its net |             | any tax-exempt bonds?  |     |     |    |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25b  26 Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part V, line 2.  32 Did the organization have a controlled entity with   | C           | 1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d |     |    |
| that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  25b   26   Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.  26   If yes, 'complete Schedule L, Part III.  27   Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28   Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a   Did A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b   C An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28c   29   Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29   X   30   Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.  31   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33   Did the organization have a controlled entity within the meaning of       | 25 a        | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a |     | Х  |
| former officers, directors, trústees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II.  26  27  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an ordificer, director, trustee, or key employee? If 'Yes,' complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  31 Did the organization on van 100% of an entity disregarded as separate from the organization under Regulations s   | ŀ           | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete  | 25b |     | Х  |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.  31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If 'Yes,' complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35 Did the organizations have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfe  | 26          | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   | 26  |     | Х  |
| instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Ji Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Asset the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 By Id the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization of have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36 Ji Did the organization complete Schedule R, Part V, line 2.  37 Did the organization complete Schedule R, Part V, line 2.  38 Did the organization complete Schedule R, Pa  | 27          | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  | 27  |     | Х  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Ji Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Ji Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  31 Ji Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  32 Ji Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. If 'Yes,' complete Schedule R, Part V, line 2.  33 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?  34 Did the organization complete Schedule R and provide explanations in Schedule O for Part VI. lines 11h and 19?   | 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |    |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?  | ā           | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a |     | X  |
| officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | ŀ           |  | 28b |     | Х  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Exection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | (           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV   | 28c |     | Х  |
| contributions? If 'Yes,' complete Schedule M   | 29          | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29  | X   |    |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  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? If 'Yes,' complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | 30          | contributions? If 'Yes,' complete Schedule M   | 30  |     | Х  |
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| 33 33 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35 b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  37 Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI. lines 11h and 19?  | 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  | 32  |     | Х  |
| and Part V, line 1.  34  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a  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)? If 'Yes,' complete Schedule R, Part V, line 2.  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  38 Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI. lines 11h and 19?   | 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? If 'Yes,' complete Schedule R, Part I   | 33  |     | Х  |
| 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)? If 'Yes,' complete Schedule R, Part V, line 2  |             | and Part V, line 1   | 34  |     | Х  |
| entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35 a        | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X  |
| organization? If 'Yes,' complete Schedule R, Part V, line 2  | ŀ           | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35b |     |    |
| treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>  | 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  | 36  |     | Х  |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  | 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI  | 37  |     | Х  |
|  | 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  | 38  | Х   |    |

### Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

|   | Check if Schedule O contains a response or note to any line in this Part V   |                         |            |       |       |  |  |  |
|---|--|-------------------------|------------|-------|-------|--|--|--|
|   |  |                         |            | Yes   | No    |  |  |  |
| 1 a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | <b>1a</b> 6             |            |       |       |  |  |  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1 b</b> 0            |            |       |       |  |  |  |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and r   | eportable gaming        |            |       |       |  |  |  |
|   | (gambling) winnings to prize winners?  |                         | 1 c        |       | Х     |  |  |  |
| 2 a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-   | 2-                      |            |       |       |  |  |  |
| <b>L</b>  | ments, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employments           | 2a 42                   | 2 b        | Χ     |       |  |  |  |
| ,   | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in  |                         | 20         | 71    |       |  |  |  |
| 3 a   | Did the organization have unrelated business gross income of \$1,000 or more during the year   | •                       | 3 a        |       | Х     |  |  |  |
|   | If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>  |                         | 3 b        |       |       |  |  |  |
|   | •  |                         |            |       |       |  |  |  |
| 74  | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f | inancial account)?      | 4 a        |       | X     |  |  |  |
| <b>b</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).       |  |                         |            |       |       |  |  |  |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?           |  |                         |            |       |       |  |  |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? |  |                         |            |       |       |  |  |  |
| C   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   |                         | 5 c        |       |       |  |  |  |
| 6 a   | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?                       | nd did the organization |            |       | v     |  |  |  |
|   | •  |                         | 6 a        |       | Х     |  |  |  |
| b   | If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?  | ions or gifts were      | 6 b        |       |       |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |                         | 0.5        |       |       |  |  |  |
|   | Did the organization receive a payment in excess of \$75 made partly as a contribution and p   | partly for goods and    |            |       |       |  |  |  |
| а   | services provided to the payor?  |                         | 7 a        |       | Χ     |  |  |  |
| b   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  |                         | 7 b        |       |       |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it   | vas required to file    | -          |       | Х     |  |  |  |
| _   | Form 8282?   |                         | 7 c        |       | Λ     |  |  |  |
|   | If 'Yes,' indicate the number of Forms 8282 filed during the year  |                         | 7.0        |       | Χ     |  |  |  |
|   | Did the organization receive any lunus, directly or indirectly, to pay premiums on a personal ber  |                         | 7 e<br>7 f |       | X     |  |  |  |
|   | If the organization, during the year, pay premiums, directly or indirectly, or a personal ber  |                         | /1         |       | 71    |  |  |  |
| g   | as required?   |                         | 7 g        |       |       |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?   | organization file a     | 7 h        |       |       |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | by the sponsoring       | 7          |       |       |  |  |  |
|   | organization have excess business holdings at any time during the year?  |                         | 8          |       |       |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                         |            |       |       |  |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   |                         | 9 a        |       |       |  |  |  |
|   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related per  | son?                    | 9 b        |       |       |  |  |  |
|   | Section 501(c)(7) organizations. Enter:  | 1                       |            |       |       |  |  |  |
|   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                     |            |       |       |  |  |  |
|   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10 b                    |            |       |       |  |  |  |
|   | Section 501(c)(12) organizations. Enter:   | 44                      |            |       |       |  |  |  |
|   | Gross income from members or shareholders.   | 11 a                    |            |       |       |  |  |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  | 11 b                    |            |       |       |  |  |  |
|   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or  | f Form 1041?            | 12a        |       |       |  |  |  |
| b   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | 12b                     |            |       |       |  |  |  |
|   | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                         |            |       |       |  |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   |                         | 13a        |       |       |  |  |  |
| _   | <b>Note.</b> See the instructions for additional information the organization must report on Schedu  | e O.                    |            |       |       |  |  |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   | 13Ь                     |            |       |       |  |  |  |
|   | Enter the amount of reserves on hand   | 13c                     |            |       |       |  |  |  |
|   | Did the organization receive any payments for indoor tanning services during the tax year?   |                         | 14a        |       | Х     |  |  |  |
|   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in   |                         | 14b        |       |       |  |  |  |
| ΛΛ  | TEE 0010F1 11/16/16  |                         | Form       | aan / | 2016) |  |  |  |

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 in 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

RIVERSIDE CA 92504 (951)

359-4757

STEPHANIE OTERO 2950 JEFFERSON STREET B

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

|                                |                              |                                   |                                     | (C)                                 |                 |                              |        |  |   |  |
|--------------------------------|------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-----------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title          | (B) Average hours per        | thar                              | ition (d<br>n one b<br>both<br>dire | do no<br>box, u<br>an of<br>ector/t | unles<br>fficer | ,                            | on     | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|                                | week                         | Individual trustee<br>or director | Institutional trustee               | Officer                             | Key employee    | Highest compensated employee | Former | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) GREGORY WILKINSON DIRECTOR | 4                            | v                                 |                                     |                                     |                 |                              |        | )  | 0   | 0  |
|                                | 0 4                          | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| BOARD CHAIR                    | $ \frac{4}{0} -$             | Х                                 |                                     | Х                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (3) ERIC ARREDONDO             | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (4) WANDA FARAH                | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (5) LENORE FROST               | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (6) DALLAS HOLMES              | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (7) DESMOND DITCHFIELD         | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (8) CLARA VANDERPOOL           | 6                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| SECRETARY                      | 0                            | X                                 |                                     | Χ                                   |                 |                              |        | 0.   | 0.  | 0.   |
| _(9)_ JENNIFER_OLSON           | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (10) DAVE BYERS                | 4                            |                                   |                                     |                                     |                 |                              |        | _  |   | _  |
| DIRECTOR                       | 0                            | X                                 | -                                   |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (11) STEVE OGILVIE             | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (12) VICTOR BEHNKE             | 6                            | .,                                |                                     | .,                                  |                 |                              |        | •  |   |  |
| TREASURER                      | 0                            | Х                                 |                                     | Х                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (13) JEANNE SCHULZ             | 6                            | .,                                |                                     | ,,                                  |                 |                              |        | ^  | 0   | _  |
| VICE CHAIR                     | 0                            | X                                 |                                     | Χ                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (14) GALE SCHULTE              | $ \frac{4}{0} - \frac{4}{0}$ | v                                 |                                     |                                     |                 |                              |        | _  | 0   | 0  |
| DIRECTOR                       | Į U                          | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |

| Part VII   Section A. Officers, Directors, Tr  | ustees,<br>(B)   | Key                 | Em           |                        | oye<br>C)               | es,   | and                | d Highest Com  | pensated Emp  | loyees                         | (contii  | nued)               |
|--|--|---------------------|--------------|------------------------|-------------------------|---|--------------------|--|---|--------------------------------|--|---------------------|
| <b>(A)</b><br>Name and title   | Average<br>hours<br>per<br>week<br>(list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | box                 | , unle       | Pos<br>check<br>ess pe | sition<br>more<br>erson | than is bot sor/trus Highest compensated employee | h an<br>tee)       | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | amou<br>com<br>fi<br>org<br>an | timated into other pensation on the anization drelated anization | ner<br>on<br>n<br>i |
| (15) DAN FLORES DIRECTOR   | <u> 4</u> _ 0  | X                   |              |                        |                         |   |                    | 0.   | 0.  |                                |  | 0.                  |
| (16) STEPHANIE OTERO CEO   |  |                     |              | Х                      |                         |   |                    | 51,385.  | 0.  |                                |  | 0.                  |
| (17)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (18)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| <u>(19)</u>  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (20)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (21)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (22)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (23)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (24)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (25)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| 1 b Sub-total  |  |                     |              |                        |                         |   | <b>&gt;</b>        | 51,385.  | 0.  |                                |  | 0.                  |
| c Total from continuation sheets to Part VII, Sect   | ion A  |                     |              |                        |                         |   | <b>&gt;</b>        | 0.   | 0.  |                                |  | 0.                  |
| d Total (add lines 1b and 1c)  |  |                     |              |                        |                         |   | <b>•</b>           | 51,385.  | 0.  |                                |  | 0.                  |
| 2 Total number of individuals (including but not limited from the organization ► 0   | d to those   | isted               | abo          | ve) v                  | who                     | recei   | ved                | more than \$100,00   | 10 of reportable comp   | ensatio                        | 1  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                | Yes  | No                  |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such                      | ctor, or tru<br>ch individu  | ıstee<br><i>ıal</i> | , key        | en en                  | nplo                    | yee,  | or h               | nighest compensa   | ted employee  | . 3                            |  | X                   |
| <b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations great such individual. | of reportab<br>er than \$1   | le co<br>50,0       | mpe<br>00?   | ensa<br>If '\          | ation<br>Yes,           | and con   | oth<br><i>nple</i> | er compensation te Schedule J for                                  | from  | 4                              |  | X                   |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye                           | ue comper  | nsatio              | n fr         | om                     | anv                     | unre  | elate              | ed organization or   | individual  |                                |  | X                   |
| Section B. Independent Contractors   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| Complete this table for your five highest comper<br>compensation from the organization. Report compet                          | nsated ind<br>nsation for  | epen<br>the c       | dent<br>alen | t coi<br>dar           | ntra<br>year            | ctors<br>endi                                     | tha                | it received more the vith or within the or                         | nan \$100,000 of<br>ganization's tax year                               |                                |  |                     |
| (A) Name and business add  | Iress  |                     |              |                        |                         |   |                    | Description (  | of services   | Compe                          | <b>C)</b><br>nsatio  | n                   |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| 2 Total number of independent contractors (including \$100,000 of compensation from the organization                           |  | ited t              | o tho        | ose I                  | ııste                   | a abo   | ve)                | wno received more  | tnan  |                                |  |                     |

## Form 990 (2016) FEEDING AMERICA Part VIII Statement of Revenue

|  | Check if Schedule O contains a response or note to ar   | ny line in this Part V | TIL                                    |   |  |
|--|---|------------------------|--|---|--|
|  |   | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a1ab Membership dues1bc Fundraising events1cd Related organizations1de Government grants (contributions)1ef All other contributions, gifts, grants, and similar amounts not included above1fg Noncash contributions included in lines 1a-1f:\$46,074,048 |                        |  |   |  |
|  | h Total. Add lines 1a-1f  | 47,804,974.            |  |   |  |
| enn  | _   | 1,189,786.             | 1,189,786.                             |   |  |
| Program Service Revenue                                | 2a AGENCY FEES  b  c  d  e  f All other program service revenue   | 1,109,700.             | 1,109,700.                             |   |  |
| Pro  | g Total. Add lines 2a-2f  | 1,189,786.             |  |   |  |
|  | <ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> <li>Royalties.</li> </ul>   |                        |  |   |  |
|  | (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss)  |                        |  |   |  |
|  | (i) Securities (ii) Other   | •                      |  |   |  |
|  | 7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis   | -                      |  |   |  |
|  | and sales expenses 6, 917.  |                        |  |   |  |
|  | <b>c</b> Gain or (loss)   |                        |  |   |  |
|  | d Net gain or (loss)  | 4,083.                 | 4,083.                                 |   |  |
| Other Revenue  | 8a Gross income from fundraising events (not including. \$\frac{185,059.}{of contributions reported on line 1c).}  See Part IV, line 18   |                        |  |   |  |
| Ö  | c Net income or (loss) from fundraising events  | •                      |  |   |  |
|  | 9 a Gross income from gaming activities. See Part IV, line 19   |                        |  |   |  |
|  | c Net income or (loss) from gaming activities   | <u> </u>               |  |   |  |
|  | 10a Gross sales of inventory, less returns and allowances a   |                        |  |   |  |
|  | <b>b</b> Less: cost of goods sold   |                        |  |   |  |
|  | c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  |                        |  |   |  |
|  | 11a RECYCLING   | 16,527.                | 16,527.                                |   |  |
|  | b OTHER INCOME  | 16,495.                | 16,495.                                |   |  |
|  | c INTEREST  | 44.                    | 44.                                    |   |  |
|  | d All other revenue   |                        |  |   |  |
|  | e Total. Add lines 11a-11d  | 33,000.                |  |   |  |
|  | 12 Total revenue. See instructions  | 49,031,909.            | 1,226,935.                             | 0.                                      | 0.   |

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### 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).

| Do i | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> ) Fundraising expenses |
|------|---|--------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1    | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   |                    | ехрепзез                     | general expenses                    | ехрепзез                          |
| 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  | 90,846.            | 72,677.                      | 10,902.                             | 7,267.                            |
| 6    | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                 | 0.                           | 0.                                  | 0.                                |
| 7    | Other salaries and wages  | 1,094,053.         | 685,658.                     | 309,021.                            | 99,374.                           |
| 8    | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,031,033.         | 003,030.                     | 3037021.                            | 33,311.                           |
| 9    | Other employee benefits   | 228,242.           | 146,075.                     | 61,625.                             | 20,542.                           |
| 10   | Payroll taxes   | 84,791.            | 54,266.                      | 22,894.                             | 7,631.                            |
| 11   | Fees for services (non-employees):  |                    | ·                            |                                     | •                                 |
| а    | Management  |                    |                              |                                     |                                   |
| b    | Legal   |                    |                              |                                     |                                   |
| c    | : Accounting  |                    |                              |                                     |                                   |
| C    | Lobbying  |                    |                              |                                     |                                   |
| e    | Professional fundraising services. See Part IV, line 17   |                    |                              |                                     |                                   |
|      | Investment management fees  |                    |                              |                                     |                                   |
| _    | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion  |                    |                              |                                     |                                   |
| 13   | Office expenses   | 348,965.           | 228,647.                     | 29,484.                             | 90,834.                           |
| 14   | Information technology  | 310,303.           | 220,017.                     | 23, 101.                            | 30,031.                           |
| 15   | Royalties   |                    |                              |                                     |                                   |
| 16   | Occupancy   | 460,559.           | 391,475.                     | 55,267.                             | 13,817.                           |
| 17   | Travel  | 93,896.            | 82,628.                      | 11,268.                             | 10,017.                           |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 30,0301            | 02,020                       | 11,100                              |                                   |
| 19   | Conferences, conventions, and meetings  | 11,658.            | 10,259.                      | 1,399.                              |                                   |
| 20   | Interest  | 1,023.             |                              | 1,023.                              |                                   |
| 21   | Payments to affiliates  | ·                  |                              | ·                                   |                                   |
| 22   | Depreciation, depletion, and amortization   | 220,547.           | 194,081.                     | 26,466.                             |                                   |
| 23   | Insurance   | 33,030.            | 29,066.                      | 3,964.                              |                                   |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).                  |                    |                              |                                     |                                   |
| а    | IN KIND FOOD DONATIONS  | 44,831,914.        | 44,831,914.                  |                                     |                                   |
| b    | PROFESSIONAL FEES   | 129,739.           | 99,650.                      | 13,589.                             | 16,500.                           |
| C    | CONSULTING & STAFFING   | 76,499.            | 48,959.                      | 20,655.                             | 6,885.                            |
| C    | FOOD PURCHASES  | 66,400.            | 66,400.                      |                                     |                                   |
| e    | All other expenses  | 126,830.           | 20,843.                      | 32,563.                             | 73,424.                           |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 47,898,992.        | 46,962,598.                  | 600,120.                            | 336,274.                          |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720). |                    |                              |                                     |                                   |

### Part X Balance Sheet

|                             |             | Check if Schedule O contains a response or note to   | any line                                  | e in this Part X |                                 |             |                           |
|-----------------------------|-------------|--|---|------------------|---------------------------------|-------------|---------------------------|
|                             |             |  |   |                  | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|                             | 1           | Cash - non-interest-bearing  |   |                  | 696,042.                        | 1           | 586,183.                  |
|                             | 2           | Savings and temporary cash investments   | 65,172.                                   | 2                | 65,216.                         |             |                           |
|                             | 3           | Pledges and grants receivable, net   | 535,538.                                  | 3                | 583,464.                        |             |                           |
|                             | 4           | Accounts receivable, net   | 112,180.                                  | 4                | 54,618.                         |             |                           |
|                             | 5           | Loans and other receivables from current and former o trustees, key employees, and highest compensated em Part II of Schedule L  |   | 5                |                                 |             |                           |
|                             | 6           | Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3' employers and sponsoring organizations of section 501(c)(6' beneficiary organizations (see instructions). Complete |   | 6                |                                 |             |                           |
| Ø                           | 7           | Notes and loans receivable, net  |   |                  |                                 | 7           |                           |
| Assets                      | 8           | Inventories for sale or use  |   | <u> </u>         | 582,936.                        | 8           | 1,825,070.                |
| As                          | 9           | Prepaid expenses and deferred charges  |   | <u> </u>         | 53,318.                         | 9           | 31,923.                   |
|                             | 10 a        | Land, buildings, and equipment; cost or other basis.   |   |                  | 33,310.                         |             | 31,323.                   |
|                             |             |  | 10 a                                      | 2,400,789.       |                                 |             |                           |
|                             |             | •  | 10 b                                      | 1,594,294.       | 841,844.                        | 10 c        | 806,495.                  |
|                             | 11          | Investments – publicly traded securities   |   |                  |                                 | 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   | 6,800.                                    | 15               | 6,800.                          |             |                           |
|                             | 16          | Total assets. Add lines 1 through 15 (must equal line 3  | 34)                                       |                  | 2,893,830.                      | 16          | 3,959,769.                |
|                             | 17          | Accounts payable and accrued expenses  | 206,658.                                  | 17               | 125,976.                        |             |                           |
|                             | 18          | Grants payable   | 04 100                                    | 18               | 27.004                          |             |                           |
|                             | 19          | Deferred revenue   | 24,100.                                   | 19               | 37,804.                         |             |                           |
| <b>"</b>                    | 20          | Tax-exempt bond liabilities  |   | 20               |                                 |             |                           |
| ije.                        | 21          | Escrow or custodial account liability. Complete Part IV  |   | 21               |                                 |             |                           |
| Liabilities                 | 22          | Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L  |   | 22               |                                 |             |                           |
| <b>=</b>                    | 23          | Secured mortgages and notes payable to unrelated thin  | 160,000.                                  | 23               | 160,000.                        |             |                           |
|                             | 24          | Unsecured notes and loans payable to unrelated third   |   | <u> </u>         | 100,000.                        | 24          | 100,000.                  |
|                             | 25          | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp   |   | 25               |                                 |             |                           |
|                             | 26          | <b>Total liabilities.</b> Add lines 17 through 25  |   | 390,758.         | 26                              | 323,780.    |                           |
|                             |             | Organizations that follow SFAS 117 (ASC 958), check here   |   | _                | 330, 130.                       |             | 323,700.                  |
| è                           |             | lines 27 through 29, and lines 33 and 34.  |   | M and complete   |                                 |             |                           |
| ů.                          | 27          | Unrestricted net assets  | 676,008.                                  | 27               | 975,706.                        |             |                           |
| alg                         | 28          | Temporarily restricted net assets  | 1,827,064.                                | 28               | 2,660,283.                      |             |                           |
| 9                           | 29          | Permanently restricted net assets  | _, -, -, -, -, -, -, -, -, -, -, -, -, -, | 29               | = / = = = / = = = =             |             |                           |
| Net Assets or Fund Balances |             | Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.   | ·   |                  |                                 |             |                           |
| ō                           | 30          | Capital stock or trust principal, or current funds   |   |                  | 30                              |             |                           |
| e<br>E                      | 31          | Paid-in or capital surplus, or land, building, or equipme  |   |                  |                                 | 31          |                           |
| 155                         | 32          | Retained earnings, endowment, accumulated income,  |   | _                |                                 | 32          |                           |
| 3t /                        | 33          | Total net assets or fund balances  |   | _                | 2,503,072.                      | 33          | 3 635 000                 |
| ž                           | 34          | Total liabilities and net assets/fund balances   |   | _                | 2,893,830.                      | 34          | 3,635,989.<br>3,959,769.  |
|                             | <del></del> | . J.a  |   |                  | 4,033,030.                      | <del></del> | J,JJJ,1UJ.                |

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| Pai  | Part XI Reconciliation of Net Assets  |   |        |      |            |        |  |
|--|---|---|--------|------|------------|--------|--|
|  | Check if Schedule O contains a response or  | r note to any line in this Part XI  |        |      |            |        |  |
| 1  |   | ne 12)  | 1      | 49,0 | 31,9       | 09.    |  |
| 2  | 2 Total expenses (must equal Part IX, column (A), I   | ine 25)   | 2      | 47,8 | 98,9       | 92.    |  |
| 3  | <b>3</b> Revenue less expenses. Subtract line 2 from line   | 1   | 3      | 1,1  | 32,9       | 917.   |  |
| 4  | 4 Net assets or fund balances at beginning of year (  | must equal Part X, line 33, column (A))   | 4      | 2,5  | 03,0       | 72.    |  |
| 5  | <b>5</b> Net unrealized gains (losses) on investments   |   | 5      |      |            |        |  |
| 6  | 6 Donated services and use of facilities  |   | 6      |      |            |        |  |
| 7  | •   |   | 7      |      |            |        |  |
| 8  |   |   | 8      |      |            |        |  |
| 9  | 9 Other changes in net assets or fund balances (exp   | plain in Schedule O)  | 9      |      |            | 0.     |  |
| 10   |   | lines 3 through 9 (must equal Part X, line 33,  | 10     | 3,6  | 3,635,989. |        |  |
| Pai  | Part XII Financial Statements and Reportin  | g   | !      |      |            |        |  |
|  | Check if Schedule O contains a response or  | r note to any line in this Part XII   |        |      |            | . П    |  |
|  | ·   |   |        |      | Yes        | No     |  |
| 1  | 1 Accounting method used to prepare the Form 990  | : Cash X Accrual Other  |        |      |            |        |  |
|  | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.                   |   |        |      |            |        |  |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  |   |   |        |      |            | X      |  |
|  | If 'Yes,' check a box below to indicate whether the separate basis, consolidated basis, or both:  Separate basis Consolidated basis | e financial statements for the year were compiled or reviewed.  Both consolidated and separate basis        | d on a |      |            |        |  |
| ı  | <b>b</b> Were the organization's financial statements audit   | ed by an independent accountant?  |        | 2 b  | Χ          |        |  |
|  | If 'Yes,' check a box below to indicate whether the basis, consolidated basis, or both:   | e financial statements for the year were audited on a separat   | te     |      |            |        |  |
|  | X Separate basis Consolidated basis   | Both consolidated and separate basis  |        |      |            |        |  |
| 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 in Schedule O.  |   |   |        |      |            |        |  |
| 3 8  | 3a As a result of a federal award, was the organization re<br>Audit Act and OMB Circular A-133?                                     | equired to undergo an audit or audits as set forth in the Single  |        | 3 a  | Х          |        |  |
| ı  |   | it or audits? If the organization did not undergo the required audie any steps taken to undergo such audits |        | 3 b  | Χ          |        |  |
| BAA  | AA  |   |        | Form | 990 (      | (2016) |  |

TEEA0112L 11/16/16

#### SCHEDULE A (Form 990 or 990-EZ)

### Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection at www.irs.gov/form990. Name of the organization Employer identification number FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES 33-0072922 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** 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)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

Total

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

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

| Sec          | tion A. Public Support   |   |   |  | ,                    |                     |                  |  |
|--------------|--|---|---|--|----------------------|---------------------|------------------|--|
| Cale         | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2012                         | <b>(b)</b> 2013                         | <b>(c)</b> 2014                        | <b>(d)</b> 2015      | <b>(e)</b> 2016     | (f) Total        |  |
|              | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')   |   |   |  |                      |                     |                  |  |
|              | 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   |   |   |  |                      |                     |                  |  |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  |   |   |  |                      |                     |                  |  |
| 6            | Public support. Subtract line 5 from line 4  |   |   |  |                      |                     |                  |  |
| Sec          | tion B. Total Support  |   |   |  |                      |                     |                  |  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2012                         | <b>(b)</b> 2013                         | <b>(c)</b> 2014                        | <b>(d)</b> 2015      | <b>(e)</b> 2016     | <b>(f)</b> Total |  |
| 7            | Amounts from line 4  |   |   |  |                      |                     |                  |  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |   |   |  |                      |                     |                  |  |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on   |   |   |  |                      |                     |                  |  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).   |   |   |  |                      |                     |                  |  |
| 11           | Total support. Add lines 7 through 10  |   |   |  |                      |                     |                  |  |
| 12           | Gross receipts from related activ  | ities, etc. (see in:                    | structions)                             |  |                      |                     |                  |  |
| 13           | First five years. If the Form 990 is organization, check this box and  | for the organization                    | n's first, second, th                   | nird, fourth, or fifth t               | tax year as a sectio | on 501(c)(3)        | ▶ □              |  |
|              | tion C. Computation of Pul   |   |   |  |                      |                     |                  |  |
|              | Public support percentage for 20   |   |   |  |                      |                     | %                |  |
| 15           | Public support percentage from 2   | 2015 Schedule A,                        | Part II, line 14                        |  |                      | 15                  | %                |  |
| 16a          | <b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization  | ne organization d<br>qualifies as a pul | id not check the bolicly supported o    | oox on line 13, and organization       | d line 14 is 33-1/3  | 3% or more, check   | this box         |  |
| b            | <b>33-1/3% support test—2015.</b> If th and <b>stop here.</b> The organization   | e organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13 or 16a or 16a or 16a or 16a | a, and line 15 is 3  | 3-1/3% or more, ch  | neck this box    |  |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts'  | meets the 'facts-a                      | and-circumstance                        | s' test, check this                    | box and stop her     | re. Explain in Part | VI how           |  |
|              | <b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization |   |   |  |                      |                     |                  |  |
| 18           | Private foundation. If the organiz   | zation did not che                      | ck a box on line                        | 13, 16a, 16b, 17a                      | , or 17b, check th   | is box and see inst | ructions ►       |  |

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.)

| Sec    | Section A. Public Support   |                    |                          |                      |                     |                    |                                       |  |  |  |
|--------|---|--------------------|--------------------------|----------------------|---------------------|--------------------|---------------------------------------|--|--|--|
| Calend | lar year (or fiscal year beginning in)  | <b>(a)</b> 2012    | <b>(b)</b> 2013          | <b>(c)</b> 2014      | <b>(d)</b> 2015     | <b>(e)</b> 2016    | <b>(f)</b> Total                      |  |  |  |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  | 36166757.          | 45554691.                | 54719787.            | 55201988.           | 47838829.          | 239482052.                            |  |  |  |
| 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. |                    |                          |                      | 1,170,686.          |                    | 4,766,874.                            |  |  |  |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.   |                    | 1,200,302.               | 1,231,733.           | 1,170,000.          | 1,100,001.         | 0.                                    |  |  |  |
|        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                    |                          |                      |                     |                    | 0.                                    |  |  |  |
|        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                    |                          |                      |                     |                    | 0.                                    |  |  |  |
|        | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons   | 36166757.          | 46760193.                | 55954542.            | 56372674.           | 48994760.          | 244248926.                            |  |  |  |
| 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.           | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 0.                                    |  |  |  |
| _      | Add lines 7a and 7b   | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 0.                                    |  |  |  |
|        | Public support. (Subtract line 7c from line 6.)   | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 244248926.                            |  |  |  |
| Sec    | tion B. Total Support   |                    |                          |                      |                     |                    | 244240320:                            |  |  |  |
|        | dar year (or fiscal year beginning in)  | <b>(a)</b> 2012    | <b>(b)</b> 2013          | <b>(c)</b> 2014      | <b>(d)</b> 2015     | <b>(e)</b> 2016    | (f) Total                             |  |  |  |
|        | Amounts from line 6   | 36166757.          | 46760193.                | 55954542.            | 56372674.           | 48994760.          | 244248926.                            |  |  |  |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 876.               | 483.                     | 77.                  | 35.                 | 44.                | 1,515.                                |  |  |  |
| b      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 070.               | 100.                     | ,,,                  | 33.                 | 111                | 0.                                    |  |  |  |
|        | Add lines 10a and 10b   | 876.               | 483.                     | 77.                  | 35.                 | 44.                | 1,515.                                |  |  |  |
| 11     | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |                    |                          |                      |                     |                    | 0.                                    |  |  |  |
| 12     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI   |                    | 52,689.                  | 72,150.              | 56,944.             | 33,022.            | 214,805.                              |  |  |  |
|        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 36167633.          | 46813365.                | 56026769.            | 56429653.           | 49027826.          | 244465246.                            |  |  |  |
|        | First five years. If the Form 990 organization, check this box and  | stop here          |                          |                      |                     |                    |                                       |  |  |  |
|        | tion C. Computation of Pul  |                    |                          |                      |                     |                    |                                       |  |  |  |
|        | Public support percentage for 20  | •                  | • •                      |                      |                     |                    | 99.91 %                               |  |  |  |
|        | Public support percentage from 2  |                    |                          |                      |                     | 16                 | 99.92 %                               |  |  |  |
|        | tion D. Computation of Inv  |                    |                          |                      |                     |                    |                                       |  |  |  |
|        | Investment income percentage for  |                    |                          |                      |                     |                    | 0.00 %                                |  |  |  |
|        | Investment income percentage from 2015 Schedule A, Part III, line 17  |                    |                          |                      |                     |                    |                                       |  |  |  |
|        | is not more than 33-1/3%, check   | this box and stop  | <b>p here.</b> The organ | nization qualifies a | as a publicly supp  | orted organization | ı ► <u>X</u>                          |  |  |  |
|        | <b>33-1/3% support tests—2015.</b> If t line 18 is not more than 33-1/3%  | , check this box a | and <b>stop here.</b> Th | e organization qu    | alifies as a public | ly supported organ | nization ►                            |  |  |  |
| 20     | Private foundation. If the organiz  | zation did not che | ck a box on line         | 14, 19a, or 19b, c   | neck this box and   | see instructions.  | · · · · · · · · · · · · · · · · · · · |  |  |  |

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

|    |   |            | Yes | No |
|----|---|------------|-----|----|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1          |     |    |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2          |     |    |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.   | За         |     |    |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.   | 3b         |     |    |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c         |     |    |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | <b>4</b> a |     |    |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b         |     |    |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.   | 4c         |     |    |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). | 5a         |     |    |
| b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b         |     |    |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с         |     |    |
| 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>  | 6          |     |    |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  | 7          |     |    |
| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 8          |     |    |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .  | 9a         |     |    |
| b  | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .   | 9b         |     |    |
| С  | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  | 9с         |     |    |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.   | 10a        |     |    |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b        |     |    |

| Par | t IV           | Supporting Organizations (continued)   |        |         |    |
|-----|----------------|--|--------|---------|----|
| 11  | ∐ac t          | the organization accepted a gift or contribution from any of the following persons?  |        | Yes     | No |
|     |                | rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the  |        |         |    |
|     | gover          | rning body of a supported organization?  | 11a    |         |    |
| b   | A fan          | nily member of a person described in (a) above?  | 11b    |         |    |
|     |                | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  | 11c    |         |    |
| Sec | tion I         | B. Type I Supporting Organizations   |        |         |    |
| 1   | Did th         | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint   |        | Yes     | No |
| •   | or ele         | ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in<br>VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.   |        |         |    |
|     | direct         | e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.   | 1      |         |    |
| 2   |                | he organization operate for the benefit of any supported organization other than the supported organization(s)   |        |         |    |
|     | that o         | operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.  | 2      |         |    |
| Sec | - ' '          | C. Type II Supporting Organizations  | _      |         |    |
|     |                | e. Type ii Cupper tang enganizatione   |        | 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  |        |         |    |
|     |                | ich of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |         |    |
| Sec | tion I         | D. All Type III Supporting Organizations   |        |         |    |
|     |                |  |        | Yes     | No |
| 1   | Did th         | he organization provide to each of its supported organizations, by the last day of the fifth month of the  |        |         |    |
|     | orgar<br>vear  | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |         |    |
|     | organ          | nization'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  |        |         |    |
|     | organ          | nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).  | 2      |         |    |
| 3   | By re          | eason of the relationship described in (2), did the organization's supported organizations have a significant  |        |         |    |
|     | all tin        | e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played  |        |         |    |
| Saa |                | is regard.  E. Type III Functionally Integrated Supporting Organizations   | 3      |         |    |
| Sec | lioii i        | E. Type III Functionally integrated Supporting Organizations   |        |         |    |
| 1   | Check          | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |         |    |
| а   | ⊥∐ T           | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |    |
| b   | ·∐⊤            | The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |         |    |
| C   | : <u> </u>     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in  | nstruc | tions). |    |
| 2   | Activi         | ities Test. Answer (a) and (b) below.  |        | Yes     | No |
| а   | suppo<br>organ | substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was |        |         |    |
|     |                | onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.  | 2a     |         |    |
| b   |                | he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for  |        |         |    |
|     | the o          | organization's supported organization(s) would have been engaged in ? If Yes, explain in Part VI the reasons for<br>organization's position that its supported organization(s) would have engaged in these activities but for the<br>nization's involvement.   | 2b     |         |    |
| ,   |                | nt of Supported Organizations. <i>Answer (a) and (b) below.</i>  | -17    |         |    |
|     |                | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of  |        |         |    |
| a   | each           | of the supported organizations? Provide details in Part VI.  | 3a     |         |    |
| b   |                | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b     |         |    |

| Pai | Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | ganizat               |  | J7ZJZZ ruge                          |
|-----|--|-----------------------|--|--------------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization                                  | ust on No<br>ions mus | v. 20, 1970 (explain in<br>t complete Sections A | n Part VI). <b>See</b><br>through E. |
| Sec | tion A — Adjusted Net Income   |                       | (A) Prior Year                                   | (B) Current Year<br>(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                     |  |                                      |
| Sec | tion B — Minimum Asset Amount  |                       | (A) Prior Year                                   | (B) Current Year<br>(optional)       |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):  | t                     |  |                                      |
| a   | Average monthly value of securities  | 1a                    |  |                                      |
| ŀ   | Average monthly cash balances  | 1b                    |  |                                      |
| (   | Fair market value of other non-exempt-use assets   | 1c                    |  |                                      |
| -   | I Total (add lines 1a, 1b, and 1c)   | 1d                    |  |                                      |
| •   | Discount claimed for blockage or other factors (explain in detail in Part VI):   |                       |  |                                      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2                     |  |                                      |
| 3   | Subtract line 2 from line 1d.  | 3                     |  |                                      |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% 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 .035.   | 6                     |  |                                      |
| 7   | Recoveries of prior-year distributions   | 7                     |  |                                      |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8                     |  |                                      |
| Sec | tion C — Distributable Amount  |                       |  | Current Year                         |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1                     |  |                                      |
| 2   | Enter 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6                     |  |                                      |

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

Schedule A (Form 990 or 990-EZ) 2016

9 Distributable amount for 2016 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

| Sche | dule A (Form 990 or 990-EZ) 2016 FEEDING AMERICA   | 33-0072922 | Page 7 |
|------|--|------------|--------|
| Pai  | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con   | tinued)    |        |
| Sec  | tion D - Distributions   | Curren     | t Year |
| 1    | Amounts paid to supported organizations to accomplish exempt purposes  |            |        |
| 2    | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |            |        |
| 3    | Administrative expenses paid to accomplish exempt purposes of supported organizations  |            |        |
| 4    | Amounts paid to acquire exempt-use assets  |            |        |
| 5    | Qualified set-aside amounts (prior IRS approval required)  |            |        |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions.   |            |        |
| 7    | <b>Total annual distributions.</b> Add lines 1 through 6.  |            |        |
| 8    | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |            |        |

| Section E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.   |                                |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                                |  |   |
| a   |                                |  |   |
| b   |                                |  |   |
| <b>c</b> From 2013  |                                |  |   |
| <b>d</b> From 2014  |                                |  |   |
| <b>e</b> From 2015  |                                |  |   |
| f Total of lines 3a through e   |                                |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                                |  |   |
| h Applied to 2016 distributable amount  |                                |  |   |
| i Carryover from 2011 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                              |                                |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a   |                                |  |   |
| <b>b</b> Excess from 2013   |                                |  |   |
| c Excess from 2014  |                                |  |   |
| d Excess from 2015  |                                |  |   |
| e Excess from 2016  |                                |  |   |
| PAA   |                                | Schodulo A (Eo                         | rm 990 or 990 E7) 2016                    |

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

#### **PART III, LINE 12 - OTHER INCOME**

| NATURE AND SOURCE                    |        | 2016               | <br>2015                               | 2014                                | <br>2013                            | <br>2012 |
|--------------------------------------|--------|--------------------|--|-------------------------------------|-------------------------------------|----------|
| RECYCLING<br>FORAGE<br>MISCELLANEOUS | \$     | 16,527.<br>16,495. | \$<br>12,276. \$<br>17,063.<br>27,605. | \$<br>11,770.<br>27,802.<br>32,578. | \$<br>19,812.<br>17,410.<br>15,467. |          |
| TO                                   | TAL \$ | 33,022.            | \$<br>56,944.                          | \$<br>72,150.                       | \$<br>52,689.                       | \$<br>0. |

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

| Name of the organization FEEDING AMER   | TCA  | Employer identification number  |
|---|--|---|
| RIVERSIDE & S   | SAN BERNARDINO COUNTIES  | 33-0072922  |
| Organization type (check one):  |  | <u>.</u>  |
| Filers of:  | Section:   |   |
| Form 990 or 990-EZ  | X 501(c)( 3 ) (enter number) organizat   | tion  |
|   | 4947(a)(1) nonexempt charitable trust no   | ot treated as a private foundation  |
|   | 527 political organization   |   |
|   | _  |   |
| Form 990-PF   | 501(c)(3) exempt private foundation  |   |
|   | 4947(a)(1) nonexempt charitable trust tre  | eated as a private foundation   |
|   | 501(c)(3) taxable private foundation   |   |
| Check if your organization is covered by the  | General Rule or a Special Rule.  |   |
| <b>Note.</b> Only a section 501(c)(7), (8), or (  | 10) organization can check boxes for both the Genera   | al Rule and a Special Rule. See instructions.   |
| General Rule  X For an organization filing Form 990, property) from any one contributor.                                | 990-EZ, or 990-PF that received, during the year, co<br>Complete Parts I and II. See instructions for determi  | ontributions totaling \$5,000 or more (in money or ning a contributor's total contributions.                            |
| Special Rules   |  |   |
| under sections 509(a)(1) and 170(b)(1) received from any one contributor.   | ction 501(c)(3) filing Form 990 or 990-EZ that met the (A)(vi), that checked Schedule A (Form 990 or 990-EZ), luring the year, total contributions of the greater of (orm 990-EZ, line 1. Complete Parts I and II.   | Part II, line 13, 16a, or 16b, and that   |
| during the year, total contributions of   | ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ<br>of more than \$1,000 <i>exclusively</i> for religious, charitab<br>uelty to children or animals. Complete Parts I, II, an   | ole, scientific, literary, or educational   |
| during the year, contributions exclus<br>\$1,000. If this box is checked, enter<br>charitable, etc., purpose. Don't com | etion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ sively for religious, charitable, etc., purposes, but no here the total contributions that were received during plete any of the parts unless the <b>General Rule</b> applied charitable, etc., contributions totaling \$5,000 or more | such contributions totaled more than  ig the year for an <i>exclusively</i> religious,  es to this organization because |
| <b>Caution.</b> An organization that isn't cove 990-PF), but it <b>must</b> answer 'No' on Pa                           | red by the General Rule and/or the Special Rules do<br>t IV, line 2, of its Form 990; or check the box on line<br>eet the filing requirements of Schedule B (Form 990,   | esn't file Schedule B (Form 990, 990-EZ, or<br>e H of its Form 990-EZ or on its Form 990-PF.                            |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of

5 of Part I

Employer identification number

FEEDING AMERICA 33-0072922

| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed.                    |  |
|---------------|---|-------------------------------|--|
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 1             | P.O. BOX 54143  LOS ANGELES, CA 90054   | \$125,000.                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 2             | BANK OF AMERICA  3650 14TH STREET  RIVERSIDE, CA 92501                              | \$28,955.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 3             | FOOD 4 LESS  P.O. BOX 54143  LOS ANGELES, CA 90054                                  | \$ <u>85,000.</u>             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 4             | TARGET  14750 MILLER AVE  FONTANA, CA 92336   | \$8,000.                      | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 5             | INLAND VALLEY ASSOC OF REALTORS FN  3690 ELIZABETH ST  RIVERSIDE, CA 92506          | \$ <u>5,000</u> .             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>6</u>      | FEEDING AMERICA  35 E WACKER DR  CHICAGO, IL 60601                                  | \$22,585.                     | Person X Payroll Noncash  (Complete Part II for                          |

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5 of Part I

Name of organization

Employer identification number 33-0072922

FEEDING AMERICA

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

| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|---------------------------------|--|--|---|
| 7                               | STATER BROS. CHARITIES   |  | Person X Payroll  |
|                                 | P.O. BOX 150   | \$45,000.  | Noncash   |
|                                 | SAN BERNARDINO, CA 92402   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 8                               | JARDEN CONSUMER SOLUTIONS COMM FUND  |  | Person X Payroll  |
|                                 | 2381 NW EXECUTIVE CENTER DR  | \$10,000.  | Noncash   |
|                                 | BOCA RATON, FL 33431   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 9                               | BANK OF AMERICA CORP   |  | Person X Payroll  |
|                                 | 125 DUPONT DR  | \$ <u>28,955.</u>  | Noncash   |
|                                 | PROVIDENCE, RI 02907   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|                                 |  | Contributions  |   |
| 10_                             | THE ANNENBERG FOUNDATION   | Contributions  | Person X  |
| 10_                             | THE ANNENBERG FOUNDATION  2000 AVE OF THE STARS  | \$ 80,000.   | Person X Payroll Noncash  |
| 10_                             | 2000 AVE OF THE CTARS  |  | Payroll   |
| 10_<br>(a)<br>Number            | 2000 AVE OF THE STARS  |  | Payroll   |
| (a)                             | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  | \$ 80,000.<br>(c)  | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person  |
| (a)<br>Number                   | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  Name, address, and ZIP + 4  | \$ 80,000.<br>(c)  | Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution   |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION   | \$ 80,000.  (c)  Total contributions                                     | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll  |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  | \$ 80,000.  (c)  Total contributions                                     | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501                                       | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X  Payroll Noncash  Complete Part II for noncash contributions.)  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4           | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll   Noncash   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (Type of contribution   (Domination of the contribution of the contribution   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (d) |
| (a) Number  11  (a) Number      | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4  WAL-MART | \$ 80,000.  (c) Total contributions  \$ 40,000.  (c) Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution   |

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5 of Part I

FEEDING AMERICA

Employer identification number

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

| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
|----------------------|---|---|---|
| <u>13</u> _          | THE TJX COMPANIES   |   | Person X  |
|                      |   | \$ <u>17,</u> 768.  | Payroll Noncash   |
|                      | FRAMINGHAM, MA 01701  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>14</u> _          | UNION PACIFIC   |   | Person X Payroll  |
|                      | 1400 DOUGLES ST STE 1560  | \$ <u>7,500.</u>  |   |
|                      | OMAHA, NE 68179   |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>15</u> _          | GREEN_FOUNDATION  |   | Person X Payroll  |
|                      | 225 S LAKE AVE STE 1410   | \$25,000.   | Noncash   |
|                      | PASADENA, CA 91101  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>16</u> _          | KAISER PERMANENTE- ONTARIO  |   | Person X Payroll  |
|                      |   |   |   |
|                      | 3633 E INLAND EMPIRE BLVD STE   | \$ <u>10,000.</u>   | Noncash   |
|                      | 3633 E INLAND EMPIRE BLVD STE ONTARIO , CA 91764  | \$ <u>10,000.</u>   |   |
| (a)<br>Number        |   | \$10,000.  (c)  Total contributions                         | Noncash (Complete Part II for   |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X   |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution   |
| Number               | ONTARIO , CA 91764  (b)  Name, address, and ZIP + 4  WELLS FARGO  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll  |
| Number               | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for   |
| <u>17</u> _          | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  (b)   | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X  Payroll Tor noncash contributions.)                |
| 17_<br>(a)<br>Number | Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)  |
| 17_<br>(a)<br>Number | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  CALIBER COLLISION | (c) Total contributions  \$50,000.  (c) Total contributions | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Part II for noncash contributions.) |

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5 of Part I

FEEDING AMERICA

Employer identification number

| Part I | <b>Contributors</b> | (see instructions). | Use duplicate | copies of Part | I if additional | space is needed. |
|--------|---------------------|---------------------|---------------|----------------|-----------------|------------------|
|--------|---------------------|---------------------|---------------|----------------|-----------------|------------------|

| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
|-----------------------|--|---|---|
| <u>19</u> _           | MACY'S/BLOOMINGDALES   |   | Person X Payroll  |
|                       | P.O. BOX 8214  | \$6 <u>,</u> 220.                                       | Noncash   |
|                       | MASON , OH 45040   |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 20_                   | SUBARU OF AMERICA INC  |   | Person X  Payroll   |
|                       | P.O. BOX 6000  | \$10,000.   | Noncash   |
|                       | CHERRY HILL, NJ 08034  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 21_                   | CR&R INC   |   | Person X Payroll  |
|                       | 11292 WESTERN AVE P.O. BOX 125   | \$5,000.  | Noncash   |
|                       | STANTON, CA 90580  |   | (Complete Part II for noncash contributions.)   |
|                       |  |   |   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| Number                | (b) Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  | (c)<br>Total<br>contributions                           | Person X  |
| Number                | Name, address, and ZIP + 4   | (c) Total contributions                                 |   |
| Number                | MITSUBISHI MOTORS NORTH A  | contributions   | Person X Payroll  |
| Number                | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  | contributions   | Person X Payroll Noncash  (Complete Part II for   |
| 22_<br>(a)<br>Number  | MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  (b)  | \$60,000.   | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4   | \$60,000.   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| 22 _ (a) Number  23 _ | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  (b)   | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Person X Payroll Noncash  (Complete Part II for noncash contribution  (Complete Part II for noncash contributions.)  (Complete Part II for noncash contributions.)  Person X  Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4                      | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll  |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4  ENTERPRISE HOLDINGS | \$ 60,000.  (c) Total contributions  \$ 5,000.          | Person X Payroll  |

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FEEDING AMERICA

Employer identification number

|  | Part I | Contributors | (see instructions). | Use duplicate co | pies of Part I if | additional space is needed. |
|--|--------|--------------|---------------------|------------------|-------------------|-----------------------------|
|--|--------|--------------|---------------------|------------------|-------------------|-----------------------------|

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| <u>25</u> _   | COSTCO WHOLESALE  999 LAKE DRIVE  ISSAQUAH, WA 98027           | \$ <u>10,150.</u>             | Person X  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>26</u> _   | RED NOSE DAY FUND  488 MADISON AVE 10TH FL  NEW YORK, NY 10022 | \$10,990.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>27</u> _   | HUNGER IS KPM  1445 E REPUBLIC RD  SPRINGFIELD, MO 65804       | \$75,000.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$<br>                        | Person Payroll Complete Part II for noncash contributions.)               |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$                            | Person Payroll Complete Part II for noncash contributions.)               |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$                            | Person Payroll Noncash  |
|               |  |                               | (Complete Part II for noncash contributions.)                             |

L to

of Part II

Name of organization

Employer identification number

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FEEDING AMERICA 33-0072922

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed.                                |                      |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           | N/A   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | <br> \$<br>                                    |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | ć  |                      |
|                           |   | P  |                      |
| BAA                       | Sche  | edule B (Form 990, 990-Ez                      | , or 990-PF) (2016)  |

1 to

of Part III

Name of organization
FEEDING AMERICA

Employer identification number

| Part III                  | Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | he year from any one contrib<br>ompleting Part III, enter the tota<br>(Enter this information once. Se | <b>outor.</b> Comple<br>al of <i>exclusive</i> | te columns <b>(a)</b> through <b>(e) and</b><br>ely religious, charitable, etc., |  |  |
|---------------------------|---|--|--|--|--|--|
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |  |
|                           | N/A   |  |  |  |  |  |
|                           |   |  |  |  |  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>s, and ZIP + 4  | t Relationship of transferor to transferee     |  |  |  |
|                           |   |  |  |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |  |
|                           |   | <br>   |  |  |  |  |
|                           | Transferee's name, addres   | Relationship of transferor to transferee   |  |  |  |  |
| (a)<br>No. from<br>Part I | (b) (c) Purpose of gift Use of gift   |  | (d) Description of how gift is hel             |  |  |  |
|                           | (e) Transferee's name, address, and ZIP + 4   |  | Rela   | ntionship of transferor to transferee  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |  |
|                           | L   |  | <br>   |  |  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4   | Rela   | ntionship of transferor to transferee  |  |  |
|                           |   |  |  |  |  |  |

## SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No. 1545-0047

|      | FEEDING AMERICA<br>RIVERSIDE & SAN BERNARDINO CO  | OHNTTES   |   |                       | 22 0070000  |
|------|---|---|---|-----------------------|---|
| Par  |   |   | her Similar Funds                               | or Ac                 | 33-0072922  |
| rai  | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 6.                             | OI AC                 | counts.   |
|      |   | (a) Donor advised   | f funds   | <b>(b)</b> F          | unds and other accounts                                   |
| 1    | Total number at end of year   | .,,   |   |                       |   |
| 2    | Aggregate value of contributions to (during year)   |   |   |                       |   |
| 3    | Aggregate value of grants from (during year)  |   |   |                       |   |
| 4    | Aggregate value at end of year  |   |   |                       |   |
| 5    | Did the organization inform all donors and donor are the organization's property, subject to the organization's   |   |   |                       |   |
| 6    | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?                                 | the donor or donor advisor                                | or, or for any other pur                        | pose co               | nferring  |
| Par  | •   |   |   |                       |   |
| ı uı | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 7.                             |                       |   |
| 1    | Purpose(s) of conservation easements held by the  |   |   |                       |   |
|      | Preservation of land for public use (e.g., recr   | eation or education)                                      | Preservation of a                               | historica             | Illy important land area                                  |
|      | Protection of natural habitat   |   | Preservation of a                               | certified             | historic structure  |
|      | Preservation of open space  |   |   |                       |   |
| 2    | Complete lines 2a through 2d if the organization held   | l a qualified conservation co                             | ntribution in the form of                       | a conser              | rvation easement on the                                   |
|      | last day of the tax year.   |   | г   |                       | Hald at the Ford of the Tay Vaco                          |
|      | a Total number of conservation easements  |   | -   | 2a                    | Held at the End of the Tax Year                           |
|      | Total number of conservation easements  |   | L   | 2 b                   |   |
|      | Number of conservation easements on a certified   |   | =   | 2 c                   |   |
|      |   |   | · · ·   | 20                    |   |
|      | Number of conservation easements included in (o structure listed in the National Register   |   |   | 2 d                   |   |
| 3    | Number of conservation easements modified, transfetax year ►  | erred, released, extinguished                             | l, or terminated by the o                       | rganizati             | on during the   |
| 4    | Number of states where property subject to conserva   |   |   |                       |   |
| 5    | Does the organization have a written policy regar<br>and enforcement of the conservation easements  | ding the periodic monitori                                | ng, inspection, handlir                         | ng of vio             | lations,<br>Yes No  |
| 6    | Staff and volunteer hours devoted to monitoring, insp   | pecting, handling of violation                            | s, and enforcing conser                         | vation ea             | asements during the year                                  |
| 7    | Amount of expenses incurred in monitoring, inspectin ►\$  | ng, handling of violations, a                             | nd enforcing conservatio                        | n easem               | ents during the year                                      |
| 8    | Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?   | ne 2(d) above satisfy the                                 | requirements of section                         | n 170(h)              | (4)(B)(i) Yes No  |
| 9    | In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to t conservation easements.                                | nservation easements in its<br>he organization's financia | revenue and expense s<br>I statements that desc | tatement<br>ribes the | s, and balance sheet, and e organization's accounting for |
| Par  | t III Organizations Maintaining Collecti  | ons of Art. Historica                                     | Treasures, or Ot                                | her Sir               | nilar Assets.   |
| i ai | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 8.                             |                       | mai 71330131  |
| 1 a  | a If the organization elected, as permitted under SI art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia | for public exhibition, educati                            | on, or research in further                      | stateme<br>rance of   | ent and balance sheet works of public service, provide,   |
| I    | o If the organization elected, as permitted under SI<br>historical treasures, or other similar assets held for p<br>following amounts relating to these items:      | public exhibition, education,                             | or research in furtherand                       | ce of pub             | lic service, provide the                                  |
|      | (i) Revenue included on Form 990, Part VIII, line   |   |   |                       |   |
|      | (ii) Assets included in Form 990, Part X  |   |   |                       |   |
|      | If the organization received or held works of art, histo<br>amounts required to be reported under SFAS 116  | 5 (ASC 958) relating to the                               | ese items:                                      |                       |   |
|      | a Revenue included on Form 990, Part VIII, line 1.  |   |   |                       |   |
|      | Assets included in Form 990 Part X  |   |   |                       | ►Ś  |

| Part III Organizations Maintaining Coll   | ections of Art, Histo   | orical Treasures, o                    | r Other Similar As           | <b>sets</b> (contii | nued)     |  |  |  |  |  |  |
|---|---|--|------------------------------|---------------------|-----------|--|--|--|--|--|--|
| <b>3</b> Using the organization's acquisition, accession, items (check all that apply):   | and other records, check a  | ny of the following that a             | re a significant use of its  | collection          |           |  |  |  |  |  |  |
| a Public exhibition   | <b>d</b> Loan   | or exchange programs                   |                              |                     |           |  |  |  |  |  |  |
| <b>b</b> Scholarly research   | e Other   |  |                              |                     |           |  |  |  |  |  |  |
| c Preservation for future generations   |   |  |                              |                     |           |  |  |  |  |  |  |
| 4 Provide a description of the organization's collect<br>Part XIII.   | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in |  |                              |                     |           |  |  |  |  |  |  |
| 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? |   |  |                              |                     |           |  |  |  |  |  |  |
| Part IV   Escrow and Custodial Arrange   line 9, or reported an amount o  | <b>ments.</b> Complete if t<br>n Form 990, Part X,  | he organization an<br>line 21.         | swered 'Yes' on F            | orm 990, P          | art IV,   |  |  |  |  |  |  |
| 1 a Is the organization an agent, trustee, custod on Form 990, Part X?  | ian or other intermediary   | for contributions or oth               | er assets not included       | Yes                 | No        |  |  |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   |   |  |                              |                     |           |  |  |  |  |  |  |
|   |   |  |                              | Amount              |           |  |  |  |  |  |  |
| <b>c</b> Beginning balance  |   |  | 1с                           |                     |           |  |  |  |  |  |  |
| <b>d</b> Additions during the year  |   |  | 1 d                          |                     |           |  |  |  |  |  |  |
| e Distributions during the year   |   |  | 1e                           |                     |           |  |  |  |  |  |  |
| f Ending balance  |   |  | 1f                           |                     |           |  |  |  |  |  |  |
| 2a Did the organization include an amount on F  | orm 990, Part X, line 21,   | for escrow or custodial                | account liability?           | Yes                 | No        |  |  |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   | . Check here if the explar  | nation has been provide                | ed on Part XIII              |                     | П         |  |  |  |  |  |  |
|   |   |  |                              |                     |           |  |  |  |  |  |  |
| Part V Endowment Funds. Complete i  | f the organization an   | swered 'Yes' on Fo                     | orm 990, Part IV, I          | ine 10.             |           |  |  |  |  |  |  |
| (a) Curre   | nt year <b>(b)</b> Prior year   | r (c) Two years back                   | (d) Three years back         | (e) Four ye         | ears back |  |  |  |  |  |  |
| 1 a Beginning of year balance   |   |  |                              |                     |           |  |  |  |  |  |  |
| <b>b</b> Contributions  |   |  |                              |                     |           |  |  |  |  |  |  |
| <b>c</b> Net investment earnings, gains,  |   |  |                              |                     |           |  |  |  |  |  |  |
| and losses  |   |  |                              |                     |           |  |  |  |  |  |  |
| <b>d</b> Grants or scholarships   |   |  |                              |                     |           |  |  |  |  |  |  |
| e Other expenditures for facilities and programs  |   |  |                              |                     |           |  |  |  |  |  |  |
| f Administrative expenses   |   |  |                              |                     |           |  |  |  |  |  |  |
| <b>g</b> End of year balance  |   |  |                              |                     |           |  |  |  |  |  |  |
| 2 Provide the estimated percentage of the curr  | rent year end balance (lin  | ne 1g, column (a)) held                | as:                          |                     |           |  |  |  |  |  |  |
| a Board designated or quasi-endowment ►   | %   |  |                              |                     |           |  |  |  |  |  |  |
| <b>b</b> Permanent endowment ►  | %   |  |                              |                     |           |  |  |  |  |  |  |
| c Temporarily restricted endowment ►  | %   |  |                              |                     |           |  |  |  |  |  |  |
| The percentages on lines 2a, 2b, and 2c should  | equal 100%.   |  |                              |                     |           |  |  |  |  |  |  |
| 3 a Are there endowment funds not in the possession organization by:  | on of the organization that a   | are held and administered              | d for the                    | Yes                 | . No      |  |  |  |  |  |  |
| (i) unrelated organizations   |   |  |                              | 3a(i)               |           |  |  |  |  |  |  |
| (ii) related organizations  |   |  |                              | 3a(ii)              |           |  |  |  |  |  |  |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organiz   |   |  |                              |                     |           |  |  |  |  |  |  |
| 4 Describe in Part XIII the intended uses of the  |   |  |                              |                     |           |  |  |  |  |  |  |
| Part VI Land, Buildings, and Equipment  |   |  |                              |                     |           |  |  |  |  |  |  |
| Complete if the organization an   | swered 'Yes' on Forr  |  |                              | 90, Part X,         | line 10.  |  |  |  |  |  |  |
| Description of property   | (a) Cost or other basis (investment)  | <b>(b)</b> Cost or other basis (other) | (c) Accumulated depreciation | (d) Book            | value     |  |  |  |  |  |  |
| <b>1 a</b> Land   |   |  |                              |                     |           |  |  |  |  |  |  |
| <b>b</b> Buildings  | _   |  |                              |                     |           |  |  |  |  |  |  |
| c Leasehold improvements  |   | 44,331.                                | 37,408.                      |                     | 6,923.    |  |  |  |  |  |  |
| <b>d</b> Equipment  |   | 2,356,458.                             | 1,556,886.                   | 79                  | 9,572.    |  |  |  |  |  |  |
| <b>e</b> Other  |   |  |                              |                     |           |  |  |  |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must  | equal Form 990, Part X, o   | column (B), line 10c.)                 | <b>.</b>                     | 80                  | 6,495.    |  |  |  |  |  |  |
| DAA   |   |  | Caha                         | dula D (Form C      | 00) 2016  |  |  |  |  |  |  |

Schedule **D** (Form 990) 2016

| Part VII Investments — Other Securities. Complete if the organization answered  | l 'Ves' on Form 99  | N/A<br>N Part IV line 11h See Form               | 990 Part Y line 12          |
|---|---------------------|--|-----------------------------|
| (a) Description of security or category (including name of security)  | (b) Book value      | (c) Method of valuation: Cost or en              |                             |
| (1) Financial derivatives   | (b) Book value      | (c) method of valuation, cost of on              | a or your market value      |
| (2) Closely-held equity interests.  |                     |  |                             |
| (3) Other   |                     |  |                             |
| (A)   |                     |  |                             |
| (B)   |                     |  |                             |
| (C)   |                     |  |                             |
| (D)   |                     |  |                             |
| (E)   |                     |  |                             |
| (F)   |                     |  |                             |
| (G)   |                     |  |                             |
| (H)   |                     |  |                             |
| _(l)  |                     |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)  | •                   |  |                             |
| Part VIII Investments — Program Related. Complete if the organization answered  | l 'Vec' on Form 991 | N/A<br>N Part IV line 11c See Form               | 000 Part Y line 13          |
| (a) Description of investment   | (b) Book value      | (c) Method of valuation: Cost or e               |                             |
| (1)   | (D) Book Value      | (b) Metrica of Valuation: east of of             | na or your market value     |
| (2)   |                     |  |                             |
| (3)   |                     |  |                             |
| (4)   |                     |  |                             |
| (5)   |                     |  |                             |
| (6)   |                     |  |                             |
| (7)   |                     |  |                             |
| (8)   |                     |  |                             |
| (9)   |                     |  |                             |
| (10)  |                     |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  |                     |  |                             |
| Part IX Other Assets. Complete if the organization answered   | N/A                 | N<br>N Part IV line 11d See Form                 | 990 Part Y line 15          |
|   | scription           | o, raitiv, iiile iia. See i oiiii                | (b) Book value              |
| (1)   |                     |  |                             |
| (2)   |                     |  |                             |
| (3)   |                     |  |                             |
| (4)   |                     |  |                             |
| (5)   |                     |  |                             |
| <u>(6)</u> <u>(7)</u>   |                     |  |                             |
| (8)   |                     |  |                             |
| (9)   |                     |  |                             |
| (10)  |                     |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (  | B) line 15.)        |  | <b>&gt;</b>                 |
| Part X Other Liabilities.   |                     |  |                             |
| Complete if the organization answered 'Yes' on F  |                     |  | 25                          |
| (a) Description of liability (1) Federal income taxes   | (b) Book value      |  |                             |
| (1) Federal income taxes (2)  |                     |  |                             |
| (3)   |                     |  |                             |
| (4)   |                     |  |                             |
| (5)   |                     |  |                             |
| (6)   |                     |  |                             |
| (7)   |                     |  |                             |
| (8)   |                     |  |                             |
| (9)   |                     |  |                             |
| (10)  |                     |  |                             |
| (11)  |                     |  |                             |
| Total (Column (h) must saved Farms 000 Dant V I (D) II 05   | <b>▶</b>            |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo |                     | inancial statements that reports the experiments | n's lighility for uncortain |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R  | eturn.  |                            |
|--|---------|----------------------------|
| 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       | 49,031,909.                |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |         |                            |
| a Net unrealized gains (losses) on investments   |         |                            |
| b Donated services and use of facilities   |         |                            |
| c Recoveries of prior year grants  |         |                            |
| d Other (Describe in Part XIII.)   |         |                            |
| e Add lines 2a through 2d.   | 2 e     |                            |
| 3 Subtract line 2e from line 1   | 3       | 49,031,909.                |
| 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   |         |                            |
| b Other (Describe in Part XIII.)   |         |                            |
| c Add lines 4a and 4b.   | 4 c     |                            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5       | 49,031,909.                |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   | Return  | ì.                         |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |         |                            |
| 1 Total expenses and losses per audited financial statements   | 1       | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |         |                            |
|  |         |                            |
| a Donated services and use of facilities   |         |                            |
|  | _       |                            |
| a Donated services and use of facilities   | -       |                            |
| a Donated services and use of facilities       2 a         b Prior year adjustments       2 b  | _       |                            |
| a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c  | 2 e     |                            |
| a Donated services and use of facilities  b Prior year adjustments  c Other losses.  2 c  d Other (Describe in Part XIII.)  2 d  | 2 e 3   | 47,898,992.                |
| a Donated services and use of facilities  b Prior year adjustments  c Other losses  c Other (Describe in Part XIII.)  e Add lines 2a through 2d.   |         | 47,898,992.                |
| 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. 3 Subtract line 2e from line 1. 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  |         | 47,898,992.                |
| 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.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b                       | 3       | 47,898,992.                |
| 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.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b | 3<br>4c |                            |
| 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.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b                       | 3<br>4c | 47,898,992.<br>47,898,992. |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2016

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FEEDING AMERICA Employer identification number 33-0072922 RIVERSIDE & SAN BERNARDINO COUNTIES Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

|                                 |          | G (Form 990 or 990-EZ) 2016 FEEDING   |   |  | 33-00                                   |  |
|---------------------------------|----------|---|---|--|---|--|
| Par                             | t II     | Fundraising Events. Complete if t<br>more than \$15,000 of fundraising<br>List events with gross receipts gre | event contributions                       | nswered 'Yes' on Fo<br>s and gross income            | orm 990, Part IV, li<br>on Form 990-EZ, | ne 18, or reported lines 1 and 6b.                         |
| R                               |          | 3 . 3   | (a) Event #1  MISC FUNDRAISI (event type) | (b) Event #2   | (c) Other events  NONE (total number)   | (d) Total events<br>(add column (a)<br>through column (c)) |
| R<br>E<br>V<br>E<br>N<br>U<br>E | 1        | Gross receipts  | 185,059.                                  |  |   | 185,059.   |
| Ė                               | 2        | Less: Contributions   | 185,059.                                  |  |   | 185,059.   |
|                                 | 3        | Gross income (line 1 minus line 2)  |   |  |   |  |
|                                 | 4        | Cash prizes   |   |  |   |  |
| D                               | 5        | Noncash prizes  |   |  |   |  |
| D<br>R<br>E<br>C<br>T           | 6        | Rent/facility costs   |   |  |   |  |
|                                 | 7        | Food and beverages  |   |  |   |  |
| X<br>P<br>E                     | 8        | Entertainment   |   |  |   |  |
| EXPENSES                        | 9        | Other direct expenses   |   |  |   |  |
| 5                               | 10<br>11 | Direct expense summary. Add lines 4 thro<br>Net income summary. Subtract line 10 fro                          |   |  |   |  |
| Par                             | t III    | <b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.                                     |   |  |   | ported more than   |
| R<br>E<br>V<br>E<br>N<br>U<br>E |          |   | (a) Bingo                                 | <b>(b)</b> Pull tabs/instant bingo/progressive bingo | (c) Other gaming                        | (d) Total gaming<br>(add column (a)<br>through column (c)) |
| U<br>E                          | 1        | Gross revenue   |   |  |   |  |
|                                 | 2        | Cash prizes   |   |  |   |  |
| D X<br>I P<br>R E<br>E N        | 3        | Noncash prizes  |   |  |   |  |
| Č S<br>T E<br>S                 | 4        | Rent/facility costs   |   |  |   |  |
|                                 | 5        | Other direct expenses   |   |  |   |  |
|                                 | 6        | Volunteer labor   | Yes 8                                     | Yes 8  | Yes 8                                   |  |
|                                 | 7        | Direct expense summary. Add lines 2 three   | ough 5 in column (d)                      |  |   |  |
|                                 | 8        | Net gaming income summary. Subtract li  | ne 7 from line 1, colum                   | ın (d)   |   |  |
| a                               | ls th    | er the state(s) in which the organization conce organization licensed to conduct gaming lo,' explain:         | activities in each of th                  |  |   | Yes No   |

**b** If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

| Schedule G (Form 990 or 990-EZ) 2016 FEEDING AME   | RICA   | 33-0072                   | 922                | Page 3 |
|--|--|---------------------------|--------------------|--------|
| 11 Does the organization conduct gaming activities with  |  |                           | Yes                | No     |
| 12 Is the organization a grantor, beneficiary or trustee of a t administer charitable gaming?  | rust, or a member of a partnership or other entity formed  |                           | Yes                | No     |
| 13 Indicate the percentage of gaming activity conducted in:  |  | 1 1                       |                    |        |
| <b>a</b> The organization's facility   |  | 13 2                      |                    | %      |
| <b>b</b> An outside facility.  |  | <u> </u>                  |                    | %      |
| 14 Enter the name and address of the person who prepares   |  |                           |                    |        |
| Name ►   |  |                           |                    |        |
| Address ►  |  | · — — — - <i>·</i>        |                    |        |
| <ul> <li>15a Does the organization have a contract with a third pa</li> <li>b If 'Yes,' enter the amount of gaming revenue receive of gaming revenue retained by the third party ► \$</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul> |  | enue?<br>I the amoun      |                    | No     |
| Name ►   |  |                           |                    |        |
| A.I.I.   |  |                           |                    |        |
| 16 Gaming manager information:   |  |                           |                    |        |
| Name ►   |  |                           |                    |        |
| Gaming manager compensation ► \$   |  |                           |                    |        |
| Description of services provided ►   |  |                           |                    |        |
| Director/officer Employee  | Independent contractor   |                           |                    |        |
| 17 Mandatory distributions   |  |                           |                    |        |
| a Is the organization required under state law to make char<br>state gaming license?   | itable distributions from the gaming proceeds to retain the  | Э                         | Yes                | No     |
| <b>b</b> Enter the amount of distributions required under state law organization's own exempt activities during the tax y  | 1 3 1  | in the                    | -ш                 |        |
| Part IV Supplemental Information. Provide the  | ne explanations required by Part I, line 2b, one in the contract of the contra | columns (i<br>any additio | iii) and (<br>onal | v);    |
|  |  |                           |                    |        |
|  |  |                           |                    |        |
|  |  |                           |                    |        |
|  |  |                           |                    |        |
|  |  |                           |                    |        |
|  |  |                           |                    |        |
|  |  |                           |                    |        |

## SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

AH - I - F - .... 000

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Infor

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

Part I Types of Property

| Employer identification number | 33-0072922

|     |   | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | Method of de noncash contribu | etermini | ng<br>nounts |  |  |
|-----|---|-------------------------------|--|--|-------------------------------|----------|--------------|--|--|
| 1   | Art — Works of art  |                               |  |  |                               |          |              |  |  |
| 2   | Art – Historical treasures  |                               |  |  |                               |          |              |  |  |
| 3   | Art — Fractional interests  |                               |  |  |                               |          |              |  |  |
| 4   |   |                               |  |  |                               |          |              |  |  |
| 5   |   |                               |  |  |                               |          |              |  |  |
| 6   | Cars and other vehicles   |                               |  |  |                               |          |              |  |  |
| 7   | Boats and planes  |                               |  |  |                               |          |              |  |  |
| 8   | Intellectual property   |                               |  |  |                               |          |              |  |  |
| 9   | Securities – Publicly traded  |                               |  |  |                               |          |              |  |  |
| 10  | Securities - Closely held stock   |                               |  |  |                               |          |              |  |  |
| 11  | Securities – Partnership, LLC, or trust interests .                         |                               |  |  |                               |          |              |  |  |
| 12  | Securities - Miscellaneous  |                               |  |  |                               |          |              |  |  |
| 13  | Qualified conservation contribution — Historic structures                   |                               |  |  |                               |          |              |  |  |
| 14  | Qualified conservation contribution — Other                                 |                               |  |  |                               |          |              |  |  |
| 15  | Real estate – Residential   |                               |  |  |                               |          |              |  |  |
| 16  | Real estate – Commercial  |                               |  |  |                               |          |              |  |  |
| 17  |   |                               |  |  |                               |          |              |  |  |
| 18  | 8 Collectibles  |                               |  |  |                               |          |              |  |  |
| 19  |   |                               |  |  |                               |          |              |  |  |
| 20  |   |                               |  |  |                               |          |              |  |  |
| 21  |   |                               |  |  |                               |          |              |  |  |
| 22  | Historical artifacts  |                               |  |  |                               |          |              |  |  |
| 23  | Scientific specimens  |                               |  |  |                               |          |              |  |  |
| 24  | Archeological artifacts   |                               |  |  |                               |          |              |  |  |
| 25  | Other ► ()  |                               |  |  |                               |          |              |  |  |
| 26  | Other ► ()  |                               |  |  |                               |          |              |  |  |
| 27  | Other ► ()  |                               |  |  |                               |          |              |  |  |
| 28  | Other► ( )  |                               |  |  |                               |          |              |  |  |
| 29  | Number of Forms 8283 received by the organization de                        | uring the tax                 | year for contributions for                       | r which the  |                               |          |              |  |  |
|     | organization completed Form 8283, Part IV, Done                             | e Acknowled                   | dgement  |  | 29                            |          |              |  |  |
|     |   |                               |  |  |                               | Yes      | No           |  |  |
| 30a | During the year, did the organization receive by contril                    | bution any pr                 | operty reported in Part I.                       | lines 1 through 28, that   |                               |          |              |  |  |
| oou | it must hold for at least three years from the date                         |                               |  |  |                               |          |              |  |  |
|     | for exempt purposes for the entire holding period?                          | ?                             |  |  | 30 a                          |          | X            |  |  |
| b   | If 'Yes,' describe the arrangement in Part II.                              |                               |  |  |                               |          |              |  |  |
| 31  | Does the organization have a gift acceptance police                         | cy that requi                 | res the review of any n                          | nonstandard contributio  | ns? <b>31</b>                 |          | X            |  |  |
| 32a | Does the organization hire or use third parties or r noncash contributions? | •                             |  |  | 32a                           |          | Х            |  |  |
| b   | If 'Yes,' describe in Part II.  |                               |  |  |                               |          |              |  |  |
| 33  | If the organization didn't report an amount in columbscribe in Part II.     | mn (c) for a                  | type of property for wh                          | nich column (a) is chec  | ked,                          |          |              |  |  |

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

Schedule M (Form 990) (2016)

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

#### **SCHEDULE M - ADDITIONAL INFORMATION**

LINE 19: DONATED FOOD VALUE IS CALCULATED ANNUALLY BY AN INDEPEDENT THIRD PARTY ON BEHALF OF OUR NATIONAL NETWORK, FEEDING AMERICA. THIS FISCAL YEAR THE VALUE WAS DETERMINED TO BE \$1.67 PER POUND FOR ALL PRODUCTS DONATED. THE VALUE OF USDA COMMODITIES IS DETERMINED AND PROVIDED BY USDA. THIS FIGURE REFLECTS THE VALUE OF ALL DONATED PRODUCT RECEIVED DURING THIS FISCAL YEAR.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

Employer identification number 33-0072922

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

DRAFT COPY OF THE ORGANIZATION RETURNS ARE PROVIDED TO MANAGEMENT AND THE BOARD FOR REVIEW AND APPROVAL PRIOR TO THE ISSUANCE OF THE FINALIZE RETURNS.

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

EVERY YEAR EACH BOARD MEMBER AND KEY EMPLOYEE ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DOCUMENT AND DECLARE ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS.

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD REVIEWS THE COMPENSATION PACKAGE AND COMPARES TO LOCAL EQUIVALENT ORGANIZATIONS TO DETERMINE THE CEO'S COMPENSATION PACKAGE.

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

ALL FINANCIAL DOCUMENTS, INCLUDING AUDITS AND THE 990 ARE POSTED ON OUR WEBSITE AND AVAILABLE FOR DOWNLOAD. DETAILED INFORMATION, INCLUDING THESE DOCUMENTS, ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

#### Voucher at bottom of page.

## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2016 FTB 3586' on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the

close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** 

Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE \_\_\_\_ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR CALIFORNIA FORM **Payment Voucher for Corporations and** 2016 **Exempt Organizations e-filed Returns** 3586 (e-file) 1220988 FEED 33-0072922 000000000000 16 FORM TYB 07-01-16 TYE 06 - 30 - 17FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES STEPHANIE OTERO 2950 JEFFERSON STREET B 92504 RIVERSIDE CA

(951) 359-4757

6181166 059 CACA1201L 12/15/16 FTB 3586 2016

AMOUNT OF PAYMENT

10.

# 2016 California Exempt Organization Annual Information Return

FORM

199

|                         |                                     | scal year beginning (mm/dd/   | yyyy) <b>7/</b>  | 01/201               | 16 , a              | and ending (n                       | mm/dd/yyyy)                                   | 6/30/                         | 201           | 7 ·                         |              |
|-------------------------|-------------------------------------|---|------------------|----------------------|---------------------|-------------------------------------|---|-------------------------------|---------------|-----------------------------|--------------|
| Corporation/Or          | ganization name                     | FEEDING AMERICA   |                  | •                    |                     |                                     |   |                               |               | alifornia corporation n     | umber        |
|                         |                                     | RIVERSIDE & SAN   |                  | INO CO               | UNTI                | ES                                  |   |                               |               | .220988                     |              |
|                         | rmation. See ins                    | tructions.  |                  |                      |                     |                                     |   |                               | 3             | EIN<br>33-0072922<br>MB no. |              |
|                         | (suite or room)                     | STREET B  |                  |                      |                     |                                     |   |                               | PI            | IVIB NO.                    |              |
| City                    | <u> </u>                            | DIRECT D  |                  |                      |                     |                                     | State   |                               | Zi            | p code                      |              |
| RIVERS                  |                                     |   |                  |                      |                     |                                     | CA  |                               |               | 2504                        |              |
| Foreign country         | y name                              |   |                  |                      |                     |                                     | Foreign province                              | /state/county                 | F             | oreign postal code          |              |
| B Amended C IRC Section | Return                              | rust  | • Yes            | X No<br>X No<br>X No | or<br>Se            | ganization enga<br>e instructions . | R&TC Section 23                               | activities?                   |               |                             | X No         |
| ● ☐ Di<br>Enter date    | issolved ●<br>e (mm/dd/yyyy         | Surrendered (Withdrawn)   | ● Merged/R       | eorganized           | If                  | 'Yes,' enter the                    | n exempt under<br>gross receipts fi<br>ces    | om                            |               | g?   Yes  Yes               | X No         |
| 1 🔲 0                   |                                     | Accrual <b>3</b> Other  | <b>2.</b> □0     |                      | an                  | d meets the filir                   | exempt under R<br>ng fee exception<br>equired | check box.                    |               |                             |              |
|                         | ner 990 series                      | ● 990T <b>2</b> ● 990-PF  | <b>3</b> ● Sc    | n H (990)            |                     | =                                   | n a Limited Liab                              |                               |               |                             | <b>X</b> No  |
|                         |                                     | e instructions  | • Yes            | <b>X</b> No          | <b>N</b> Di         | d the organizati                    | ion file Form 100                             | or Form 109                   | to repo       | ort                         | X No         |
|                         | ganization in a<br>vhat is the pare | group exemption?  | Yes              | X No                 |                     |                                     | n under audit by<br>year?                     |                               |               |                             | X No         |
| -                       |                                     |   |                  |                      | P Is                | federal Form 10                     | 023/1024 pendi                                | ng?                           |               | Yes                         | No           |
|                         | •                                   | e any changes to its guidelines<br>See instructions   | • Yes            | <b>X</b> No          | Da                  | te filed with IR                    | <u></u>                                       |                               |               | CACA1112L                   | 11/30/16     |
| Part I                  | Complete F                          | art I unless not required to  | o file this form | ı. See Ge            | neral I             | nstructions                         | B and C.                                      |                               |               |                             |              |
|                         | 1 Gross                             | sales or receipts from other  | er sources. Fr   | om Side              | 2, Part             | II, line 8                          |   | •                             | 1             | 1,233                       | ,852.        |
|                         |                                     | dues and assessments fro  |                  |                      |                     |                                     |   | <u>-</u>                      | 2             |                             |              |
| Receipts<br>and         | <b>3</b> Gross                      | contributions, gifts, grants  | , and similar a  | amounts              | receive             | ed                                  | SEESC   | HB. ●                         | 3             | 47,804                      | <u>,974.</u> |
| Revenues                |                                     | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Instruction B |                  |                      |                     |                                     | _   |                               |               |                             |              |
|                         |                                     | •   |                  |                      |                     |                                     | ral Instructio                                | n B ●                         | 4             | 49,038                      | <u>,826.</u> |
|                         |                                     | of goods sold   |                  |                      |                     |                                     |   | 6 017                         |               |                             |              |
|                         |                                     | or other basis, and sales ex  |                  |                      |                     |                                     |   | 6,917.                        |               |                             | 017          |
|                         |                                     | costs. Add line 5 and line 6  |                  |                      |                     |                                     |   |                               | 7             |                             | 917.         |
|                         |                                     | gross income. Subtract line expenses and disbursemer  |                  |                      |                     |                                     |   |                               | <u>8</u><br>9 | 49,031                      |              |
| Expenses                | 9 TOTAL                             | s of receipts over expense  | a and dishura    | : Z, Fail i          | II, IIIIE<br>Subtra | t lina a fran                       |   |                               | 10            | 47,898                      |              |
|                         | l                                   |   |                  |                      |                     |                                     |   |                               | 11            | 1,132                       | <u>,917.</u> |
|                         |                                     | payments<br>ax. See General Instruction   |                  |                      |                     |                                     |   |                               | 12            |                             |              |
|                         |                                     | ents balance. If line 11 is r   |                  |                      |                     |                                     |   |                               | 13            |                             |              |
|                         | _                                   | ax balance. If line 12 is mo  |                  |                      |                     |                                     |   |                               | 14            |                             |              |
| Filing<br>Fee           |                                     |   |                  | •                    |                     |                                     |   | -                             | 15            |                             | 10           |
| 100                     | Ū                                   | fee \$10 or \$25. See Gener   |                  |                      |                     |                                     |   |                               | 16            |                             | 10.          |
|                         |                                     | ties and Interest. See Gene   |                  |                      |                     |                                     |   |                               |               |                             |              |
|                         |                                     | e due. Add line 12, line 15, and lin  |                  |                      |                     |                                     |   |                               | 17            |                             | 10.          |
| Sign                    | correct, and co                     | of perjury, I declare that I have examplete. Declaration of preparer (oth   |                  |                      | all inform          | ation of which p                    |   | ind to the best<br>knowledge. |               |                             | it is true,  |
| Here                    | Signature  of officer               |   |                  | Title                |                     |                                     | Date  |                               | _             | Telephone                   |              |
|                         | or officer                          |   |                  | CEO                  |                     | Date                                | Checl   | cif                           |               | (951) 359-4<br>▶ PTIN       | : /5/        |
| Paid                    | Preparer's > signature              | MICHELE SUCHAN  |                  |                      |                     | 12/11/1                             | self-   |                               |               | 00123639                    |              |
| Preparer's              |                                     | SUCHAN & ASSO   | CIATES           |                      |                     | 1// -                               | , op.   |                               |               | FEIN                        |              |
| Use Only                | Firm's name<br>(or yours, if        | ► 3286 E GUAST:   |                  | 130                  |                     |                                     |   |                               |               | 51-1675902                  |              |
|                         | self-employed)<br>and address       | ONTARIO, CA   |                  |                      |                     |                                     |   |                               |               | Telephone                   |              |
|                         |                                     |   |                  |                      |                     |                                     |   |                               | 9             | 009-781-644                 | 3            |
|                         | May the F                           | TB discuss this return with   | the preparer s   | shown ab             | ove? S              | See instruction                     | ons   |                               | . •           | <b>X</b> Yes                | No           |

FEEDING AMERICA

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

|           |  | regai   | uless of alliquit of gloss receipts —        | complete Fart II of Turnis | sii substitute iiiioiiiiatioii            |                         |                    |          |             |
|-----------|--|---------|--|----------------------------|---|-------------------------|--------------------|----------|-------------|
|           |  | 1       | Gross sales or receipts from all b           | usiness activities. See    | instructions                              |                         | 1                  |          |             |
|           |  | 2       | Interest                                     |                            |   |                         |                    |          |             |
|           |  | 3       | Dividends                                    |                            |   |                         |                    |          |             |
| Rece      |  | 4       | Gross rents                                  |                            |   |                         |                    |          |             |
| from Othe |  | 5       | Gross royalties                              |                            |   |                         |                    |          |             |
| Sour      |  | 6       | Gross amount received from sale              |                            |   |                         |                    |          | 11,000.     |
|           |  | 7       | Other income. Attach schedule                |                            |   |                         |                    |          | 1,222,852.  |
|           |  | 8       | Total gross sales or receipts from other so  |                            |   |                         | 8                  |          | 1,233,852.  |
|           |  | 9       | Contributions, gifts, grants, and similar an | -                          |   |                         |                    |          | 1,233,632.  |
|           |  | 10      |  |                            |   |                         |                    |          |             |
|           | <ul><li>10 Disbursements to or for members.</li><li>11 Compensation of officers, directors, and trustees. Attach schedule.</li></ul> |         |  |                            |   |                         |                    |          | 00 046      |
|           | 11 Compensation of officers, directors, and trustees. Attach schedule  |         |  |                            |   |                         |                    | 90,846.  |             |
| Expe      | nses   | 13      | Interest                                     |                            |   |                         |                    |          | 1,094,053.  |
| and       |  |         |  |                            |   |                         |                    |          | 1,023.      |
| ment      | urse-  | 14      | Taxes  |                            |   |                         |                    |          | 84,791.     |
|           |  | 15      | Rents  |                            |   |                         |                    |          | 460,559.    |
|           |  | 16      | Depreciation and depletion (See              |                            |   |                         |                    |          | 220,547.    |
|           |  | 17      | Other Expenses and Disbursemen               |                            |   |                         |                    |          | 45,947,173. |
|           |  | 18      | Total expenses and disbursements. Add li     |                            |   |                         | 18                 |          | 47,898,992. |
| Sch       | edule  | : L     | Balance Sheet                                |                            | taxable year                              |                         | d of tax           | kabl     | e year      |
| Asse      |  |         |  | (a)                        | (b)                                       | (c)                     |                    |          | (d)         |
| 1         |  |         |  |                            | 761,214.                                  |                         |                    | •        | 651,399.    |
| 2         |  |         | receivable                                   |                            | 647,718.                                  |                         |                    | <u> </u> | 638,082.    |
| 3         |  |         | eivable                                      |                            | 500 006                                   |                         |                    | <u> </u> | 1 005 050   |
| 4         |  |         |  |                            | 582,936.                                  |                         |                    | <u> </u> | 1,825,070.  |
| 5         |  |         | tate government obligations                  |                            |   |                         |                    | •        |             |
| 6         |  |         | n other bonds                                |                            |   |                         |                    | •        |             |
| 7         |  |         | n stock                                      |                            |   |                         |                    | -        |             |
| 8         |  | •       | 18   |                            |   |                         |                    | _        |             |
| 9         |  |         | nents. Attach schedule                       |                            |   |                         |                    | _        |             |
|           | •  |         | ssets  | 2,330,351.                 |   | 2,400,7                 |                    |          |             |
| b         |  |         | ated depreciation                            | 1,488,507.                 | 841,844.                                  | 1,594,2                 |                    |          | 806,495.    |
| 11        |  |         |  |                            |   |                         |                    | _        |             |
| 12        |  |         | Attach schedule                              |                            | 60,118.                                   |                         | •                  |          | 38,723.     |
| 13        | Total a  | ssets   |  |                            | 2,893,830.                                |                         |                    |          | 3,959,769.  |
| Liabi     |  |         | et worth                                     |                            |   |                         |                    |          |             |
| 14        |  |         | able   |                            | 206,658.                                  |                         |                    | •        | 125,976.    |
| 15        | Contrib  | utions  | , gifts, or grants payable                   |                            |   |                         |                    |          |             |
| 16        |  |         | otes payable                                 |                            |   |                         |                    | •        |             |
| 17        |  |         | yable  |                            | 160,000.                                  |                         | •                  |          | 160,000.    |
| 18        | Other li   | abiliti | es. Attach schedule                          |                            | 24,100.                                   |                         |                    |          | 37,804.     |
| 19        | •  |         | or principal fund                            |                            | 2,503,072.                                |                         |                    |          | 3,635,989.  |
| 20        |  |         | oital surplus. Attach reconciliation         |                            |   |                         |                    |          |             |
| 21        |  |         | ings or income fund                          |                            |   |                         |                    | •        |             |
|           |  |         | ies and net worth                            |                            | 2,893,830.                                |                         |                    |          | 3,959,769.  |
| Sch       | edule  | : M-    |  |                            |   |                         |                    |          |             |
|           |  |         | Do not complete this schedule if             |                            |   |                         |                    |          |             |
| 1         |  |         | er books                                     | 1,132,917                  | <del></del>                               | books this year not inc | _                  |          |             |
| 2         |  |         | ne tax                                       |                            |   | h schedule              | · · · · · <u> </u> | <u> </u> |             |
| 3         |  |         |  |                            | 8 Deductions in this r against book incom | •                       |                    |          |             |
| 4         |  |         | ecorded on books this year.                  |                            |   |                         | 1                  |          |             |
| 5         |  |         | orded on books this year not deducted        |                            |   | nd line 8               |                    |          |             |
| J         | in this  | return  | . Attach schedule                            |                            | 10 Net income per                         |                         |                    |          |             |
| 6         |  |         | e 1 through line 5                           | 1,132,917                  | · ·                                       | from line 6             | F                  |          | 1,132,917.  |
|           | . Juli F   | 1111    | ong v  | 1,102,011                  | -1  |                         | 1                  |          | _,,,        |
|           |  |         |  |                            |   |                         |                    |          |             |

3652164 **Side 2** Form 199 C1 2016 059 CACA1112L 11/30/16

#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service CALIFORNIA COPY

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

| Name of the organization FEEDING AMERI   | ······································   | Employer identification number   |
|--|--|--|
|  | SAN BERNARDINO COUNTIES  | 33-0072922   |
| Organization type (check one):   |  | 1 2 2 2 2  |
| Filers of:   | Section:   |  |
| Form 990 or 990-EZ   | $\overline{X}$ 501(c)( 3 ) (enter number) organization   |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> tre   | eated as a private foundation  |
|  | 527 political organization   |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |
| FOIII 990-PF   |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated  | d as a private foundation  |
|  | 501(c)(3) taxable private foundation   |  |
| Check if your organization is covered by the   | General Rule or a Special Rule.  |  |
| <b>Note.</b> Only a section 501(c)(7), (8), or (1  | 0) organization can check boxes for both the General Ru  | lle and a Special Rule. See instructions.  |
| General Rule    X   For an organization filing Form 990, property) from any one contributor. | 990-EZ, or 990-PF that received, during the year, contrib<br>Complete Parts I and II. See instructions for determining   | outions totaling \$5,000 or more (in money or a contributor's total contributions. |
| Special Rules  |  |  |
| For an organization described in sec   | tion 501(c)(3) filing Form 990 or 990-EZ that met the 33-  | 1/3% support test of the regulations   |
| received from any one contributor, d   | (A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part<br>uring the year, total contributions of the greater of (1) \$5<br>orm 990-EZ, line 1. Complete Parts I and II. | II, line 13, 16a, or 16b, and that 5,000 or ( <b>2</b> ) 2% of the amount on (i)   |
| For an organization described in sec   | tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that  | t received from any one contributor,   |
| purposes, or for the prevention of cr  | f more thán \$1,000 <i>exclusively</i> for religious, charitable, s<br>uelty to children or animals. Complete Parts I, II, and III.  | cientific, interary, or educational  |
| For an organization described in sec   | tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that  | t received from any one contributor.   |
| during the year, contributions exclus  | ively for religious, charitable, etc., purposes, but no such   | contributions totaled more than  |
|  | here the total contributions that were received during the<br>plete any of the parts unless the <b>General Rule</b> applies to   |  |
|  | charitable, etc., contributions totaling \$5,000 or more dur   |  |
|  |  |  |
|  |  |  |
| Caution. An organization that isn't cover  | red by the General Rule and/or the Special Rules doesn't   | file Schedule B (Form 990, 990-EZ, or  |
| 990-PF), but it <b>must</b> answer 'No' on Par Part I, line 2, to certify that it doesn't me | t IV, line 2, of its Form 990; or check the box on line H o<br>eet the filing requirements of Schedule B (Form 990, 990  | f its Form 990-EZ or on its Form 990-PF,<br>-EZ, or 990-PF).                       |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of

5 of Part I

Employer identification number

FEEDING AMERICA 33-0072922

| Part I        | art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                               |  |  |
|---------------|--|-------------------------------|--|--|
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| 1             | P.O. BOX 54143  LOS ANGELES, CA 90054  | \$125,000.                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| 2             | BANK OF AMERICA  3650 14TH STREET  RIVERSIDE, CA 92501   | \$28,955.                     | Person X Payroll   |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| 3             | FOOD 4 LESS  P.O. BOX 54143  LOS ANGELES, CA 90054   | \$ <u>85,000.</u>             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| 4             | TARGET  14750 MILLER AVE  FONTANA, CA 92336  | \$8,000.                      | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| 5             | INLAND VALLEY ASSOC OF REALTORS FN  3690 ELIZABETH ST  RIVERSIDE, CA 92506                           | \$ <u>5,000</u> .             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |  |
| <u>6</u>      | FEEDING AMERICA  35 E WACKER DR  CHICAGO, IL 60601   | \$22,585.                     | Person X Payroll Noncash  (Complete Part II for                          |  |

2 of

5 of Part I

Name of organization

Employer identification number 33-0072922

FEEDING AMERICA

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

| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|---------------------------------|--|--|---|
| 7                               | STATER BROS. CHARITIES   |  | Person X Payroll  |
|                                 | P.O. BOX 150   | \$45,000.  | Noncash   |
|                                 | SAN BERNARDINO, CA 92402   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 8                               | JARDEN CONSUMER SOLUTIONS COMM FUND  |  | Person X Payroll  |
|                                 | 2381 NW EXECUTIVE CENTER DR  | \$10,000.  | Noncash   |
|                                 | BOCA RATON, FL 33431   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 9                               | BANK OF AMERICA CORP   |  | Person X Payroll  |
|                                 | 125 DUPONT DR  | \$ <u>28,955.</u>  | Noncash   |
|                                 | PROVIDENCE, RI 02907   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|                                 |  | Contributions  |   |
| 10_                             | THE ANNENBERG FOUNDATION   | Contributions  | Person X  |
| 10_                             | THE ANNENBERG FOUNDATION  2000 AVE OF THE STARS  | \$ 80,000.   | Person X Payroll Noncash  |
| 10_                             | 2000 AVE OF THE CTARS  |  | Payroll   |
| 10_<br>(a)<br>Number            | 2000 AVE OF THE STARS  |  | Payroll   |
| (a)                             | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  | \$ 80,000.<br>(c)  | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person  |
| (a)<br>Number                   | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  Name, address, and ZIP + 4  | \$ 80,000.<br>(c)  | Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution   |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION   | \$ 80,000.  (c)  Total contributions                                     | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll  |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  | \$ 80,000.  (c)  Total contributions                                     | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501                                       | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X  Payroll Noncash  Complete Part II for noncash contributions.)  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4           | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll   Noncash   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (Type of contribution   (Domination of the contribution of the contribution   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (d) |
| (a) Number  11  (a) Number      | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4  WAL-MART | \$ 80,000.  (c) Total contributions  \$ 40,000.  (c) Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution   |

Page 3 of

5 of Part I

FEEDING AMERICA

Employer identification number

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

| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
|----------------------|---|---|---|
| <u>13</u> _          | THE TJX COMPANIES   |   | Person X  |
|                      |   | \$ <u>17,</u> 768.  | Payroll Noncash   |
|                      | FRAMINGHAM, MA 01701  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>14</u> _          | UNION PACIFIC   |   | Person X Payroll  |
|                      | 1400 DOUGLES ST STE 1560  | \$ <u>7,500.</u>  |   |
|                      | OMAHA, NE 68179   |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>15</u> _          | GREEN_FOUNDATION  |   | Person X Payroll  |
|                      | 225 S LAKE AVE STE 1410   | \$25,000.   | Noncash   |
|                      | PASADENA, CA 91101  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution   |
| <u>16</u> _          | KAISER PERMANENTE- ONTARIO  |   | Person X Payroll  |
|                      |   |   |   |
|                      | 3633 E INLAND EMPIRE BLVD STE   | \$ <u>10,000.</u>   | Noncash   |
|                      | 3633 E INLAND EMPIRE BLVD STE ONTARIO , CA 91764  | \$ <u>10,000.</u>   |   |
| (a)<br>Number        |   | \$10,000.  (c)  Total contributions                         | Noncash (Complete Part II for   |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X   |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution   |
| Number               | ONTARIO , CA 91764  (b)  Name, address, and ZIP + 4  WELLS FARGO  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll  |
| Number               | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for   |
| <u>17</u> _          | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  (b)   | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X  Payroll Tor noncash contributions.)                |
| 17_<br>(a)<br>Number | Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)  |
| 17_<br>(a)<br>Number | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  CALIBER COLLISION | (c) Total contributions  \$50,000.  (c) Total contributions | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Part II for noncash contributions.) |

4 of

5 of Part I

FEEDING AMERICA

Employer identification number

| Part I | <b>Contributors</b> | (see instructions). | Use duplicate | copies of Part | I if additional | space is needed. |
|--------|---------------------|---------------------|---------------|----------------|-----------------|------------------|
|--------|---------------------|---------------------|---------------|----------------|-----------------|------------------|

| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
|-----------------------|--|---|---|
| <u>19</u> _           | MACY'S/BLOOMINGDALES   |   | Person X Payroll  |
|                       | P.O. BOX 8214  | \$6 <u>,</u> 220.                                       | Noncash   |
|                       | MASON , OH 45040   |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 20_                   | SUBARU OF AMERICA INC  |   | Person X  Payroll   |
|                       | P.O. BOX 6000  | \$10,000.   | Noncash   |
|                       | CHERRY HILL, NJ 08034  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 21_                   | CR&R INC   |   | Person X Payroll  |
|                       | 11292_WESTERN_AVE_P.OBOX_125   | \$5,000.  | Noncash   |
|                       | STANTON, CA 90580  |   | (Complete Part II for noncash contributions.)   |
|                       |  |   |   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| Number                | (b) Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  | (c)<br>Total<br>contributions                           | Person X  |
| Number                | Name, address, and ZIP + 4   | (c) Total contributions                                 |   |
| Number                | MITSUBISHI MOTORS NORTH A  | contributions   | Person X Payroll  |
| Number                | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  | contributions   | Person X Payroll Noncash  (Complete Part II for   |
| 22_<br>(a)<br>Number  | MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  (b)  | \$60,000.   | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4   | \$60,000.   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| 22 _ (a) Number  23 _ | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  (b)   | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Person X Payroll Noncash  (Complete Part II for noncash contribution  (Complete Part II for noncash contributions.)  (Complete Part II for noncash contributions.)  Person X  Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4                      | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll  |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4  ENTERPRISE HOLDINGS | \$ 60,000.  (c) Total contributions  \$ 5,000.          | Person X Payroll  |

5 of

5 of Part I

FEEDING AMERICA

Employer identification number

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|---------------|--|-------------------------------|--|
| <u>25</u> _   | COSTCO WHOLESALE  999 LAKE DRIVE  ISSAQUAH, WA 98027           | \$ 10,150.                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               | RED NOSE DAY FUND  488 MADISON AVE 10TH FL  NEW YORK, NY 10022 | \$10,990.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>27</u> _   | HUNGER IS KPM  1445 E REPUBLIC RD  SPRINGFIELD, MO 65804       | \$ <u>75,000.</u>             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                            | Person Payroll Complete Part II for noncash contributions.)              |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | \$<br>                        | Person Payroll Complete Part II for noncash contributions.)              |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                            | Person Payroll Complete Part II for noncash contributions.)              |

L to

of Part II

Name of organization

Employer identification number

1

FEEDING AMERICA 33-0072922

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed.                                |                      |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           | N/A   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | <br> \$<br>                                    |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | ć  |                      |
|                           |   | P  |                      |
| BAA                       | Sche  | edule B (Form 990, 990-Ez                      | , or 990-PF) (2016)  |

1 to

of Part III

Name of organization
FEEDING AMERICA

Employer identification number

| Part III                  | Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | he year from any one contrib<br>ompleting Part III, enter the tota<br>(Enter this information once. Se | <b>outor.</b> Comple<br>al of <i>exclusive</i> | te columns <b>(a)</b> through <b>(e) and</b><br>ely religious, charitable, etc., |  |
|---------------------------|---|--|--|--|--|
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |
|                           | N/A   |  |  |  |  |
|                           |   |  |  |  |  |
|                           | (e) Transfer of gift Transferee's name, address, and ZIP + 4  |  |  | ationship of transferor to transferee  |  |
|                           |   |  |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |
|                           |   |  | <br>   |  |  |
|                           | (e) Transfer of gift Transferee's name, address, and ZIP + 4  |  |  | Relationship of transferor to transferee   |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c)<br>Use of gift   |  | (d) Description of how gift is held  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4   | Rela   | ntionship of transferor to transferee  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift   |  | (d)<br>Description of how gift is held   |  |
|                           | L   |  | <br>   |  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4   | Rela   | ntionship of transferor to transferee  |  |
|                           |   |  |  |  |  |

#### IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2016 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year C corporations — File and Pay by April 18, 2017
Calendar year S corporations — File and Pay by March 15, 2017
Calendar year exempt organizations — File and Pay by May 15, 2017
Employees' trust and IRA — File and Pay by April 18, 2017
Fiscal year filers — See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without

penalty is extended to the next business day.

(951) 359-4757

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for

Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_\_\_ DETACH HERE \_\_\_\_ **CAUTION:** You may be required to pay electronically, see instructions. TAXABLE YEAR Payment for Automatic Extension CALIFORNIA FORM for Corporations and Exempt Organizations 2016 3539 (CORP 1220988 33-0072922 00000000000 16 FORM FEED 06-30-2017 07-01-2016 TYE FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES STEPHANIE OTERO 2950 JEFFERSON STREET B RIVERSIDE CA 92504

CACZ0401L 12/14/16 059 6141166 FTB 3539 2016

AMOUNT OF PAYMENT

10.

## 2016 Corporation Depreciation and Amortization

| 3885 |  |
|------|--|
| -    |  |

| Attac                                     | ch to Form 100 or For   | m 100W. FORI                                | 4 199                                     |                           |                         |                             |                          |                  |             |           |     |                            |
|---|---|---|---|---------------------------|-------------------------|-----------------------------|--------------------------|------------------|-------------|-----------|-----|----------------------------|
| Corporation name FEEDING AMERICA Californ |   |   |   |                           |                         |                             | ornia corporation number |                  |             |           |     |                            |
| RIVERSIDE & SAN BERNARDINO COUNTIES       |   |   |   |                           |                         |                             |                          |                  | 122         | 0988      | 3   |                            |
| Par                                       | Election To Ex  | cpense Certain Pro                          | perty Under IRC S                         | ection 179                |                         |                             |                          |                  |             |           |     |                            |
| 1   | Maximum deduction   | under IRC Section                           | 179 for California.                       |                           |                         |                             |                          |                  |             | 1         |     | \$25,000                   |
| 2   | Total cost of IRC Section 179 property placed in service.                                   |   |   |                           |                         |                             |                          | 2                |             |           |     |                            |
| 3   | Threshold cost of IRC Section 179 property before reduction in limitation                   |   |   |                           |                         |                             |                          | 3                |             | \$200,000 |     |                            |
| 4   | Reduction in limitation   |   |   |                           |                         |                             |                          |                  |             | 4         |     |                            |
| 5_  | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- |   |   |                           |                         |                             |                          |                  | 5           |           |     |                            |
| 6   | (a)   | Description of property                     |   | (b) Cost                  | (business ı             | use only)                   | (c)                      | Elected          | cost        |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
| 7   | Listed property (elec   |   | •   |                           |                         |                             |                          |                  |             |           | 1   |                            |
| 8   | Total elected cost of   |   |   |                           |                         |                             |                          |                  |             | 8         |     |                            |
| 9   | Tentative deduction.  |   |   |                           |                         |                             |                          |                  |             | 9         |     |                            |
| 10  | Carryover of disallov   |   |   |                           |                         |                             |                          |                  |             | 10<br>11  |     |                            |
| 11<br>12                                  | Business income lim IRC Section 179 exp   |   |   |                           |                         |                             |                          |                  |             | 12        |     |                            |
| 13  | Carryover of disallow   |   |   |                           |                         | _                           |                          | <u> </u>         |             | 12        |     |                            |
| Par                                       |   | nd Election of Addit                        |   |                           |                         |                             |                          | n 243            | 56          |           |     |                            |
| 14  | (a)   | (b)   | (c)                                       | (d)                       |                         | (e)                         | (f                       |                  | (9          | n)        |     | (h)                        |
| 1-7                                       | Description   | Date acquired                               | Cost or                                   | Depreci                   | iation                  | Depreciation                |                          | or               | Depreci     | ation :   | for | Additional first           |
|   | of property   | (mm/dd/yyyy)                                | other basis                               | allowe<br>allowab         |                         | method                      | rat                      | e                | this        | year      |     | year                       |
|   |   |   |   | earlier                   |                         |                             |                          |                  |             |           |     | depreciation               |
| WAI                                       | K IN COOLER   | 4/01/1992                                   | 11,061.                                   |                           | ,061.                   | S/L                         |                          | 5                |             |           |     |                            |
| _   | K IN FREEZER  |   | 64,360.                                   |                           | ,360.                   | S/L                         |                          | 5                |             |           |     |                            |
|   | K IN COOLER   | 2/01/1994                                   | 20,551.                                   |                           | ,551.                   | S/L                         |                          | 5                |             |           |     |                            |
|   | OWN RC3020/BA   | 6/30/2005                                   | 13,469.                                   |                           | ,469.                   | S/L                         |                          | 5                |             |           |     |                            |
| _   | BALER   | 7/15/2013                                   | 11,886.                                   |                           | ,129.                   | S/L                         |                          | 5                |             | 2,37      | 7.  | _                          |
|   | Add the amounts in  |   |   |                           | •                       |                             | 4                        |                  |             | •         |     |                            |
|   | \$2,000. See instruct   |   |   |                           |                         |                             |                          | 15               | 22          | 0,54      | 7.  |                            |
| Par                                       |   | ·   | , ,                                       |                           |                         |                             |                          |                  |             |           |     |                            |
| 16  | Total: If the corporati   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   | IRC Section 179 exp<br>Additional first year  | pense, add the amo                          | ount on line 12 and                       | line 15, co               | olumn (g)               | or                          | 5 colu                   | mnc (            | a) and (h   | ۱ ۵۲      |     |                            |
|   | Depreciation (if no e   |   |   |                           |                         |                             |                          |                  |             |           | 16  |                            |
| 17  | Total depreciation cl   | •   |   |                           |                         |                             |                          |                  |             |           | 17  |                            |
| 18  | Depreciation adjustr<br>Form 100W, Side 1,  | nent. If line 17 is g                       | reater than line 16                       | , enter the               | differenc               | e here and                  | l on_For                 | m 100            | or or       |           |     | _                          |
|   | Form 100W, Side 1, Form 100W, Side 2,   | line 6. If line 17 is line 12. (If Californ | less than line 16,<br>lia depreciation am | enter the d<br>nounts are | litterence<br>used to ( | : here and (<br>determine r | on Form<br>net inco      | า 100 (<br>me be | or<br>efore |           |     |                            |
|   | state adjustments or  |   |   |                           |                         |                             |                          |                  |             | •         | 18  |                            |
| Par                                       | t IV Amortization   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
| 19  | (a)   | (b)   | (c)                                       |                           |                         | d)                          | (e                       | )                | _ (f)       |           |     | (g)                        |
|   | Description of property   | Date acquire (mm/dd/yyy)                    |   |                           | Amorti                  | zation<br>allowable         | R&T<br>secti             |                  | Period      |           |     | Amortization for this year |
|   | or property   | (IIIIII aar yyy)                            | ) other bas                               | 010                       | in earlie               |                             | (see in                  |                  | porcont     | ago       |     | ioi tilis yeai             |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
|   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
| _   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
| _   |   |   |   |                           |                         |                             |                          |                  |             |           |     |                            |
| 20  | Total. Add the amou   | ınts in column (g).                         |   |                           |                         |                             |                          |                  |             | 20        |     |                            |
| 21  | Total amortization c  | laimed for federal p                        | ourposes from fede                        | ral Form 4                | 562, line               | 44                          |                          |                  |             | 21        |     |                            |
| 22  | Amortization adjustr  | nent. If line 21 is a                       | reater than line 20                       | , enter the               | differenc               | e here and                  | l on For                 | m 100            | or or       |           |     |                            |
|   | Form 100W, Side 1,  | line 6. If line 21 is                       | less than line 20,                        | enter the d               | lifference              | here and                    | on Forn                  | า 100            | or          | 20        |     |                            |
|   | Form 100W, Side 2,  | IIne 12                                     |   |                           |                         |                             |                          |                  |             | 22        |     |                            |

CACA3501L 09/20/16 059 7621164 FTB 3885 2016

TAXABLE YEAR CALIFORNIA FORM

|        | <b>2016</b> Co   | rporation De  | preciation ar  | nd Amortizat  | ion                                    |                                       |                          |            |          | 3885                                     |  |
|--------|--|---|--|---|--|---------------------------------------|--------------------------|------------|----------|--|--|
|        | or to Form 100 or Fo   | 1010  | М 199  |   |  |                                       | Califor                  | nia corp   | ooratio  | on number                                |  |
|        | FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES 12   |   |  |   |  |                                       |                          | 220988     |          |  |  |
| Paı    |  | xpense Certain Pro  |  |   |  |                                       |                          |            |          |  |  |
| 1      |  | Maximum deduction under IRC Section 179 for California                                    |  |   |  |                                       |                          | 2          |          | \$25,000                                 |  |
| _      |  | f IRC Section 179 property placed in service.   |  |   |  |                                       |                          |            |          | 6200 000                                 |  |
| 3<br>4 |  | ost of IRC Section 179 property before reduction in limitation                            |  |   |  |                                       |                          | 3          |          | \$200,000                                |  |
| 5      |  |   |  |   |  |                                       |                          | 5          |          |  |  |
| 6      |  | Description of property   | det iiile + ii oiii iiile                                      | (b) Cost (business (  |  | (c) Elected                           |                          |            |          |  |  |
|        | (4,  | , Booding and or property   |  | (a) coot (addition)   | acc city)                              | (0) 2,0000                            | u 0001                   |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
| 7      | Listed property (ele   | cted IRC Section 17   | <sup>7</sup> 9 cost)   |   | 7                                      |                                       |                          |            |          |  |  |
| 8      | Total elected cost o   | f IRC Section 179 p   | roperty. Add amou  | ınts in column (c), l   | ine 6 and lir                          | ne 7                                  |                          | 8          |          |  |  |
| 9      |  |   |  |   |  |                                       |                          | 9          |          |  |  |
| 10     |  |   |  |   |  |                                       |                          | 10         |          |  |  |
| 11     |  |   |  | ·   |  |                                       |                          | 11<br>12   |          |  |  |
| 13     | IRC Section 179 ex<br>Carryover of disallo   |   |  |   |  |                                       |                          | 12         |          |  |  |
|        |  |   |  | reciation Deduction   |  |                                       | 356                      |            |          |  |  |
| 14     |  | (b)   | (c)  | (d)   | (e)                                    | (f)                                   | 1                        | g)         |          | (h)                                      |  |
| 14     | Description of property  | Date acquired (mm/dd/yyyy)  | Cost or other basis  | Depreciation<br>allowed or<br>allowable in<br>earlier years     | Depreciation<br>method                 | Life or rate                          | Depreci                  | ation year | for      | Additional first<br>year<br>depreciation |  |
| то     | YOTA FORKLIFT  | 8/29/2013   | 31,671.  | 18,475.   | PRE                                    | 5                                     | ,                        | 6,33       | 4.       |  |  |
|        | SSAN FORKLIFT  |   | 6,048.   |   | PRE                                    | 5                                     |                          | 1,21       |          |  |  |
|        | 95 UTILITY 53  |   | 5,000.   |   | S/L                                    | 5                                     |                          | _,         |          |  |  |
|        | 85 LUFKIN 53   | 3/16/2003   | 3,000.   | 3,000.  | S/L                                    | 5                                     |                          |            |          |  |  |
|        | 85 LUFKIN 53   | 6/23/2003   | 3,000.   | 3,000.  | S/L                                    | 5                                     |                          |            |          |  |  |
| 15     | Add the amounts in \$2,000. See instruc  |   | lumn (h). The total  |   |  |                                       |                          |            |          |  |  |
| Pai    | rt III Summary   |   |  |   |  | •                                     |                          |            |          |  |  |
| 17     | Total: If the corpora IRC Section 179 exp Additional first year Depreciation (if no Total depreciation c | pense, add the amo<br>depreciation under<br>election is made), e<br>claimed for federal p | R&TC Section 243<br>enter the amount fro<br>ourposes from fede | 356, add the amoun<br>om line 15, column<br>ral Form 4562, line | ts on line 15<br>(g)<br>22             |                                       |                          | · · ·      | 16<br>17 |  |  |
|        | Depreciation adjust<br>Form 100W, Side 1<br>Form 100W, Side 2<br>state adjustments o                     | , line 12. (If Califorr   | nia depreciation am  | nounts are used to (  | determine ne                           | et income b                           | efore                    |            | 18       |  |  |
| 19     | rt IV Amortization   | (b)   | (a)  | 1 4   | ٠,                                     | (2)                                   |                          |            | ı        | (=)                                      |  |
| 13     | (a) Description of property  | (b) Date acquire (mm/dd/yyyy  |  | r Amorti  | d)<br>ization<br>allowable<br>er years | (e)<br>R&TC<br>section<br>(see instr) | (f)<br>Period<br>percent | od or      |          | (g)<br>Amortization<br>for this year     |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
|        |  |   |  |   |  |                                       |                          |            |          |  |  |
| 20     | Total Add the area   | unto in column (n)  |  |   |  |                                       |                          | 20         |          |  |  |
| 20     | Total. Add the amou  | unts in column (g).   |  |   |  |                                       |                          | 20         | Ī        |  |  |

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....

21

7621164 059 FTB 3885 2016 CACA3501L 09/20/16

CALIFORNIA FORM

2016 Corporation Depreciation and Amortization

| 20         | OE |
|------------|----|
| <b>5</b> X | X  |
|            |    |

|        | ch to Form 100 or For                         | m 100W. FORM               | 1 199                |                            |                        |                 |                    |            |                      |
|--------|---|----------------------------|----------------------|----------------------------|------------------------|-----------------|--------------------|------------|----------------------|
| Corpo  | ration name FEEDIN                            | G AMERICA                  |                      |                            |                        |                 | Californ           | nia corpor | ation number         |
|        |   | IDE & SAN BE               | RNARDINO CO          | UNTIES                     |                        |                 | 1220               | 988        |                      |
| Par    | t   Election To Ex                            | pense Certain Pro          | perty Under IRC S    | ection 179                 |                        |                 |                    |            |                      |
| 1      | Maximum deduction                             | under IRC Section          | 179 for California.  |                            |                        |                 |                    | 1          | \$25,000             |
| 2      | Total cost of IRC Sec                         | ction 179 property         | placed in service    |                            |                        |                 |                    | 2          |                      |
| 3      | Threshold cost of IR                          |                            |                      |                            |                        |                 | -                  | 3          | \$200,000            |
| 4      | Reduction in limitation                       |                            |                      |                            |                        |                 |                    | 4          |                      |
| 5_     | Dollar limitation for t                       |                            | act line 4 from line |                            |                        |                 |                    | 5          |                      |
| 6      | (a)   | Description of property    |                      | (b) Cost (business         | use only)              | (c) Elected     | cost               |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        | 1:11  |                            |                      |                            |                        |                 |                    |            |                      |
| 7      | Listed property (elec                         |                            | •                    |                            |                        | <b>7</b>        |                    | 8          |                      |
| 8<br>9 | Total elected cost of<br>Tentative deduction. |                            |                      |                            |                        |                 |                    | 9          |                      |
| 10     | Carryover of disallow                         |                            |                      |                            |                        |                 | H                  | 10         |                      |
| 11     | Business income lim                           |                            |                      |                            |                        |                 | -                  | 11         |                      |
| 12     | IRC Section 179 exp                           |                            |                      | •                          | -                      |                 | F                  | 12         |                      |
| 13     | Carryover of disallow                         |                            |                      |                            | _                      |                 |                    |            |                      |
| Par    |   | nd Election of Additi      |                      |                            |                        |                 | 56                 |            |                      |
| 14     | (a)   | (b)                        | (c)                  | (d)                        | (e)                    | (f)             | (g                 | 1)         | (h)                  |
|        | Description of property                       | Date acquired (mm/dd/yyyy) | Cost or other basis  | Depreciation<br>allowed or | Depreciation method    | Life or rate    | Deprecia<br>this   |            |                      |
|        | or property                                   | (IIIII/dd/yyyy)            | Other basis          | allowable in               | method                 | Tale            | unsy               | yeai       | year<br>depreciation |
|        |   |                            |                      | earlier years              |                        |                 |                    |            | `                    |
|        | OWN LIFT TRUC                                 | 7/01/2003                  | 4,089.               | 4,089.                     | S/L                    | 5               |                    |            |                      |
|        | 99 WABASH 53                                  | 3/23/2005                  | 26 <b>,</b> 537.     | 26 <b>,</b> 537.           | S/L                    | 5               |                    |            |                      |
|        | 99 WABASH 53                                  | 3/23/2005                  | 26,537.              | 26,537.                    | S/L                    | 5               |                    |            |                      |
|        | 99 WABASH 53                                  | 3/23/2005                  | 26,537.              | 26,537.                    | S/L                    | 5               |                    |            |                      |
| 199    | 99 WABASH 53                                  | 3/23/2005                  | 26,537.              | 26,537.                    | S/L                    | 5               |                    |            |                      |
| 15     | Add the amounts in                            |                            |                      |                            |                        |                 |                    |            |                      |
| Par    | \$2,000. See instructi                        | ions for line 14, co       | ullili (II)          |                            |                        | 13              |                    |            |                      |
| 16     | Total: If the corporat                        | ion is electing:           |                      |                            |                        |                 |                    | I          |                      |
|        | IRC Section 179 exp                           | ense, add the amo          | unt on line 12 and   | line 15, column (g         | ) or                   |                 |                    |            |                      |
|        | Additional first year Depreciation (if no e   |                            |                      |                            |                        |                 |                    |            |                      |
| 17     | Total depreciation cl                         | •                          |                      |                            |                        |                 |                    |            |                      |
|        | Depreciation adjustm<br>Form 100W, Side 1,    |                            |                      |                            |                        |                 |                    |            |                      |
|        | Form 100W, Side 1, Form 100W, Side 2,         | line 6. If line 17 is      | less than line 16,   | enter the difference       | e here and o           | on Form 100     | or                 |            |                      |
|        | state adjustments or                          |                            |                      |                            |                        |                 |                    | 18         |                      |
| Par    |   |                            | , ,                  | ,                          |                        |                 |                    |            |                      |
| 19     | (a)   | (b)                        | (c)                  | (                          | d)                     | (e)             | (f)                |            | (g)                  |
|        | Description of property                       | Date acquire (mm/dd/yyyy   |                      |                            | ization<br>r allowable | R&TC<br>section | Period<br>percenta |            | Amortization         |
|        | or property                                   | (ППП/аа/уууу               | ) Unler bas          |                            | er years               | (see instr)     | percenta           | age        | for this year        |
|        |   |                            |                      |                            | -                      |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
|        |   |                            |                      |                            |                        |                 |                    |            |                      |
| 20     | Total. Add the amou                           | nts in column (q).         |                      |                            |                        |                 |                    | 20         |                      |
| 21     | Total amortization cl                         | ,                          |                      |                            |                        |                 | F                  | 21         |                      |
| 22     | Amortization adjustn                          | nent. If line 21 is a      | reater than line 20. | enter the differen         | ce here and            | on Form 10      | 0 or               |            |                      |
|        | Form 100W, Side 1,                            | line 6. If line 21 is      | less than line 20,   | enter the difference       | e here and o           | on Form 100     | or                 | -          |                      |
|        | Form 100W, Side 2,                            | line 12                    |                      |                            |                        |                 |                    | 22         |                      |

CALIFORNIA FORM

### 2016 Corporation Depreciation and Amortization

| 2005                       |   |
|----------------------------|---|
| 2006                       |   |
| $\Delta \Omega \Omega^{-}$ | 1 |
|                            |   |

| Attac      | th to Form 100 or For                       | m 100W. FORI                                   | M 199                 |                      |                      |                        |                      |   |          |                    |          |                                |
|------------|---|--|-----------------------|----------------------|----------------------|------------------------|----------------------|---|----------|--------------------|----------|--------------------------------|
| Corpo      | ration name FEEDIN                          | G AMERICA                                      |                       |                      |                      |                        |                      |   | Califor  | nia cor            | poratio  | on number                      |
|            |   |  | ERNARDINO CO          | UNTIES               |                      |                        |                      |   | 122      | 0988               | 3        |                                |
| Parl       | Election To Ex                              | cpense Certain Pro                             | perty Under IRC S     | ection 179           |                      |                        |                      |   |          |                    |          |                                |
| 1          | Maximum deduction                           | under IRC Section                              | 179 for California.   |                      |                      |                        |                      |   |          | 1                  |          | \$25,000                       |
| 2          | Total cost of IRC Se                        | ction 179 property                             | placed in service     |                      |                      |                        |                      |   |          | 2                  |          |                                |
| 3          | Threshold cost of IR                        | C Section 179 prop                             | erty before reducti   | ion in limita        | tion                 |                        |                      |   |          | 3                  |          | \$200,000                      |
| 4          | Reduction in limitation                     |  |                       |                      |                      |                        |                      |   |          | 4                  |          |                                |
| 5          | Dollar limitation for t                     |  | act line 4 from line  |                      |                      |                        |                      |   |          | 5                  |          |                                |
| 6          | (a)   | Description of property                        |                       | <b>(b)</b> Cost (    | business ι           | use only)              | (c) E                | Elected                                 | cost     |                    |          |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          |                    |          |                                |
| 7          | Listed property (elec                       |  | •                     |                      |                      |                        |                      |   |          |                    |          |                                |
| 8          | Total elected cost of                       |  |                       |                      |                      |                        |                      |   |          | 8                  |          |                                |
| 9          | Tentative deduction.                        |  |                       |                      |                      |                        |                      |   |          | 9                  |          |                                |
| 10         | Carryover of disallov                       |  |                       |                      |                      |                        |                      |   |          | 10                 |          |                                |
| 11         | Business income lim                         |  |                       |                      |                      | -                      |                      |   |          | 11<br>12           |          |                                |
| 12         | IRC Section 179 exp                         |  |                       |                      |                      | _                      |                      |   |          | 12                 |          |                                |
| 13<br>Part | Carryover of disallov                       |  | ional First Year Dep  |                      |                      |                        |                      | n 2/125                                 | 6        |                    |          |                                |
|            |   | 1  |                       |                      |                      | 1                      | 1                    | - 1                                     |          |                    | I        | (h)                            |
| 14         | <b>(a)</b><br>Description                   | <b>(b)</b> Date acquired                       | <b>(c)</b><br>Cost or | (d)<br>Deprecia      | ation                | (e)<br>Depreciation    | (f)<br>1 Life        | or                                      | Deprecia | <b>3)</b><br>ation | for      | <b>(h)</b><br>Additional first |
|            | of property                                 | (mm/dd/yyyy)                                   | other basis           | allowed              | d or                 | method                 | rate                 |   | this     |                    |          | year                           |
|            |   |  |                       | allowab<br>earlier y |                      |                        |                      |   |          |                    |          | depreciation                   |
| 190        | 7 GREAT DATE                                | 1/10/2006                                      | 4,500.                |                      | ,500.                | S/L                    |                      | 5                                       |          |                    |          |                                |
|            | 6 LUFKIN 53                                 | 10/08/2007                                     | 5,000.                |                      | ,000.                | S/L                    |                      | 5                                       |          |                    |          |                                |
|            | 6 LUFKIN 53                                 | 10/08/2007                                     | 5,000.                |                      | ,000.                | S/L                    |                      | 5                                       |          |                    |          |                                |
|            | 8 HYUNDIA 53                                |  | 9,982.                |                      | ,982.                | S/L                    |                      | 5                                       |          |                    |          |                                |
|            | DER SCRUBBER                                | 1/17/2008                                      | 14,936.               |                      | ,869.                | S/L                    |                      | 5                                       |          |                    |          |                                |
|            |   |  | •                     |                      |                      |                        |                      |   |          |                    |          |                                |
| 15         | Add the amounts in \$2,000. See instruct    |  |                       |                      |                      |                        |                      | 15                                      |          |                    |          |                                |
| Parl       |   | 10113 101 11110 14, 00                         | idiiii (ii)           |                      |                      |                        |                      |   |          |                    |          |                                |
| 16         | Total: If the corporat                      | tion is electina:                              |                       |                      |                      |                        |                      |   |          |                    |          |                                |
|            | IRC Section 179 exp                         | ense, add the amo                              | ount on line 12 and   | line 15, co          | lumn (g)             | or                     |                      |   |          |                    |          |                                |
|            | Additional first year Depreciation (if no e |  |                       |                      |                      |                        |                      |   |          |                    | 16       |                                |
| 17         | Total depreciation cl                       | •  |                       |                      |                      |                        |                      |   |          |                    | 17       |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          | ···                |          |                                |
|            | Depreciation adjustn<br>Form 100W, Side 1,  | line 6. If line 17 is                          | less than line 16,    | enter the di         | fference             | here and               | on Form              | 100 c                                   | or       |                    |          |                                |
|            | Form 100W, Side 2, state adjustments or     |  |                       |                      |                      |                        |                      |   |          |                    | 18       |                                |
| Parl       |   | 11 01111 100 01 1 011                          | 1 10011, 110 dajasti  | TICHT IS TICK        | 23341 y . j.         |                        |                      |   |          |                    |          |                                |
| 19         | (a)   | (b)  | (c)                   |                      | ((                   | d)                     | (e)                  |   | (f)      |                    |          | (g)                            |
|            | Description                                 | Date acquire                                   | d Cost o              |                      | Amorti               | ization                | R&T                  | C                                       | Period   |                    |          | Amortization                   |
|            | of property                                 | (mm/dd/yyyy                                    | v) other bas          | sis all              | owed or in earlie    | allowable              | section (see in      |   | percent  | age                |          | for this year                  |
|            |   |  |                       |                      | Juine                | yours                  | (330 111             | - C - C - C - C - C - C - C - C - C - C |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        |                      |   |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        | 1                    |   |          |                    |          |                                |
|            |   |  |                       |                      |                      |                        | +                    |   |          |                    | <u> </u> |                                |
|            |   |  |                       |                      |                      |                        | +                    |   |          |                    |          |                                |
| 20         | Total. Add the amou                         | Inte in column (a)                             | I                     |                      |                      |                        | 1                    | [                                       |          | 20                 |          |                                |
| 21         | Total amortization cl                       |  |                       |                      |                      |                        |                      |   |          | 21                 |          |                                |
|            |   | '  | •                     |                      | ,                    |                        |                      |   |          | <b>4</b> 1         |          |                                |
| 22         | Amortization adjustr Form 100W, Side 1,     | nent. If line 21 is g<br>line 6. If line 21 is | less than line 20     | , enter the di       | umerence<br>fference | e nere and<br>here and | a on Forr<br>on Form | 100 כ                                   | or<br>or |                    |          |                                |
|            | Form 100W, Side 2,                          |  |                       |                      |                      |                        |                      |   |          | 22                 |          |                                |

TAXABLE YEAR

2016 Corporation Depreciation and Amortization

| CALIFORNIA FORM |
|-----------------|
| 3885            |

| Attac | ch to Form 100 or For                        | m 100W. <b>FORI</b>      | <b>4</b> 199         |                         |                              |              |                 |           |                      |   |
|-------|--|--------------------------|----------------------|-------------------------|------------------------------|--------------|-----------------|-----------|----------------------|---|
| Corpo | ration name FEEDING                          | G AMERICA                |                      |                         |                              |              | Californ        | nia corpo | oration number       | _ |
|       |  |                          | ERNARDINO CO         | UNTIES                  |                              |              | 1220            | 0988      |                      |   |
| Par   | Election To Ex                               | pense Certain Pro        | perty Under IRC S    | ection 179              |                              |              | •               |           |                      | _ |
| 1     | Maximum deduction                            |                          |                      |                         |                              |              |                 | 1         | \$25,00              | 0 |
| 2     | Total cost of IRC Sec                        | ction 179 property       | placed in service    |                         |                              |              |                 | 2         |                      |   |
| 3     | Threshold cost of IRO                        | C Section 179 prop       | erty before reducti  | on in limitation        |                              |              |                 | 3         | \$200,00             | 0 |
| 4     | Reduction in limitation                      | on. Subtract line 3      | from line 2. If zero | or less, enter -0       |                              |              |                 | 4         |                      |   |
| 5     | Dollar limitation for t                      | axable year. Subtr       | act line 4 from line | 1. If zero or less,     | enter -0                     |              |                 | 5         |                      | _ |
| 6     | (a)  | Description of property  |                      | (b) Cost (business      | use only)                    | (c) Elected  | cost            |           |                      |   |
|       | •      |                          |                      | , , ,                   |                              | •            |                 |           |                      |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      |   |
| 7     | Listed property (elec                        | ted IRC Section 17       | 19 cost)             |                         | 7                            |              |                 |           |                      |   |
| 8     | Total elected cost of                        |                          |                      |                         |                              | line 7       |                 | 8         |                      |   |
| 9     | Tentative deduction.                         | ·                        |                      |                         |                              |              |                 | 9         |                      | _ |
| 10    | Carryover of disallow                        |                          |                      |                         |                              |              |                 | 10        |                      | _ |
| 11    | Business income lim                          |                          |                      |                         |                              |              | ŀ               | 11        |                      |   |
| 12    | IRC Section 179 exp                          |                          |                      | •                       |                              |              |                 | 12        |                      |   |
| 13    | Carryover of disallow                        |                          |                      |                         |                              |              |                 |           |                      |   |
| Par   |  |                          |                      | reciation Deduction     |                              |              | 56              |           |                      | _ |
| 14    | (a)  | (b)                      | (c)                  | (d)                     | (e)                          | (f)          | ( <u>ç</u>      | 1)        | (h)                  | _ |
|       | Description                                  | Date acquired            | Cost or              | Depreciation            | Depreciation                 | n Life or    | Deprecia        | ation fo  | or Additional first  | i |
|       | of property                                  | (mm/dd/yyyy)             | other basis          | allowed or allowable in | method                       | rate         | this y          | year      | year<br>depreciation |   |
|       |  |                          |                      | earlier years           |                              |              |                 |           | doprodiation         |   |
| 200   | 1 DORSEY 32F                                 | 3/11/2008                | 14,000.              | 14,000.                 | PRE                          | 5            |                 |           |                      |   |
| 200   | 00 TRAILMOBIL                                | 4/28/2009                | 12,604.              | 12,604.                 | S/L                          | 5            |                 |           |                      |   |
| 201   | 0 FREIGHTLIN                                 | 3/05/2010                | 105,997.             | 105,997.                | S/L                          | 5            |                 |           |                      |   |
| 201   | 0 FREIGHTLIN                                 | 3/05/2010                | 105,997.             | 105,997.                | S/L                          | 5            |                 |           |                      |   |
| 201   | 0 FREIGHTLIN                                 | 3/05/2010                | 105,997.             | 105,997.                | S/L                          | 5            |                 |           |                      |   |
| 15    | Add the amounts in                           | column (a) and co        | umn (h) The total    | of column (h) may       | not excee                    | d            |                 |           |                      |   |
|       | \$2,000. See instructi                       |                          |                      |                         |                              |              |                 |           |                      |   |
| Par   |  |                          |                      |                         |                              |              |                 |           |                      | _ |
| 16    | Total: If the corporat                       | ion is electing:         |                      |                         |                              |              |                 |           |                      |   |
|       | IRC Section 179 exp<br>Additional first year | ense, add the amo        | ount on line 12 and  | line 15, column (g      | ) <b>or</b><br>Its on line i | 15 columns ( | 'a) and (h)     | \ Or      |                      |   |
|       | Depreciation (if no e                        |                          |                      |                         |                              |              |                 |           | 6                    |   |
| 17    | Total depreciation cl                        | aimed for federal p      | ourposes from fede   | ral Form 4562, line     | 22                           |              |                 | 1         | 7                    | _ |
| 18    | Depreciation adjustm                         | nent. If line 17 is g    | reater than line 16, | , enter the difference  | ce here and                  | d on Form 10 | 0 or            |           |                      |   |
|       | Form 100W, Side 1, Form 100W, Side 2,        |                          |                      |                         |                              |              |                 |           |                      |   |
|       | state adjustments or                         | Form 100 or Forn         | n 100W, no adjustn   | nent is necessary.).    |                              |              |                 | 18        | 8                    |   |
| Par   | t IV Amortization                            |                          |                      |                         |                              |              |                 |           |                      |   |
| 19    | (a)  | (b)                      | (c)                  |                         | d)                           | (e)          | _ (f)           |           | (g)                  |   |
|       | Description of property                      | Date acquire (mm/dd/yyyy | d Cost o             |                         | ization<br>r allowable       | R&TC section | Period percenta |           | Amortization         |   |
|       | or property                                  | (IIIII/dd/yyyy           | Other bas            |                         | er years                     | (see instr)  | percent         | age       | for this year        |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      |   |
|       |  |                          |                      |                         |                              |              |                 |           |                      | _ |
|       |  |                          |                      |                         |                              |              |                 |           |                      | _ |
|       |  |                          |                      |                         |                              |              |                 |           |                      | _ |
| 20    | Total. Add the amou                          | nts in column (a)        |                      |                         |                              |              |                 | 20        |                      | _ |
| 21    | Total amortization cl                        | (0)                      |                      |                         |                              |              |                 | 21        |                      | _ |
| 22    | Amortization adjustn                         | nent. If line 21 is a    | reater than line 20. | enter the difference    | ce here and                  | d on Form 10 | 0 or            |           |                      | _ |
|       | Form 100W, Side 1,                           | line 6. If line 21 is    | less than line 20,   | enter the difference    | e here and                   | on Form 100  | or              |           |                      |   |
|       | Form 100W, Side 2,                           | line 12                  |                      |                         |                              |              |                 | 22        |                      |   |

### 2016 Corporation Depreciation and Amortization

| <br>                  |   |   |   | _ | _ |
|-----------------------|---|---|---|---|---|
| 3                     | R | R | C | ; |   |
| $\boldsymbol{\smile}$ | v | v | • | • |   |

|          | ch to Form 100 or For                       | m 100W. FOR                 | 4 199                 |                               |                            |            |         |          |                 |                         |
|----------|---|-----------------------------|-----------------------|-------------------------------|----------------------------|------------|---------|----------|-----------------|-------------------------|
| Corpo    | ration name FEEDIN                          | G AMERICA                   |                       |                               |                            |            |         | Californ | nia corpor      | ation number            |
|          | RIVERS                                      | IDE & SAN BE                | ERNARDINO CO          | UNTIES                        |                            |            |         | 1220     | 0988            |                         |
| Par      | t I Election To Ex                          | cpense Certain Pro          | perty Under IRC S     | ection 179                    |                            |            |         |          |                 |                         |
| 1        | Maximum deduction                           | under IRC Section           | 179 for California.   |                               |                            |            |         |          | 1               | \$25 <b>,</b> 000       |
| 2        | Total cost of IRC Se                        | ction 179 property          | placed in service     |                               |                            |            |         |          | 2               |                         |
| 3        | Threshold cost of IR                        |                             | -                     |                               |                            |            |         |          | 3               | \$200 <b>,</b> 000      |
| 4        | Reduction in limitation                     |                             |                       |                               |                            |            |         |          | 4               |                         |
| 5        | Dollar limitation for t                     |                             | act line 4 from line  |                               |                            |            |         |          | 5               |                         |
| 6        | (a)   | Description of property     |                       | (b) Cost (busin               | ess use only)              | (c)        | Elected | cost     |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
| 7        | Listed property (elec                       |                             | •                     |                               |                            |            |         |          |                 |                         |
| 8        | Total elected cost of                       | ·                           |                       |                               |                            |            |         |          | 8               |                         |
| 9        | Tentative deduction.                        |                             |                       |                               |                            |            |         |          | 9               |                         |
| 10       | Carryover of disallov                       |                             | ,                     |                               |                            |            |         |          | 10<br>11        |                         |
| 11<br>12 | Business income lim IRC Section 179 exp     |                             |                       | •                             |                            | •          |         |          | 12              |                         |
| 13       | Carryover of disallov                       |                             |                       | ·                             |                            |            |         |          | 12              |                         |
| Par      |   | nd Election of Addit        |                       |                               |                            |            | n 2435  | 6        |                 |                         |
| 14       | •   | 1                           | · ·                   | I                             |                            |            |         |          | ٠,              | (b)                     |
| 14       | <b>(a)</b><br>Description                   | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Cost or | (d)<br>Depreciation           | (e)<br>Deprecia            | tion Life  | or      | Deprecia | g)<br>ation for | (h)<br>Additional first |
|          | of property                                 | (mm/dd/yyyy)                | other basis           | allowed or                    | method                     |            |         | this y   |                 | year                    |
|          |   |                             |                       | allowable in<br>earlier years |                            |            |         |          |                 | depreciation            |
| 201      | LO FREIGHTLIN                               | 3/05/2010                   | 105,997.              | 105,99                        |                            | ,          | 5       |          |                 |                         |
| _        | LO FREIGHTLIN                               | 3/05/2010                   | 105,997.              | 105,99                        |                            |            | 5       |          |                 |                         |
|          | 04 GREAT DANE                               |                             | 21,848.               | 21,84                         |                            |            | 5       |          |                 |                         |
|          | 50 32 BOX                                   | 12/21/2010                  | 7,500.                | 7,50                          |                            |            | 5       |          |                 |                         |
|          | 02 1994 UTILI                               |                             | 3,846.                | 3,84                          |                            |            | 5       |          |                 |                         |
|          |   |                             | •                     | •                             |                            |            |         |          |                 |                         |
| 15       | Add the amounts in \$2,000. See instruct    |                             |                       |                               |                            |            | 15      |          |                 |                         |
| Par      | t III Summary                               | ,                           |                       |                               |                            |            |         |          |                 |                         |
|          | Total: If the corporat                      | tion is electing:           |                       |                               |                            |            |         |          |                 |                         |
|          | IRC Section 179 exp                         | ense, add the amo           | unt on line 12 and    | line 15, column               | (g) <b>or</b>              | . 15       |         |          |                 |                         |
|          | Additional first year Depreciation (if no e |                             |                       |                               |                            |            |         |          |                 |                         |
| 17       | Total depreciation cl                       | • •                         |                       |                               | 107                        |            |         |          |                 |                         |
|          | Depreciation adjustn                        | nent. If line 17 is q       | reater than line 16,  | , enter the differ            | ence here a                | and on For | m 100   | or       |                 |                         |
|          | Form 100W, Side 1, Form 100W, Side 2,       |                             |                       |                               |                            |            |         |          |                 |                         |
|          | state adjustments or                        |                             |                       |                               |                            |            |         |          | 18              |                         |
| Par      |   |                             |                       |                               | ,                          |            |         |          | ı               | _ <b>'</b>              |
| 19       | (a)   | (b)                         | (c)                   |                               | (d)                        | (e)        | )       | (f)      |                 | (g)                     |
|          | Description                                 | Date acquire                |                       |                               | ortization<br>d or allowab | R&T        |         | Period   |                 | Amortization            |
|          | of property                                 | (mm/dd/yyyy                 | ) Unler bas           |                               | arlier years               | le secti   |         | percenta | age             | for this year           |
|          |   |                             |                       |                               |                            | ,          |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
|          |   |                             |                       |                               |                            |            |         |          |                 |                         |
| 20       | Total. Add the amou                         | ints in column (a)          |                       |                               |                            |            |         |          | 20              |                         |
| 21       | Total amortization cl                       | 107                         |                       |                               |                            |            |         |          | 21              |                         |
|          | Amortization adjustr                        |                             | •                     | ,                             |                            |            |         |          |                 |                         |
|          | Form 100W, Side 1,                          | line 6. If line 21 is       | less than line 20,    | enter the differe             | nce here ar                | nd on Form | า 100 ต | or       |                 |                         |
|          | Form 100W, Side 2,                          | line 12                     |                       |                               |                            |            |         |          | 22              |                         |

| TAX        | XABLE YEAR            |  |                             |                            |                            |                     |             | (           | CALIFORNIA FORM      |
|------------|-----------------------|--|-----------------------------|----------------------------|----------------------------|---------------------|-------------|-------------|----------------------|
|            | <b>2016</b> Co        | rporation Dep  | reciation ar                | nd Amortiza                | tion                       |                     |             | _           | 3885                 |
|            | ch to Form 100 or Fo  | orm 100W. <b>FORM</b>                                  | 199                         |                            |                            |                     |             |             |                      |
| Corpo      | ration name FEEDII    | NG AMERICA   |                             |                            |                            |                     | Californ    | ia corporat | ion number           |
|            | RIVER                 | SIDE & SAN BER   | NARDINO CO                  | UNTIES                     |                            |                     | 1220        | 988         |                      |
| <u>Par</u> |                       | Expense Certain Prope                                  | •                           |                            |                            |                     |             |             |                      |
| 1          |                       | n under IRC Section 1                                  |                             |                            |                            |                     | -           | 1           | \$25,000             |
| 2          |                       | ection 179 property pla                                |                             |                            |                            |                     | _           | 2           | 4000 000             |
| 3<br>4     |                       | RC Section 179 proper<br>tion. Subtract line 3 fro     | -                           |                            |                            |                     | _           | 3 4         | \$200,000            |
| 5          |                       | taxable year. Subtrac                                  |                             |                            |                            |                     | -           | 5           |                      |
| -6         |                       | ) Description of property                              |                             | (b) Cost (busines          |                            | (c) Electe          |             |             |                      |
|            | (4                    | y booting tion or property                             |                             | (3) 0000 (34011100         | y doc only)                | (0) 210010          | 4 0001      |             |                      |
|            |                       |  |                             |                            |                            |                     |             |             |                      |
|            |                       |  |                             |                            |                            |                     |             |             |                      |
|            |                       |  |                             |                            |                            |                     |             |             |                      |
| 7          | Listed property (ele  | ected IRC Section 179                                  | cost)                       |                            | 7                          |                     |             |             |                      |
| 8          | Total elected cost of | of IRC Section 179 pro                                 | perty. Add amou             | nts in column (c)          | line 6 and li              | ne 7                |             | 8           |                      |
| 9          | Tentative deduction   | n. Enter the <b>smaller</b> of                         | line 5 or line 8.           |                            |                            |                     |             | 9           |                      |
| 10         | •                     | wed deduction from p                                   | •                           |                            |                            |                     |             | 10          |                      |
| 11         |                       | mitation. Enter the sm                                 |                             |                            |                            |                     | <b>-</b>    | 11          |                      |
| 12<br>13   |                       | pense deduction. Add<br>wed deduction to 2017          |                             |                            | _                          | 13                  |             | 12          |                      |
| Par        |                       | and Election of Addition                               |                             |                            |                            | _                   | 856         |             |                      |
| 14         | (a)                   | (b)  | (c)                         | (d)                        | (e)                        | (f)                 | (g)         | `           | (h)                  |
|            | Description           | Date acquired  | Cost or                     | Depreciation               | Depreciation               |                     | Deprecia    | tion for    | Additional first     |
|            | of property           | (mm/dd/yyyy)   | other basis                 | allowed or<br>allowable in | method                     | rate                | this y      | ear         | year<br>depreciation |
|            |                       |  |                             | earlier years              |                            |                     |             |             | depreciation         |
| 203        | 11 FREIGHTLIN         | 1/31/2011  | 117,675.                    | 117,675                    | . S/L                      | 5                   |             |             |                      |
| 203        | 11 FREIGHTLIN         | 1/31/2011  | 117,675.                    | 117,675                    | . S/L                      | 5                   |             |             |                      |
|            | 11 FREIGHTLIN         |  | 117,675.                    | 117,675                    | . S/L                      | 5                   |             |             |                      |
|            | 99 TOYOTA CAM         |  | 8,324.                      | 8,047                      |                            | 5                   |             | 277.        |                      |
| SHA        | ARP AR-337            | 10/16/2001   | 10,477.                     | 10,477                     | . S/L                      | 7                   |             |             |                      |
|            | \$2,000. See instruc  | n column (g) and colur<br>ctions for line 14, colur    | nn (h). The total<br>nn (h) | of column (h) ma           | y not exceed               | l<br>15             |             |             |                      |
| Par        |                       |  |                             |                            |                            |                     |             |             | 1                    |
| 16         | Total: If the corpora | ation is electing:<br>pense, add the amour             | nt on line 12 and           | line 15 column (           | a) <b>or</b>               |                     |             |             |                      |
|            | Additional first year | r depreciation under R                                 | &TC Section 243             | 56, add the amou           | ints on line 1             | 5, columns          | (g) and (h) | or          |                      |
| 47         | '                     | election is made), ent                                 |                             | •                          | 107                        |                     |             |             |                      |
|            |                       | claimed for federal pur                                |                             |                            |                            |                     |             | 17          |                      |
| 10         | Form 100W, Side 1     | ment. If line 17 is grea<br>, line 6. If line 17 is le | ss than line 16, e          | enter the difference       | ce here and c              | on Form 100         | or          |             |                      |
|            | Form 100W, Side 2     | 2, line 12. (If California                             | depreciation am             | ounts are used to          | determine n                | iet income b        | efore       | 10          |                      |
| Par        | <u> </u>              | on Form 100 or Form 1                                  | oow, no adjustin            | ient is necessary          | . <i>)</i>                 |                     |             | 18          |                      |
| <u>19</u>  | (a)                   | (b)  | (c)                         |                            | (d)                        | (e)                 | (f)         |             | (g)                  |
|            | Description           | Date acquired  | Cost or                     | r Amo                      | rtization                  | R&TC                | Period      |             | Amortization         |
|            | of property           | (mm/dd/yyyy)   | other bas                   |                            | or allowable<br>lier years | section (see instr) | percenta    | ge          | for this year        |
|            |                       |  |                             | iii eai                    | nor yours                  | (SCC IIISII)        |             |             |                      |
|            |                       |  | +                           |                            |                            |                     |             |             |                      |

20 Total. Add the amounts in column (g)..... 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

> 7621164 CACA3501L 09/20/16 059 FTB 3885 2016

TAXABLE YEAR CALIFORNIA FORM

| <b>2016</b> Co.   | rporation Dep  | preciation ar                           | nd Amorti                           | zation                     |                         |                           |                   |                       |          | 3885                           |
|---|--|---|-------------------------------------|----------------------------|-------------------------|---------------------------|-------------------|-----------------------|----------|--------------------------------|
| Attach to Form 100 or For   | m 100W. <b>FORM</b>  | 199                                     |                                     |                            |                         |                           | Law               |                       |          |                                |
|   | G AMERICA<br>IDE & SAN BE                                  | RNARDINO CO                             | UNTIES                              |                            |                         |                           | 122               |                       |          | n number                       |
|   | pense Certain Pro  |   |                                     |                            |                         |                           | •                 |                       |          |                                |
| 1 Maximum deduction   | under IRC Section  | 179 for California.                     |                                     |                            |                         |                           |                   | 1                     |          | \$25,000                       |
| 2 Total cost of IRC Se  |  |   |                                     |                            |                         |                           |                   | 2                     |          |                                |
| 3 Threshold cost of IR  |  |   |                                     |                            |                         |                           |                   |                       |          | \$200,000                      |
| 4 Reduction in limitation   |  |   |                                     |                            |                         |                           |                   | 4                     |          |                                |
| 5 Dollar limitation for t   | -  | act line 4 from line                    |                                     |                            |                         |                           |                   | 5                     | _        |                                |
| <u>b</u> (a)  | Description of property                                    |   | <b>(b)</b> Cost (bus                | iness use onl              | ly)                     | (c) Electe                | d cost            |                       |          |                                |
|   |  |   |                                     |                            |                         |                           |                   | =                     |          |                                |
|   |  |   |                                     |                            |                         |                           |                   | -                     |          |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
| 7 Listed property (elec   | ted IPC Section 17   | 2 cost)                                 |                                     |                            | 7                       |                           |                   |                       |          |                                |
| 8 Total elected cost of   |  |   |                                     |                            | -                       | ne 7                      |                   | 8                     | Т        |                                |
| <ol><li>9 Tentative deduction.</li></ol>                            |  |   |                                     |                            |                         |                           |                   | 9                     |          |                                |
| 10 Carryover of disallow  | ved deduction from   | prior taxable year                      | S                                   |                            |                         |                           |                   | 10                    |          |                                |
| 11 Business income lim  |  |   |                                     |                            |                         |                           |                   | 11                    |          |                                |
| 12 IRC Section 179 exp  |  |   |                                     |                            |                         | line 11                   |                   | 12                    |          |                                |
| 13 Carryover of disallov  |  |   |                                     |                            |                         | 13                        |                   |                       |          |                                |
| <u> </u>  | nd Election of Addition                                    | <u> </u>                                | ı                                   |                            |                         |                           |                   | _                     | 1        |                                |
| 14 (a) Description  | <b>(b)</b><br>Date acquired                                | <b>(c)</b><br>Cost or                   | (d)<br>Depreciation                 |                            | ( <b>e)</b><br>eciation | (f)<br>Life or            | Depreci           | <b>g)</b><br>ation    | for      | <b>(h)</b><br>Additional first |
| of property   | (mm/dd/yyyy)   | other basis                             | allowed o                           | r me                       | ethod                   | rate                      |                   | year                  | 101      | year                           |
|   |  |   | allowable i<br>earlier yea          |                            |                         |                           |                   |                       |          | depreciation                   |
| RICOH MP SIDE L   | 1/27/2010  | 8,552.                                  | 8,5                                 |                            | S/L                     | 5                         |                   |                       |          | _                              |
| PHONE/PAGING SY   | 4/17/2012  | 11,506.                                 |                                     |                            | 3/L                     | 5                         |                   | 1,1                   | 51.      |                                |
| DELL POWEREDGE  | 3/07/2013  | 9,531.                                  |                                     |                            | 5/L                     | 5                         |                   | <del>-,-</del><br>1,9 |          |                                |
| PRIMARIUS CORE  | 1/23/2014  | 46,300.                                 | 16,5                                |                            | 5/L                     | 7                         |                   | 6,6                   |          |                                |
| LEASEHOLD IMPRO   | 5/01/1992  | 34,429.                                 | 26,4                                |                            | S/L                     | 32                        |                   | 1,0                   |          |                                |
| 15 Add the amounts in \$2,000. See instruct                         |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
| Part III Summary  |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
| 16 Total: If the corporal IRC Section 179 exp Additional first year | ense, add the amou<br>depreciation under                   | R&TC Section 243                        | 356, add the ar                     | nounts on                  | line 1                  | 5, columns                | (g) and (h        | ) or                  | 16       |                                |
| Depreciation (if no e   |  |   |                                     |                            |                         |                           |                   | _                     | 16<br>17 |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       | 17       |                                |
| Depreciation adjustr<br>Form 100W, Side 1,                          | line 6. If line 17 is                                      | less than line 16,                      | enter the diffe                     | rence here                 | and o                   | on Form 100               | or                |                       |          |                                |
| Form 100W, Side 2, state adjustments or                             | ine iz. (ii Calliorii<br>i Form 100 or Form                | ia depreciation arr<br>100W, no adiustr | nounts are use<br>nent is necess    | a to deterr<br>arv.)       | mine r                  | iet iricome b             | eiore             |                       | 18       |                                |
| Part IV Amortization  |  | , ,                                     |                                     | -                          |                         |                           |                   |                       |          |                                |
| 19 (a)  | (b)  | (c)                                     |                                     | (d)                        |                         | (e)                       | _ (f)             |                       |          | (g)                            |
| Description of property   | Date acquired (mm/dd/yyyy)                                 |   |                                     | mortization<br>ed or allow |                         | R&TC<br>section           | Period<br>percent |                       |          | Amortization for this year     |
|   | (  |   |                                     | earlier yea                |                         | (see instr)               | p                 | 9-                    |          | ioi tilis yeal                 |
|   |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       |          |                                |
|   |  |   |                                     |                            |                         |                           |                   |                       | 1        |                                |
| 20 Total. Add the amou  | 107  |   |                                     |                            |                         |                           |                   | 20                    |          |                                |
| 21 Total amortization c   |  | •                                       |                                     |                            |                         |                           |                   | 21                    | 1        |                                |
| Amortization adjustr<br>Form 100W, Side 1,<br>Form 100W, Side 2,    | nent. If line 21 is gr<br>line 6. If line 21 is<br>line 12 | eater than line 20 less than line 20,   | , enter the diff<br>enter the diffe | erence her<br>rence here   | re and<br>e and c       | on Form 10<br>on Form 100 | 0 or<br>or        | 22                    |          |                                |
|   |  |   |                                     |                            |                         |                           |                   | •                     | 1        |                                |

7621164 CACA3501L 09/20/16 059 FTB 3885 2016 TAXABLE YEAR CALIFORNIA FORM

### 2016 Corporation Depreciation and Amortization

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|        | ch to Form 100 or For                         | m 100W. <b>FORI</b>        | <b>4</b> 199           |                            |                         |                        |                   |                |                          |
|--------|---|----------------------------|------------------------|----------------------------|-------------------------|------------------------|-------------------|----------------|--------------------------|
| Corpo  | ration name FEEDING                           | G AMERICA                  |                        |                            |                         |                        | Californi         | ia corporation | on number                |
|        |   |                            | ERNARDINO CO           | UNTIES                     |                         |                        | 1220              | 988            |                          |
| Par    | Election To Ex                                | pense Certain Pro          | perty Under IRC S      | ection 179                 |                         |                        |                   |                |                          |
| 1      | Maximum deduction                             | under IRC Section          | 179 for California.    |                            |                         |                        |                   | 1              | \$25,000                 |
| 2      | Total cost of IRC Sec                         | ction 179 property         | placed in service      |                            |                         |                        |                   | 2              |                          |
| 3      | Threshold cost of IRO                         |                            | -                      |                            |                         |                        |                   | 3              | \$200,000                |
| 4      | Reduction in limitation                       |                            |                        |                            |                         |                        |                   | 4              |                          |
| 5      | Dollar limitation for t                       |                            | act line 4 from line   |                            |                         |                        |                   | 5              |                          |
| 6      | (a)   | Description of property    |                        | (b) Cost (business         | use only)               | (c) Elected            | 1 cost            |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
| _      |   |                            | 20 1)                  |                            | 7                       |                        |                   |                |                          |
| 7      | Listed property (elec                         |                            | •                      |                            |                         | no 7                   |                   | 8              |                          |
| 8<br>9 | Total elected cost of Tentative deduction.    |                            |                        |                            |                         |                        |                   | 9              |                          |
| 10     | Carryover of disallow                         |                            |                        |                            |                         |                        | <b>-</b>          | 10             |                          |
| 11     | Business income lim                           |                            | ,                      |                            |                         |                        | _                 | 11             |                          |
| 12     | IRC Section 179 exp                           |                            |                        | •                          | •                       |                        | -                 | 12             |                          |
| 13     | Carryover of disallow                         |                            |                        |                            | _                       |                        | l.                |                |                          |
| Par    | Depreciation ar                               | nd Election of Additi      | onal First Year Dep    | reciation Deduction        | Under R&T               | C Section 243          | 56                |                |                          |
| 14     | (a)   | (b)                        | (c)                    | (d)                        | (e)                     | (f)                    | (g)               | )              | (h)                      |
|        | Description of property                       | Date acquired (mm/dd/yyyy) | Cost or<br>other basis | Depreciation<br>allowed or | Depreciation method     | Life or rate           | Deprecial this y  |                | Additional first<br>year |
|        | or property                                   | (ITIITI/dd/yyyy)           | Other basis            | allowable in               | Illetilou               | Tate                   | инэ у             | Cai            | depreciation             |
|        |   |                            |                        | earlier years              |                         |                        |                   |                |                          |
|        | ASEHOLD IMPRO                                 | 6/30/2011                  | 9,902.                 | 9,901.                     |                         | 5                      |                   |                |                          |
|        | HEEL ELECTRI                                  | 6/25/2015                  | 54,578.                | 16,374.                    |                         | 5                      |                   | <u>,916.</u>   |                          |
|        | ROFIT ENGINE                                  | 9/02/2014                  | 8,210.                 | 2,463.                     |                         | 5                      |                   | <u>,642.</u>   |                          |
|        | ROFIT ENGINE                                  | 9/09/2014                  | 8,018.                 | 2,406.                     |                         | 5                      |                   | <u>,604.</u>   |                          |
| RE'    | ROFIT ENGINE                                  | 11/18/2014                 | 7,930.                 | 2,379.                     | S/L                     | 5                      | 1                 | <u>,586.</u>   |                          |
| 15     | Add the amounts in                            |                            |                        |                            |                         |                        |                   |                |                          |
| David  | \$2,000. See instructi                        | ons for line 14, co        | lumn (h)               |                            |                         | 15                     |                   |                |                          |
|        | t III Summary  Total: If the corporat         | iam ia alaatima.           |                        |                            |                         |                        |                   | ı              |                          |
| 10     | IRC Section 179 exp                           |                            | unt on line 12 and     | line 15. column (a         | ) or                    |                        |                   |                |                          |
|        | Additional first year                         | depreciation under         | R&TC Section 243       | 356, add the amour         | nts on line 1           |                        |                   |                |                          |
| 17     | Depreciation (if no e                         | * *                        |                        | ·                          | 107                     |                        |                   |                |                          |
|        | Total depreciation classification adjustments |                            | •                      |                            |                         |                        |                   | 17             |                          |
| 10     | Form 100W, Side 1,                            | line 6. If line 17 is      | less than line 16,     | enter the difference       | e here and o            | on Form 100            | or                |                |                          |
|        | Form 100W, Side 2, state adjustments or       | ,                          |                        |                            |                         |                        |                   | 18             |                          |
| Par    |   | I FOITH 100 OF FOITH       | 1 100vv, 110 aujustii  | nent is necessary.)        |                         |                        |                   | 10             |                          |
| 19     | (a)   | (b)                        | (c)                    |                            | (d)                     | (e)                    | (f)               |                | (g)                      |
|        | Description                                   | Date acquire               | d Cost o               | r Amort                    | tization                | R&ŤC                   | Period (          |                | Amortization             |
|        | of property                                   | (mm/dd/yyyy                | other bas              |                            | r allowable<br>er years | section<br>(see instr) | percenta          | ge             | for this year            |
|        |   |                            |                        | iii caiii                  | o, yours                | (300 111311)           |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |
| 20     | Total. Add the amou                           | nts in column (a)          |                        | <u> </u>                   |                         | 1                      |                   | 20             |                          |
| 21     | Total amortization cl                         | (0)                        |                        |                            |                         |                        | -                 | 21             |                          |
|        | Amortization adjustn                          |                            | •                      | •                          |                         |                        | · · · · · · · · - | <del></del>    |                          |
| ~~     | Form 100W, Side 1,                            | line 6. If line 21 is      | less than line 20,     | enter the difference       | e here and o            | on Form 100            | or                |                |                          |
|        | Form 100W, Side 2,                            | line 12                    |                        |                            |                         |                        |                   | 22             |                          |
|        |   |                            |                        |                            |                         |                        |                   |                |                          |

TAXABLE YEAR CALIFORNIA FORM

| 2016 C   | orporation De  | epreciation ai                            | nd Amortizat   | ion                                    |                                       |                                  |          | 3885                                   |
|--|--|---|--|--|---------------------------------------|----------------------------------|----------|--|
| Attach to Form 100 or F  | orm 100W. FOR  | м 199                                     |  |  |                                       |                                  |          |  |
|  | NG AMERICA<br>SIDE & SAN B   | ERNARDINO CO                              | UNTIES   |  |                                       | California co                    | •        | n number                               |
| Part I Election To   | Expense Certain Pro  | operty Under IRC S                        | ection 179   |  |                                       |                                  |          |  |
|  | on under IRC Section   | n 179 for California.                     |  |  |                                       |                                  |          | \$25,000                               |
|  | Section 179 property   |   |  |  |                                       |                                  |          |  |
|  | IRC Section 179 pro  |   |  |  |                                       |                                  |          | \$200,000                              |
|  | ation. Subtract line 3   |   |  |  |                                       |                                  |          |  |
|  | r taxable year. Subt   |   |  |  |                                       |                                  |          |  |
| 6 (  | a) Description of property   | 1   | (b) Cost (business )                                   | use only)                              | (c) Elected                           | cost                             |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
| 7 Links d mysmawky (al   | antad IDC Continu 1  | 70  |  | 7                                      |                                       |                                  |          |  |
| <ul><li>7 Listed property (el</li><li>8 Total elected cost</li></ul> | of IRC Section 179   | •   |  |  | ine 7                                 | 8                                | T        |  |
|  | n. Enter the <b>smalle</b>   |   |  |  |                                       |                                  |          |  |
|  | owed deduction from  |   |  |  |                                       |                                  |          |  |
|  | imitation. Enter the   |   |  |  |                                       |                                  |          | -                                      |
| <b>12</b> IRC Section 179 e  | xpense deduction. A  | dd line 9 and line 1                      | IO, but do not enter                                   | more than                              | line 11                               | 12                               |          |  |
|  | owed deduction to 2  |   | · · · · · · · · · · · · · · · · · · ·                  |  |                                       |                                  |          |  |
| Part II Depreciation   | and Election of Addi   | tional First Year Dep                     | reciation Deduction                                    | Under R&T                              | C Section 2435                        | 56                               |          |  |
| Description of property  | (b) Date acquired (mm/dd/yyyy)   | (c)<br>Cost or<br>other basis             | (d) Depreciation allowed or allowable in earlier years | (e)<br>Depreciation<br>method          | (f)<br>Life or<br>rate                | (g)<br>Depreciation<br>this year |          | (h) Additional first year depreciation |
| 48' TRAILER  | 12/08/2014   | 56,484.                                   | 16,945.  | S/L                                    | 5                                     | 11,2                             | 97.      |  |
| 48" TRAILER  | 12/08/2014   | 56,484.                                   | 16,945.  | S/L                                    | 5                                     | 11,2                             |          |  |
| 2005 28" REEFE   |  | 26,514.                                   | 7,954.   | S/L                                    | 5                                     | 5,3                              |          |  |
| RETROFIT ENGIN   |  | 8,013.                                    | 2,404.   | S/L                                    | 5                                     | 1,6                              |          |  |
| RETROFIT ENGIN   |  | 8,013.                                    | 2,404.   | S/L                                    | 5                                     | 1,6                              |          | -                                      |
| 15 Add the amounts   | •  | olumn (h). The total                      | of column (h) may                                      | not exceed                             |                                       | •                                |          |  |
| Part III Summary   | 14, 00   | , , , , , , , , , , , , , , , , , , ,     |  |  |                                       |                                  |          |  |
| 16 Total: If the corpor IRC Section 179 e Additional first year      | xpense, add the am<br>ar depreciation unde<br>o election is made),   | r R&TC Section 243<br>enter the amount fr | 356, add the amoun<br>om line 15, column               | ts on line 1<br>(g)                    |                                       |                                  | 16<br>17 |  |
| Form 100W, Side state adjustments                                    | stment. If line 17 is on the first state of the fir | s less than line 16, nia depreciation am  | enter the difference<br>nounts are used to (           | e here and o<br>determine r            | on Form 100 o<br>net income be        | or<br>fore                       | 18       |  |
| Part IV Amortization   | n  |   |  |  | _                                     |                                  |          |  |
| 19 (a)  Description of property                                      | n Date acquire<br>(mm/dd/yyy   |   | or Amorti<br>sis allowed or                            | d)<br>ization<br>allowable<br>er years | (e)<br>R&TC<br>section<br>(see instr) | (f)<br>Period or<br>percentage   |          | (g)<br>Amortization<br>for this year   |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  |  |   |  |  |                                       |                                  |          |  |
|  | ounts in column (g)  |   |  |  |                                       |                                  |          |  |
| 21 Total amortization  | claimed for federal  | purposes from fede                        | eral Form 4562, line                                   | 44                                     |                                       | 21                               |          |  |

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

> 7621164 CACA3501L 09/20/16 059 FTB 3885 2016

TAXABLE YEAR CALIFORNIA FORM

| 17       | VADLL ILAN              |         |                            |  |  |                               |                            |                                       | C             | ALII ORINIA I ORIVI   |
|----------|-------------------------|---------|----------------------------|--|--|-------------------------------|----------------------------|---------------------------------------|---------------|-----------------------|
|          | 2016                    | Cor     | poration De                | preciation ar                            | nd Amortizati                                | ion                           |                            |                                       |               | 3885                  |
|          | ch to Form 100          | or For  | m 100W. FORI               | 1 199                                    |  |                               |                            |                                       |               |                       |
| Corpo    | ration name             | DING    | G AMERICA                  |  |  |                               |                            | Californi                             | a corporation | on number             |
|          | RIV                     | ERS:    | IDE & SAN BE               | RNARDINO CO                              | UNTIES                                       |                               |                            | 1220                                  | 988           |                       |
| Par      | t I Election            | То Ех   | pense Certain Pro          | perty Under IRC S                        | ection 179                                   |                               |                            |                                       |               |                       |
| 1        | Maximum dedu            | uction  | under IRC Section          | 179 for California.                      |  |                               |                            |                                       | 1             | \$25 <b>,</b> 000     |
| 2        | Total cost of IF        | RC Sec  | ction 179 property         | placed in service                        |  |                               |                            |                                       | 2             |                       |
| 3        | Threshold cost          | of IR   | C Section 179 prop         | erty before reducti                      | on in limitation                             |                               |                            |                                       | 3             | \$200,000             |
| 4        |                         |         |                            |  | or less, enter -0                            |                               |                            | <u> </u>                              | 4             |                       |
| 5        | Dollar limitation       | n for t | axable year. Subtra        | act line 4 from line                     | 1. If zero or less, e                        | enter -0                      |                            |                                       | 5             |                       |
| 6        |                         | (a)     | Description of property    |  | (b) Cost (business u                         | use only)                     | (c) Elected                | cost                                  |               |                       |
|          |                         |         |                            |  |  |                               |                            |                                       |               |                       |
|          |                         |         |                            |  |  |                               |                            |                                       |               |                       |
|          |                         |         |                            |  |  |                               |                            |                                       |               |                       |
| _        |                         | -       |                            | •  |  |                               |                            |                                       |               |                       |
| 8<br>9   |                         |         |                            | , ,                                      | nts in column (c), I                         |                               |                            | <del>-</del>                          | 9             |                       |
| -        |                         |         |                            |  |  |                               |                            |                                       | 10            |                       |
| 10<br>11 | -                       |         |                            |  | s<br>income (not less th                     |                               |                            | · · · · · · · · · -                   | 11            |                       |
| 12       |                         |         |                            |  | 0, but do not enter                          | ,                             |                            |                                       | 12            |                       |
| 13       |                         |         |                            |  | l line 10, less line 1                       |                               |                            |                                       |               |                       |
| Par      |                         |         |                            |  | reciation Deduction                          |                               |                            | 56                                    |               |                       |
| 14       | (a)                     |         | (b)                        | (c)                                      | (d)  | (e)                           | (f)                        | (g)                                   |               | (h)                   |
|          | Description of property |         | Date acquired (mm/dd/yyyy) | Cost or other basis                      | Depreciation<br>allowed or                   | Depreciation<br>method        | Life or rate               | Depreciat<br>this ve                  |               | Additional first year |
|          | or property             |         | (mm/dd/yyyy)               | Other basis                              | allowable in                                 | metriou                       | Tate                       | tilis yt                              | Jai           | depreciation          |
|          |                         |         |                            |  | earlier years                                |                               |                            |                                       |               |                       |
| RE:      | ROFIT ENG               | INE     | 4/01/2015                  | 8,118.                                   | 2,436.                                       | S/L                           | 5                          |                                       | ,624.         |                       |
|          | ROFIT ENG               |         | 4/21/2015                  | 9,756.                                   | 2,927.                                       | S/L                           | 5                          |                                       | ,951.         |                       |
| 200      | 7 MODEL 4               | 300     | 5/13/2015                  | 36,196.                                  | 10,859.                                      | S/L                           | 5                          |                                       | ,239.         |                       |
| 30       | STRIP DOO               | RS-     | 8/18/2015                  | 10,612.                                  | 1,769.                                       | S/L                           | 5                          |                                       | ,122.         |                       |
| NE       | N SPRINKL               | ER      | 9/01/2015                  | 7,000.                                   | 1,167.                                       | S/L                           | 5                          | 1                                     | ,400.         |                       |
| 15       | Add the amour           | nts in  | column (g) and col         | umn (h). The total                       | of column (h) may                            | not exceed                    |                            |                                       |               |                       |
|          | . ,                     | structi | ons for line 14, col       | umn (h)                                  | <u></u>                                      |                               | 15                         |                                       |               |                       |
| Par      |                         |         |                            |  |  |                               |                            |                                       |               |                       |
| 16       | Total: If the co        | rporat  | ion is electing:           | unt on line 12 and                       | line 15, column (g)                          | ١.٥٢                          |                            |                                       |               |                       |
|          | Additional first        | vear (  | depreciation under         | R&TC Section 243                         | 56, add the amoun                            | ts on line 15                 | , columns (                | g) and (h)                            | or            |                       |
|          |                         |         |                            |  | om line 15, column                           |                               |                            |                                       |               |                       |
| 17       |                         |         |                            | •  | ral Form 4562, line                          |                               |                            |                                       | . 17          |                       |
| 18       | Depreciation a          | djustm  | nent. If line 17 is gr     | reater than line 16,                     | enter the difference enter the difference    | e here and                    | on Form 100                | or or                                 |               |                       |
|          | Form 100W, Si           | ide 1,  | line 12. (If Californ      | iess man iine 16,<br>iia depreciation am | enter the difference<br>lounts are used to ( | e nere and or<br>determine ne | i roim 100<br>et income be | or<br>efore                           |               |                       |
|          | state adjustme          | nts on  | Form 100 or Form           | n 100W, no adjustn                       | nent is necessary.).                         | <u></u>                       | <u> </u>                   | · · · · · · · · · · · · · · · · · · · | . 18          |                       |
| Par      | t IV Amortiza           | ation   |                            |  |  |                               |                            |                                       |               |                       |
| 4.0      |                         |         | 4.5                        |  |  | IN                            | / \                        | - 10                                  |               | - / \                 |

(c) Cost or (e) R&TC 19 (f) Period or Date acquired (mm/dd/yyyy) Description of property Amortization for this year Amortization allowed or allowable other basis section percentage in earlier years (see instr) **20** Total. Add the amounts in column (g)..... 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... 22

2016 Corporation Depreciation and Amortization

CALIFORNIA FORM

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|          | ch to Form 100 or For                        | m 100W. <b>FORI</b>                            | 4 199                                  |                         |                    |                           |            |              |                   |
|----------|--|--|--|-------------------------|--------------------|---------------------------|------------|--------------|-------------------|
| Corpoi   | ration name FEEDIN                           | G AMERICA                                      |  |                         |                    |                           | Californ   | nia corporat | ion number        |
|          |  | IDE & SAN BE                                   | ERNARDINO CO                           | UNTIES                  |                    |                           | 1220       | 988          |                   |
| Part     |  | cpense Certain Pro                             |  |                         |                    |                           |            |              |                   |
| 1        | Maximum deduction                            |  |  |                         |                    |                           | H-         | 1            | \$25 <b>,</b> 000 |
| 2        | Total cost of IRC Se                         | H-   | 2                                      |                         |                    |                           |            |              |                   |
| 3        | Threshold cost of IR                         |  | -                                      |                         |                    |                           | F          | 3            | \$200,000         |
| 4        | Reduction in limitation                      |  |  |                         |                    |                           |            | 5            |                   |
| 5        | Dollar limitation for t                      |  | act line 4 from line                   |                         |                    |                           |            | 5            |                   |
| 6        | (a)  | Description of property                        |  | (b) Cost (business )    | use only)          | (c) Elected               | 1 cost     |              |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
| 7        | Listed property (elec                        |  | •                                      |                         |                    |                           |            |              |                   |
| 8        | Total elected cost of                        |  |  |                         |                    |                           |            | 8            |                   |
| 9        | Tentative deduction.                         |  |  |                         |                    |                           | H          | 9            |                   |
| 10<br>11 | Carryover of disallov<br>Business income lim |  | ,                                      |                         |                    |                           | l-         | 10<br>11     |                   |
| 12       | IRC Section 179 exp                          |  |  | •                       | •                  |                           | H-         | 12           |                   |
| 13       | Carryover of disallov                        |  |  |                         |                    |                           |            | 12           |                   |
| Parl     |  |  |  | reciation Deduction     |                    |                           | 56         |              |                   |
| 14       | (a)  | (b)  | (c)                                    | (d)                     | (e)                | (f)                       | (g         | <u> </u>     | (h)               |
| '        | Description                                  | Date acquired                                  | Cost or                                | Depreciation            | Depreciation       | Life or                   | Deprecia   | tion for     | Additional first  |
|          | of property                                  | (mm/dd/yyyy)                                   | other basis                            | allowed or allowable in | method             | rate                      | this       | /ear         | year              |
|          |  |  |  | earlier years           |                    |                           |            |              | depreciation      |
| FRE      | EEZER COOLER-                                | 10/31/2015                                     | 91,190.                                | 12,159.                 | S/L                | 5                         | 18         | 3,238.       |                   |
|          | BARCODE SYS                                  |  | 63,854.                                | 7,450.                  | S/L                | 5                         |            | 2,771.       |                   |
|          | EEZER COOLER-                                |  | 295,940.                               | 29,594.                 | S/L                | 5                         |            |              |                   |
|          | KIE STACKER                                  | 6/01/2016                                      | 5,000.                                 | 83.                     | S/L                | 5                         | •          |              |                   |
|          | SSAN LEAF                                    | 8/15/2015                                      | 9,881.                                 | 1,647.                  | S/L                | 5                         |            | ,317.        |                   |
|          |  |  | •                                      | •                       |                    |                           |            | ., 517.      |                   |
| 15       | Add the amounts in \$2,000. See instruct     |  |  |                         |                    |                           |            |              |                   |
| Par      |  | 10113 101 11110 14, 00                         | iuiiiii (ii)                           |                         |                    |                           |            |              | <u>l</u>          |
|          | Total: If the corporat                       | tion is electina:                              |  |                         |                    |                           |            |              | 1                 |
|          | IRC Section 179 exp                          | ense, add the amo                              | unt on line 12 and                     | line 15, column (g)     | or .               |                           |            |              |                   |
|          | Additional first year Depreciation (if no e  |  |  |                         |                    |                           |            |              |                   |
| 17       | Total depreciation cl                        | • •  |  | · ·                     | 107                |                           |            |              |                   |
|          | Depreciation adjustn                         |  | •                                      |                         |                    |                           |            |              |                   |
|          | Form 100W, Side 1,                           | line 6. If line 17 is                          | less than line 16,                     | enter the difference    | e here and c       | n Form 100                | or         |              |                   |
|          | Form 100W, Side 2, state adjustments or      |  |  |                         |                    |                           |            | 18           |                   |
| Parl     |  | 11 01111 100 01 1 0111                         | 1 100vv, 110 aujustii                  | nent is necessary.      |                    |                           |            | 10           |                   |
| 19       | (a)  | (b)  | (c)                                    | - (                     | d)                 | (e)                       | (f)        |              | (g)               |
|          | Description                                  | Date acquire                                   | d Cost o                               | r Amorti                | ization            | R&ŤC                      | Period     |              | Amortization      |
|          | of property                                  | (mm/dd/yyyy                                    | ) other bas                            |                         | allowable er years | section<br>(see instr)    | percenta   | age          | for this year     |
|          |  |  |  | iii callie              | or years           | (300 111311)              |            |              |                   |
|          |  |  |  |                         |                    |                           |            | -            |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
|          |  |  |  |                         |                    |                           |            |              |                   |
|          |  |  |  |                         |                    |                           |            | +            |                   |
| 20       | Total Add #6                                 | unto in column (-)                             |  |                         |                    | j                         | T          | 20           |                   |
|          | Total. Add the amou                          | 107  |  |                         |                    |                           | l-         | 20           |                   |
| 21       | Total amortization cl                        |  |  |                         |                    |                           | F          | 21           |                   |
| 22       | Amortization adjustr<br>Form 100W, Side 1,   | nent. It line 21 is g<br>line 6. If line 21 is | reater than line 20, less than line 20 | , enter the difference  | ce here and c      | on Form 10<br>on Form 100 | U or<br>or |              |                   |
|          | Form 100W, Side 1,                           |  |  |                         |                    |                           |            | 22           |                   |
|          |  |  |  |                         |                    |                           | L          |              |                   |

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| IΑ     | XABLE YEAR                                   |  |   |  |                               |  |                            |              | ALIFORNIA FORM                 |
|--------|--|--|---|--|-------------------------------|--|----------------------------|--------------|--------------------------------|
|        | <b>2016</b> Co                               | rporation De                             | preciation ar                           | nd Amortizat                                 | ion                           |  |                            |              | 3885                           |
|        | ch to Form 100 or Fo                         | rm 100W. <b>FORI</b>                     | И 199                                   |  |                               |  |                            |              |                                |
| Corpo  | ration name FEEDIN                           | G AMERICA                                |   |  |                               |  | California                 | corporatio   | on number                      |
|        |  | IDE & SAN BE                             | ERNARDINO CO                            | UNTIES                                       |                               |  | 12209                      | 88           |                                |
| Par    |  | xpense Certain Pro                       |   |  |                               |  |                            |              |                                |
| 1      | Maximum deduction                            |  |   |  |                               |  |                            |              | \$25 <b>,</b> 000              |
| 2      | Total cost of IRC Se                         |  | •                                       |  |                               |  | · · · · · · · · <u> </u>   | 2            |                                |
| 3      | Threshold cost of IR                         |  | -                                       |  |                               |  |                            | 3            | \$200,000                      |
| 4<br>5 | Reduction in limitati                        |  |   | ,  |                               |  |                            | 1            |                                |
| 6      | Dollar limitation for                        |  | act line 4 from line                    |  | 1                             | (c) Elected                                      |                            | ,            |                                |
|        | (a)  | Description of property                  |   | (b) Cost (business (                         | use only)                     | (c) Elected                                      | COST                       |              |                                |
|        |  |  |   |  |                               |  |                            |              |                                |
|        |  |  |   |  |                               |  |                            |              |                                |
|        |  |  |   |  |                               |  |                            |              |                                |
| 7      | Listed property (elec                        | cted IRC Section 17                      | 79 cost)                                |  | 7                             |  |                            |              |                                |
| 8      | Total elected cost of                        |  | ,                                       |  |                               | ne 7   | 8                          | 3            |                                |
| 9      | Tentative deduction                          |  | , ,                                     | ` ' '  |                               |  |                            |              |                                |
| 10     | Carryover of disallov                        | wed deduction from                       | prior taxable years                     | S  |                               |  | 10                         | )            |                                |
| 11     | Business income lin                          | nitation. Enter the s                    | smaller of business                     | income (not less the                         | han zero) or                  | line 5   | 11                         | l            |                                |
| 12     | IRC Section 179 exp                          | ense deduction. A                        | dd line 9 and line 1                    | 0, but do not enter                          | more than I                   | ine 11   | 12                         | 2            |                                |
| 13     | Carryover of disallov                        |  |   | •  |                               |  |                            |              |                                |
| Par    | t II Depreciation a                          | nd Election of Addit                     | ional First Year Dep                    | reciation Deduction                          | Under R&TC                    | Section 2435                                     | 6                          |              |                                |
| 14     | <b>(a)</b><br>Description                    | <b>(b)</b> Date acquired                 | <b>(c)</b><br>Cost or                   | <b>(d)</b><br>Depreciation                   | (e)<br>Depreciation           | <b>(f)</b><br>Life or                            | <b>(g)</b><br>Depreciation | n for        | <b>(h)</b><br>Additional first |
|        | of property                                  | (mm/dd/yyyy)                             | other basis                             | allowed or                                   | method                        | rate   | this yea                   |              | year                           |
|        |  | 33337                                    |   | allowable in                                 |                               |  | ,                          |              | depreciation                   |
| mp.    | ATTED MEG                                    | 10/01/0015                               | 00 500                                  | earlier years                                | C /T                          | 5  | 17                         | 010          |                                |
|        | AILER TEC<br>P 16 BAY BEVR                   | 12/21/2015                               | 89,592.<br>18,415.                      | 8,959.<br>1,842.                             | S/L<br>S/L                    | 5  |                            | 918.<br>683. |                                |
|        | NS (2) FROM N                                | 4/13/2016                                | 31,521.                                 | 1,313.                                       | S/L                           | 5  |                            | 304.         |                                |
|        | FICE FURNITUR                                | 6/30/2016                                | 17,503.                                 | 1,313.                                       | S/L                           | 5  |                            | 504.         |                                |
|        | ROUTAN                                       | 3/09/2017                                | 15,386.                                 |  | S/L                           | 5  |                            | 026.         |                                |
|        |  |  | •                                       |  |                               | <del>                                     </del> | 1,                         | 020.         |                                |
| 15     | Add the amounts in \$2,000. See instruct     |  |   |  |                               | 15   |                            |              |                                |
| Par    | t III Summary                                |  |   |  |                               |  |                            |              |                                |
| 16     | Total: If the corpora                        |  |   | . 15 L ()                                    |                               |  |                            |              |                                |
|        | IRC Section 179 exp<br>Additional first year | pense, add the amo<br>depreciation under | ount on line 12 and<br>R&TC Section 243 | line 15, column (g)<br>56. add the amoun     | ) <b>or</b><br>ts on line 15  | 5. columns (a                                    | ) and (h) <b>o</b>         | r            |                                |
|        | Depreciation (if no                          |  |   |  |                               |  |                            | 16           |                                |
| 17     | Total depreciation c                         |  |   |  |                               |  |                            | 17           | -                              |
| 18     | Depreciation adjustr Form 100W, Side 1,      | ment. If line 17 is g                    | reater than line 16,                    | enter the difference                         | e here and                    | on Form 100                                      | or                         |              |                                |
|        | Form 100W, Side 1, Form 100W, Side 2,        | line 12. (If Californ                    | niess man line 16, on a depreciation am | enter the difference<br>lounts are used to ( | e nere and of<br>determine ne | et income bet                                    | ore                        |              |                                |
|        | state adjustments of                         | n Form 100 or Forn                       | n 100W, no adjustn                      | nent is necessary.)                          |                               |  |                            | 18           |                                |

Part IV Amortization 19 (b) (c) (e) R&TC (a) (d) (g) Description of property Date acquired (mm/dd/yyyy) Period or Amortization for this year Cost or Amortization other basis allowed or allowable section percentage in earlier years (see instr) Total. Add the amounts in column (g)..... 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12... 22

> 7621164 059 FTB 3885 2016 CACA3501L 09/20/16

CALIFORNIA FORM

3885

| 2016 | Corporation Depreciation and Amortization |
|------|---|
|------|---|

| Atta  | ch to Form 100 or For                          | m 100W. <b>FOR</b>                     | м 199                 |             |                    |                     |                     |        |          |          |                      |
|-------|--|--|-----------------------|-------------|--------------------|---------------------|---------------------|--------|----------|----------|----------------------|
| Corpo | ration name FEEDIN                             | G AMERICA                              |                       |             |                    |                     |                     | Califo | ornia co | rporatio | on number            |
|       |  |  | ERNARDINO CO          |             |                    |                     |                     | 122    | 2098     | 8        |                      |
| Par   |  |  | perty Under IRC S     |             |                    |                     |                     |        | 1 4      | 1        | 405 000              |
| 1     | Maximum deduction                              |  |                       |             |                    |                     |                     |        | 2        |          | \$25,000             |
| 2     |  |  |                       |             |                    |                     |                     |        | 3        |          | \$200,000            |
| 4     | Reduction in limitation                        |  | •                     |             |                    |                     |                     |        |          |          | \$200,000            |
| 5     | Dollar limitation for t                        |  |                       |             | ,                  |                     |                     |        | 5        |          |                      |
| 6     |  | Description of property                |                       |             | ost (business )    |                     | (c) Elect           |        |          |          |                      |
|       |  | 1 1 1 7                                |                       | (1)         |                    | ,,                  | (-)                 |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
| 7     | Listed property (elec                          | ted IRC Section 17                     | 79 cost)              |             |                    | 7                   |                     |        |          |          |                      |
| 8     | Total elected cost of                          |  |                       |             |                    |                     |                     |        | 8        |          |                      |
| 9     | Tentative deduction.                           |  |                       |             |                    |                     |                     |        | 9        |          |                      |
| 10    | Carryover of disallov                          |  |                       |             |                    |                     |                     |        | 10       |          |                      |
| 11    | Business income lim                            |  |                       |             | -                  | -                   |                     |        | 11       |          |                      |
| 12    | IRC Section 179 exp<br>Carryover of disallov   |  |                       |             |                    | _                   |                     |        | 12       |          |                      |
| Par   |  |  | ional First Year Dep  |             |                    |                     |                     | 356    |          |          |                      |
| 14    | (a)  | (b)                                    | (c)                   |             | (d)                | (e)                 | (f)                 | 1      | (g)      |          | (h)                  |
|       | Description                                    | Date acquired                          | Cost or               |             | rèciation          | Depreciation        | Life or             | Deprec | iation   |          | Additional first     |
|       | of property                                    | (mm/dd/yyyy)                           | other basis           |             | wed or<br>wable in | method              | rate                | this   | year     |          | year<br>depreciation |
|       |  |  |                       |             | er years           |                     |                     |        |          |          | acpreciation         |
| DEI   | LL COMP - ONL                                  | 7/31/2016                              | 6,216.                |             |                    | S/L                 | E )                 | 5      | 6        | 22.      |                      |
| SOI   | TWARE - ONLI                                   | 7/31/2016                              | 9,000.                |             |                    | S/L                 | 10                  | )      | 4        | 50.      |                      |
| TOY   | OTA LIFT - R                                   | 2/28/2017                              | 161,513.              |             |                    | S/L                 | 28                  | 3      | 2,2      | 03.      |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
| 15    | Add the amounts in                             |  |                       |             |                    |                     |                     |        |          |          |                      |
| _     | \$2,000. See instruct                          | ions for line 14, co                   | lumn (h)              |             | <u> </u>           |                     | 15                  |        |          |          |                      |
| Par   |  | tian ia alaatina.                      |                       |             |                    |                     |                     |        | 1        |          |                      |
| 10    | Total: If the corporat IRC Section 179 exp     | tion is electing:<br>ense, add the amo | ount on line 12 and   | line 15     | . column (a`       | or or               |                     |        |          |          |                      |
|       | Additional first year                          | depreciation under                     | R&TC Section 243      | 356, add    | the amoun          | ts on line 1        |                     |        |          | 10       |                      |
| 17    | Depreciation (if no e<br>Total depreciation cl | •                                      |                       |             |                    |                     |                     |        | -        | 16<br>17 |                      |
|       | Depreciation adjustn                           |  | •                     |             |                    |                     |                     |        |          | 17       |                      |
|       | Form 100W, Side 1,                             | line 6. If line 17 is                  | less than line 16,    | enter th    | e difference       | here and o          | on Form 100         | or or  |          |          |                      |
|       | Form 100W, Side 2, state adjustments or        |  |                       |             |                    |                     |                     |        |          | 18       |                      |
| Par   |  | 11 01111 100 01 1 011                  | 11 10011, 110 dajaoti | 11011111111 | 10000001 9 1 ).    |                     |                     |        |          |          |                      |
| 19    | (a)  | (b)                                    | (c)                   |             | ((                 | d)                  | (e)                 | (f)    |          |          | (g)                  |
|       | Description of property                        | Date acquire                           | ed Cost o             |             |                    | zation<br>allowable | R&TC                | Perio  |          |          | Amortization         |
|       | or property                                    | (mm/dd/yyyy                            | () other bas          | 515         | in earlie          |                     | section (see instr) | percen | laye     |          | for this year        |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
|       |  |  |                       |             |                    |                     |                     |        |          |          |                      |
| 20    | Total. Add the amou                            | ints in column (g).                    |                       |             |                    |                     |                     |        | 20       |          |                      |
| 21    | Total amortization cl                          |  |                       |             |                    |                     |                     |        | 21       |          |                      |
| 22    | Amortization adjustn                           | nent. If line 21 is g                  | reater than line 20   | , enter t   | he difference      | ce here and         | on_Form_1           | 00 or  |          |          |                      |
|       | Form 100W, Side 1, Form 100W, Side 2,          |  |                       |             |                    |                     |                     |        | 22       |          |                      |

| 7 | П | м |   |
|---|---|---|---|
| _ | u |   | r |
| _ | u |   |   |

### **CALIFORNIA STATEMENTS**

### PAGE 1

### FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

| STATEMENT 1               |
|---------------------------|
| FORM 199, PART II, LINE 7 |
| OTHER INCOME              |

| INTEREST                | \$<br>44.        |
|-------------------------|------------------|
| OTHER INCOME.           | 16,495.          |
| PROGRAM SERVICE REVENUE | 1,189,786.       |
| RECYCLING               | 16,527.          |
| TOTAL                   | \$<br>1,222,852. |

### STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

| CONFERENCES, CONVENTIONS, AND MEETINGS CONSULTING & STAFFING | \$ 11,658.<br>76.499. |
|--|-----------------------|
| DUES   |                       |
| FOOD PURCHASES.  | 66,400.               |
| IN KIND FOOD DONATIONS                                       | 44,831,914.           |
| INSURANCE  | 33,030.               |
| MISC   | 25,523.               |
| OFFICE EXPENSES  | 348,965.              |
| OTHER EMPLOYEE BENEFIT                                       | 228,242.              |
| POSTAGE AND SHIPPING.  | 30,769.               |
| PRINTING AND PUBLICATIONS                                    | 45,363.               |
| PROFESSIONAL FEES  | 129,739.              |
| TRAVEL.  | 93,896.               |
| TOTAL  | \$45,947,173.         |

#### STATEMENT 3 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

| DEPOSITS                              | 6,800.        |
|---------------------------------------|---------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | 31,923.       |
| TOTAL                                 | \$<br>38,723. |

#### STATEMENT 4 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

| DEFERRED REVENUE |             | 37,804. |
|------------------|-------------|---------|
| TOTAL            | , <u>\$</u> | 37,804. |

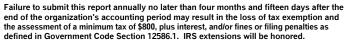
IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312





|   |  | 1                                      |                                       |                  |          |                 |  |  |  |
|---|--|--|---------------------------------------|------------------|----------|-----------------|--|--|--|
| State Charity Registration Number 056379  Check if:  Change of address  |  |  |                                       |                  |          |                 |  |  |  |
| FEEDING AMERICA   | Change of address  Amended report  |  |                                       |                  |          |                 |  |  |  |
| RIVERSIDE & SAN BERNARDINO CO   | UNTIES   | Пашением героге                        |                                       |                  |          |                 |  |  |  |
| 2950 JEFFERSON STREET B Address (Number and Street)   |  | Corporate or                           | Organization No.                      | 1220988          |          |                 |  |  |  |
| RIVERSIDE, CA 92504   |  | Federal Emplo                          | yer I.D. No. <u>33-</u> (             | 0072922          |          |                 |  |  |  |
| City or Town  | State ZIP Code PENEWAL FEE SCHEDULE (11 Ca   | L Codo Pogs (                          | actions 201 207 1                     | 211 and 212\     |          |                 |  |  |  |
|   | k Payable to Attorney General's F  |  |                                       | 511 aliu 512)    |          |                 |  |  |  |
| Gross Annual Revenue Fee  | Gross Annual Revenue   | Fee                                    | Gross Annual Re                       | evenue           |          | Fee             |  |  |  |
| Less than \$25,000 0  | Between \$100,001 and \$250,000  |  | Between \$1,000,0                     |                  |          | \$150           |  |  |  |
| Between \$25,000 and \$100,000 \$25   | Between \$250,001 and \$1 millio   | on \$75                                | Between \$10,000 Greater than \$50    |                  |          | \$225<br>\$300  |  |  |  |
| PART A – ACTIVITIES   | I  |  | Greater than \$50                     |                  | •        | <del>4000</del> |  |  |  |
| For your most recent full accounting per  | riod (beginning 7/01/16  | ending                                 | 6/30/17                               | ) list:          |          |                 |  |  |  |
| Gross annual revenue \$ 49  | 9,031,909. Total assets  | \$                                     | 3,959,769.                            | _                |          |                 |  |  |  |
| PART B - STATEMENTS REGARDIN  | G ORGANIZATION DURING  | G THE PERI                             | OD OF THIS RE                         | PORT             |          |                 |  |  |  |
| Note: If you answer 'yes' to any of the que   |  |  | providing an expl                     | anation and deta | ls for e | each            |  |  |  |
| 'yes' response. Please review RRF-1   | instructions for information requ  | uirea.                                 |                                       |                  | Yes      | No              |  |  |  |
| During this reporting period, were there as organization and any officer, director or trust director or trustee had any financial interest. | tee thereof either directly or with an e   | er financial trar<br>entity in which a | nsactions between<br>ny such officer, | the              |          | X               |  |  |  |
| 2 During this reporting period, was there any the property or funds?  | heft, embezzlement, diversion or mis   | suse of the organ                      | nization's charitable                 |                  |          | X               |  |  |  |
| 3 During this reporting period, did non-prog  | gram expenditures exceed 50% of  | gross revenues                         | s?                                    |                  |          | X               |  |  |  |
| 4 During this reporting period, were any organi. Form 4720 with the Internal Revenue Serv   | ization funds used to pay any penalty vice, attach a copy.   | y, fine or judgme                      | ent? If you filed a                   |                  |          | X               |  |  |  |
| 5 During this reporting period, were the serv<br>purposes used? If 'yes,' provide an attachme<br>provider.                                  | vices of a commercial fundraiser of the listing the name, address, and tele  | or fundraising o<br>lephone number     | of the service                        | ole<br>STATEMENT |          |                 |  |  |  |
| 6 During this reporting period, did the organiza the name of the agency, mailing address,   |  |  | e an attachment list<br>SEE           |                  | 2 X      |                 |  |  |  |
| 7 During this reporting period, did the organiza indicating the number of raffles and the d   |  | oses? If 'yes,' pr                     | ovide an attachmen                    | t                |          | X               |  |  |  |
| Does the organization conduct a vehicle dona<br>the program is operated by the charity or<br>charitable purposes.                           | ation program? If 'yes,' provide an a<br>whether the organization contract   | ttachment indicats with a comm         | ating whether<br>ercial fundraiser fo | or               |          | X               |  |  |  |
| <b>9</b> Did your organization have prepared an a principles for this reporting period?   | audited financial statement in acco  | ordance with ge                        |                                       |                  | 3 X      |                 |  |  |  |
| Organization's area code and telephone number   | er <u>(951) 359-4757</u>   |  |                                       |                  |          |                 |  |  |  |
| Organization's e-mail address   |  |  |                                       |                  |          |                 |  |  |  |
| I declare under penalty of perjury that I have e<br>and belief, it is true, correct and complete.   | I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge |  |                                       |                  |          |                 |  |  |  |
|   | ADUANTE OBERO  | CEO                                    |                                       |                  |          |                 |  |  |  |
|   | CPHANIE OTERO d Name   | Title                                  |                                       | Date             |          |                 |  |  |  |

2016

### CALIFORNIA STATEMENTS

FEEDING AMERICA
RIVERSIDE & SAN BERNARDINO COUNTIES

33-0072922

PAGE 1

STATEMENT 1 FORM RRF-1, PART B, LINE 5 FUNDRAISERS USED

RKD DIRECT 8001 S. 13TH STREET LINCOLN, NE 68512 800-730-0668

#### STATEMENT 2 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 744 P STREET SACRAMENTO, CA 95814 VINCENT SCHENCK 916-229-3344 \$304,725 - CASH \$5,021,003 - NON-CASH \$157,706 - DFAP GRANT \$18,288 - CALFRESH

#### STATEMENT 3 FORM RRF-1, PART B, LINE 9 AUDITED FINANICAL STATEMENTS

SINGLE AUDIT PREPARED. REPORT DATE 11/30/17.

### Form **8868**

(Nev. Sandary 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

| Automat   | tic 6-Month Extension of Time. Only subr  | mit origina                 | al (no copies needed).                                  |   |               |                     |  |
|---|---|-----------------------------|---|---|---------------|---------------------|--|
| All corpora   | ations required to file an income tax return other the 7004 to request an extension of time to file income  | an Form 99                  | 0-T (including 1120-C filers), partnership              |   | •             |                     |  |
|   | Name of exempt organization or other filer, see instructions.   |                             |   |   | ,             | ion number (EIN) or |  |
| Type or<br>print  | FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COU Number, street, and room or suite number. If a P.O. box, see ir  |                             |   | 33-0072922 Social security number (SSN) |               |                     |  |
| File by the<br>due date for<br>filing your  | 2950 JEFFERSON STREET B   |                             |   | Jocial                                  | security numb | oci (00iv)          |  |
| return. See instructions.   | City, town or post office, state, and ZIP code. For a foreign add RIVERSIDE, CA 92504   | lress, see instru           | ictions.  |   |               |                     |  |
| Enter the F   | Return Code for the return that this application is fo  | or (file a se               | parate application for each return)                     |   |               | 01                  |  |
| Application   | n   | Return<br>Code              | Application<br>Is For                                   |   |               | Return<br>Code      |  |
| Form 990 o  | r Form 990-EZ   | 01                          | Form 990-T (corporation)                                |   |               | 07                  |  |
| Form 990-l  | BL  | 02                          | Form 1041-A   |   |               | 08                  |  |
| Form 4720   | (individual)  | 03                          | Form 4720 (other than individual)                       |   |               | 09                  |  |
| Form 990-l  | PF  | 04                          | Form 5227   |   |               | 10                  |  |
| Form 990-   | T (section 401(a) or 408(a) trust)  | 05                          | Form 6069   |   |               | 11                  |  |
| Form 990-   | T (trust other than above)  | 06                          | Form 8870   |   |               | 12                  |  |
| <ul><li>If the o</li><li>If this i check if</li></ul>   | one No. ► (951) 359-4757  organization does not have an office or place of busis for a Group Return, enter the organization's four this box ► . If it is for part of the group, organization is for.  | digit Group                 | e United States, check this box  Exemption Number (GEN) | this is                                 | for the wh    | hole group,         |  |
| for the for the formula for t | Lest an automatic 6-month extension of time untile organization named above. The extension is for the calendar year 20 or $\overline{X}$ tax year beginning $7/01$ , $20$ $16$ etax year entered in line 1 is for less than 12 months change in accounting period | organization<br>, and endir | ng <u>6/30</u> , <sup>20</sup> <u>17</u>                | zation r<br>nal retu                    |               |                     |  |
| nonre   | s application is for Forms 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions   |                             |   | 3 a                                     | \$            | 0.                  |  |
| <b>b</b> If this tax p  | s application is for Forms 990-PF, 990-T, 4720, or sayments made. Include any prior year overpaymen   | 6069, enter<br>nt allowed a | any refundable credits and estimated is a credit        | 3 b                                     | \$            | 0.                  |  |
| EFTF  | nce due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See   | instructions                | S   | 3с                                      |               | 0.                  |  |
| Caution: If payment in  | f you are going to make an electronic funds withdranstructions.   | awal (direct                | debit) with this Form 8868, see Form 84                 | 53-EO                                   | and Form      | n 8879-EO for       |  |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

### Form **990**

**Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public

Department of the Treasury

| Inter                          | rnal Rev   | venue Service          |              | - IIIIOIIIIauo                                     | II about Foriii 990    | anu its mstructi  | ions is at ww     | w.irs.gov/       | 101111990         | <i>).</i>                          |            | ilispectio             |               |
|--------------------------------|------------|------------------------|--------------|--|------------------------|-------------------|-------------------|------------------|-------------------|------------------------------------|------------|------------------------|---------------|
| Α                              | For t      | he 2016 calend         | dar year     | r, or tax year begir                               | nning 7/01             |                   | , <b>20</b> 16, a | and ending       | <b>g</b> 6/       | 30                                 | ,          | 2017                   |               |
| В                              | Check      | if applicable:         | С            |  |                        |                   |                   |                  |                   | D Employ                           | er identif | ication number         |               |
|                                | А          | ddress change          | FEEDI        | ING AMERICA  |                        |                   |                   |                  |                   | 33-0                               | 00729      | 922                    |               |
|                                |            |                        |              | RSIDE & SAN  | BERNARDIN              | O COUNTI          | ES                |                  |                   | E Telepho                          |            |                        |               |
|                                |            |                        |              | JEFFERSON S  |                        |                   |                   |                  |                   | (OE                                | 1) 25      | 59-4757                |               |
|                                |            |                        | RIVEF        | RSIDE, CA 92                                       | 2504                   |                   |                   |                  |                   | (93.                               | L) 3.      | 9-4131                 |               |
|                                |            | nal return/terminated  |              |  |                        |                   |                   |                  |                   |                                    | ٠          |                        | 006           |
|                                |            | mended return          | _            |  |                        |                   |                   | 1.               |                   | <b>G</b> Gross re                  |            |                        |               |
|                                | Α          | pplication pending     | F Name       | e and address of principa                          | al officer:            |                   |                   |                  |                   | a group return                     |            |                        |               |
|                                |            |                        |              | AS C ABOVE   |                        |                   |                   |                  | Are al<br>If 'No, | l subordinates<br>' attach a list. | (see inst  | ? <b>Yes</b> ructions) | No No         |
|                                | Tax        | -exempt status         | X 501(c      | c)(3) 501(c) (                                     | )◀ (inse               | rt no.) 49        | 947(a)(1) or      | 527              |                   |                                    |            |                        |               |
| J                              | We         | bsite: 🕨 FE            | EDING        | SAMERICAIE.O                                       | RG                     |                   |                   | ı                | H(c) Group        | exemption nu                       | mber ►     |                        |               |
| K                              | Forr       | n of organization:     | X Corpo      | oration Trust                                      | Association            | Other ►           | LYe               | ear of formation | on: 198           | 0 <b>M</b> s                       | tate of le | gal domicile: CA       | Ā             |
| Pa                             | art I      | Summar                 | V            | · · · · · · · · · · · · · · · · · · ·              | •                      |                   | •                 |                  |                   |                                    |            |                        |               |
|                                | 1          | Briefly describ        | oe the o     | rganization's miss                                 | ion or most sig        | nificant activ    | ities:OUR         | MISSIC           | ON IS             | TO ALL                             | EVIAT      | CE HUNGEF              | . IN          |
| a                              |            |                        |              | PIRE OF SOU  |                        |                   |                   |                  |                   |                                    |            |                        |               |
| Activities & Governance        |            |                        |              |  |                        |                   |                   |                  | . — — — —         |                                    |            |                        | . — — —       |
| Шa                             |            |                        |              |  |                        |                   |                   |                  |                   |                                    |            |                        |               |
| š                              | 2          | Check this bo          |              |  |                        |                   |                   |                  |                   |                                    | net ass    | sets.                  |               |
| త                              | 3          | Number of vo           | ting me      | mbers of the gove                                  | rning body (Pa         | rt VI, line 1a    | )                 |                  |                   |                                    | 3          |                        | 16            |
| ∾ర                             | 4          | Number of ind          | depende      | ent voting member                                  | s of the govern        | ing body (Pa      | art VI, line      | 1b)              |                   |                                    | 4          |                        | 15            |
| Ë                              | 5          |                        |              | riduals employed in                                |                        |                   |                   |                  |                   |                                    | 5          |                        | 42            |
| .≧                             | 6          |                        |              | nteers (estimate if                                |                        |                   |                   |                  |                   |                                    | 6          |                        | 500           |
| Ą                              |            |                        |              | ess revenue from                                   |                        |                   |                   |                  |                   |                                    | 7a         |                        | 0.            |
|                                | b          | Net unrelated          | busines      | ss taxable income                                  | from Form 990          | )-T, line 34      |                   |                  |                   |                                    | 7b         |                        | 0.            |
|                                |            |                        |              |  |                        |                   |                   |                  |                   | Prior Year                         |            | Current Y              |               |
| Ф                              | 8          |                        |              | ants (Part VIII, line                              |                        |                   |                   |                  |                   | 5,212,0                            |            | 47,804                 |               |
| Revenue                        | 9          | -                      |              | enue (Part VIII, line                              |                        |                   |                   |                  |                   |                                    |            |                        | 786.          |
| eve                            | 10         |                        |              | Part VIII, column (                                | •                      | •                 |                   |                  |                   | 25,8                               |            |                        | 1,083.        |
| Œ                              | 11         |                        |              | VIII, column (A), li                               |                        |                   |                   |                  |                   | 56,9                               |            |                        | 3,066.        |
|                                | 12         |                        |              | lines 8 through 11                                 |                        |                   |                   |                  |                   | 6,465,5                            | 40.        | 49,031                 | <u>.,909.</u> |
|                                | 13         |                        |              | mounts paid (Part                                  |                        | -                 |                   |                  |                   |                                    |            |                        |               |
|                                | 14         | Benefits paid          | to or fo     | r members (Part I                                  | X, column (A),         | line 4)           |                   |                  |                   |                                    |            |                        |               |
| <b>(</b> 0                     | 15         | Salaries, other        | er compe     | ensation, employe                                  | e benefits (Par        | t IX, column      | (A), lines        | 5-10)            |                   | 1,471,8                            | 39.        | 1,497                  | 7,932.        |
| Se                             | 16 a       | Professional t         | fundrais     | ing fees (Part IX,                                 | column (A), lin        | e 11e)            |                   |                  |                   |                                    |            |                        |               |
| Expenses                       | h          | Total fundrais         | ina exp      | enses (Part IX, co                                 | Jumn (D) line          | 25) ▶             | 336               | 6,274.           |                   |                                    |            |                        |               |
| X                              | 17         |                        |              | t IX, column (A), li                               |                        |                   |                   |                  | F.                | C 04C 7                            | 0.0        | 4.6 4.01               | 0.00          |
|                                | 18         | •                      | •            | lines 13-17 (must                                  | ·                      | ,                 |                   |                  |                   | 6,046,7                            |            | 46,401                 |               |
|                                |            |                        |              |  |                        |                   |                   |                  |                   | 7,518,6                            |            | 47,898                 |               |
|                                | 19         | Revenue less           | expens       | ses. Subtract line 1                               | 16 170111 111110 12    |                   |                   |                  |                   | 1,053,0                            |            |                        | 2,917.        |
| Net Assets or<br>Fund Balances | 20         | Tatal assats (         | 'David V     | line 10)   |                        |                   |                   |                  |                   | ng of Curren                       |            | End of Y               |               |
| sse.<br>Bala                   | 20         |                        |              | line 16)   |                        |                   |                   |                  |                   | 2,893,8                            |            |                        | 769.          |
| Pt A                           | 21         |                        | •            | X, line 26)  |                        |                   |                   |                  | -                 | 390,7                              |            |                        | 3,780.        |
|                                |            |                        |              | alances. Subtract I                                | ine 21 from lin        | e 20              |                   |                  | . 2               | 2,503,0                            | 72.        | 3,635                  | 5,989.        |
| Pa                             | art II     | Signatur               | e Bloc       | .k   |                        |                   |                   |                  |                   |                                    |            |                        |               |
| Unde                           | er pena    | Ities of perjury, I de | clare that   | I have examined this ret than officer) is based on | urn, including accor   | npanying schedul  | es and statem     | ents, and to the | he best of r      | ny knowledge                       | and belie  | ef, it is true, correc | ct, and       |
| COIII                          | piete. L   | Peciaration of prepa   | rer (other i | .nan onicer) is based on                           | all illioillation of w | mich preparer nas | s arry knowleu    | ye.              |                   |                                    |            |                        |               |
|                                |            | <u>Gianata</u>         |              |  |                        |                   |                   |                  |                   | -1-                                |            |                        |               |
| Sig                            | gn         | Signatui               | re of office | r  |                        |                   |                   |                  | D                 | ate                                |            |                        |               |
| He                             | re         |                        |              | E OTERO  |                        |                   |                   |                  | CEO               |                                    |            |                        |               |
|                                |            | Type or                | print name   | e and title  | _                      |                   |                   |                  |                   |                                    |            |                        |               |
| _                              | · <u>-</u> | Print/Type p           | reparer's r  | name   | Preparer's signat      | ure               |                   | Date             | _                 | Check                              | if F       | PTIN                   |               |
| Pa                             | id         | MICHEL                 | E SUC        | CHAN   | MICHELE                | SUCHAN            |                   | 12/11/           | 17                | self-employe                       | ed [       | 200123639              | }             |
|                                | epar       | er Firm's name         | <b>►</b> S   | UCHAN & ASS  | OCIATES                |                   | '                 |                  |                   |                                    | •          |                        |               |
|                                | e Or       |                        |              | 286 E GUAST  |                        | 130               |                   |                  |                   | Firm's EIN                         | 61-        | 1675902                |               |
|                                |            |                        | _            |  | 91761                  |                   |                   |                  |                   | Phone no.                          |            | 781-6443               |               |
| Ma                             | v the      | IRS discuss th         |              | n with the prepare                                 |                        | ? (see instruc    | ctions)           |                  |                   |                                    |            | X Yes                  | No            |
|                                |            |                        |              | L. The second                                      |                        | ,                 | ,                 |                  |                   |                                    |            |                        |               |

| Part | : III      | Statement of Program Service Accomplishments  |              |
|------|------------|---|--------------|
|      | D : (I     | Check if Schedule O contains a response or note to any line in this Part III  | Ш            |
| 1    | _          | describe the organization's mission:  |              |
|      | <u>our</u> | MISSION IS TO ALLEVIATE HUNGER IN THE INLAND EMPIRE OF SOUTHERN CALIFORNIA.   |              |
|      |            |   |              |
|      |            |   |              |
| 2    | Did th     | e organization undertake any significant program services during the year which were not listed on the prior  |              |
|      |            |   | lo           |
|      |            | ,' describe these new services on Schedule O.   |              |
| 3    | Did th     | e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N  | lo           |
|      | If 'Yes    | r,' describe these changes on Schedule O.   |              |
|      | Section    | be the organization's program service accomplishments for each of its three largest program services, as measured by expense n 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses evenue, if any, for each program service reported. | š.           |
| 4 a  | (Code      | : ) (Expenses \$ 37,570,078. including grants of \$ ) (Revenue \$   | )            |
|      | FOO        | SHARE PROGRAM   | _            |
|      |            | NOTING SUSTAINABILITY AND CAPACITY BUILDING, FEEDING AMERICA RIVERSIDE SAN  |              |
|      |            | NARDINO WORKS WITH OVER 500 PARTNER AGENCIES TO PROVIDE HUNGER-RELIEF SERVICES AN   | 1 <u>D</u> _ |
|      |            | RGENCY FOOD ASSISTANCE TO NEIGHBORHOOODS THROUGHOUT RIVERSIDE AND SAN BERNARDINO  |              |
|      |            | NTIES. OUR NON-PROFIT PARTNERS ARE HELD TO A STRICT SET OF GUIDELINES AND   |              |
|      |            | ERNING PROCEDURES THAT ENSURE FOOD IS DISTRIBUTED SAFELY IN ACCORDANCE WITH STATE FEDERAL LAW. BI-ANNUAL SITE VISITS ARE CONDUCTED TO MONITOR SITE OPERATIONS,  | <u>-</u> –   |
|      |            | FEDERAL LAW. BI-ANNUAL SITE VISITS ARE CONDUCTED TO MONITOR SITE OPERATIONS,<br>FFY FOOD SAFETY COMPLIANCE, ASSESS CAPACITY, AND RECOMMEND PROGRAM SERVICE  |              |
|      |            | ANCEMENTS. THIS PROGRAM IS CONDUCTED THROUGH FOOD PANTRIES, COMMUNITY CENTERS,  |              |
|      |            | IDENTIAL FACILITIES, GROUP HOMES AND MOBILE FOOD PANTRIES. THE PROGRAM CURRENTLY  | <u> </u>     |
|      |            | CHES OVER 400,000 MEN, WOMEN AND CHILDREN MONTHLY.  |              |
|      |            |   |              |
| 4 b  | (Code      | : ) (Expenses \$ 5,635,512. including grants of \$ ) (Revenue \$  | )            |
|      | THE        | EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) PROVIDES UNITED STATES DEPARTMENT OF   |              |
|      |            | CULTURE (USDA) COMMODITIES TO A NETWORK OF AGENCY PARTNER SITES IN RIVERSIDE  |              |
|      |            | TY FOR DISTRIBUTION TO ELIGIBLE INDIVIDUALS AND HOUSEHOLDS. IN ORDER TO BE  |              |
|      |            | GIBLE FOR USDA COMMODITIES, A RECIPIENT OR HOUSEHOLD MUST RESIDE IN THE   |              |
|      |            | GRAPHICAL AREA BEING SERVED AND MEET ESTABLISHED INCOME GUIDELINES. THE PROGRAM INCOME STATE AGED THROUGH 40 PARTNER ORGANIZATIONS ASSISTING NEARLY 140,000 MEN, WOMEN AND  | . <u>s</u> _ |
|      |            | DREN MONTHLY.   |              |
|      | <u> </u>   |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
| 4 c  | •          | (Revenue \$) (Expenses \$3,757,008. including grants of \$) (Revenue \$)  | _)           |
|      |            | OR CITIZEN FOOD DISTRIBUTION: DISTRIBUTIONS TAKE PLACE ONCE PER MONTH AT VARIOUS  | ;            |
|      |            | ATIONS AT PRE-SCHEDULED TIMES. QUALIFICATION GUIDELINES ARE THE SAME AS FOR THE A EFAP. EACH SITE IS LIMITED AS TO THE NUMBER OF ELIGIBLE PARTICIPANTS. THIS  |              |
|      |            | GRAM CURRENTLY SERVES OVER 1,000 LOW-INCOME SENIORS. PROGRAM FOOD IS PROVIDED BY  |              |
|      |            | STATE OF CALIFORNIA DSS AND DONATED FOOD FROM THE FOOD INDUSTRY, LOCAL FOOD   |              |
|      |            | ES AND CORPORATE DONORS.  |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
|      |            |   |              |
| ۷ ۸  | Other      | program services (Describe in Schedule O.)  |              |
|      | (Expe      |   |              |
|      |            | program service expenses   46.962.598.  |              |

### Form 990 (2016) FEEDING AMERICA Part IV Checklist of Required Schedules

|    |   |      | Yes | No |
|----|---|------|-----|----|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1    | Х   |    |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    | Χ   |    |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3    |     | Х  |
| 4  | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II  | 4    |     | Х  |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |     | Х  |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.   | 6    |     | Х  |
| 7  | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>   | 7    |     | Х  |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.  | 8    |     | Х  |
| 9  | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV                            | 9    |     | Х  |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |     | Х  |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |      |     |    |
|    | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  | 11 a | Х   |    |
|    | <b>b</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>  | 11 b |     | Х  |
|    | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  | 11 c |     | Х  |
|    | <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.  | 11 d |     | Х  |
|    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |     | 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>   | 11 f |     | Х  |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.   | 12a  | Х   |    |
|    | <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  |     | Х  |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | X  |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х  |
|    | <b>b</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  |     | Х  |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |     | Х  |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |     | Х  |
|    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17   |     | Х  |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   | Х   |    |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.   | 19   |     | Х  |
| _  |   |      |     |    |

Page 4

### Form 990 (2016) FEEDING AMERICA Part IV Checklist of Required Schedules (continued)

| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  20b bil "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b consisting operation of the programment of the programment of the programment of the programment of part IX, column (A), line 17 II" "Yes," complete Schedule I, Parts I and III.  21 column (A), line 27 II" "Yes," complete Schedule I, Parts I, and III.  22 column (A), line 27 II" "Yes," complete Schedule I, Parts I, and III.  23 Did the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current activation of the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of the list day of the year, if the was issued affect becember 31, 2002" If "Yes, answer lines 24b brough 24d and competed Schedule K, II" No, go to line 25a  24a bill the organization are line as an "on behalf of issuer for bonds custanding at any time during the year to defease any tare-exempt bonds."  25a Section 501(X)3, 501(X)40, and 501(X)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule L, Part I.  25b bills the organization avars that the organization in a profusion of the part of the    |             |  |     | Yes | No |
|---|-------------|--|-----|-----|----|
| 21 Did the organization report more than \$5.000 of grants or other assistance to any domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III.  22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part IX I. Sction A. Iline 3.4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule III. Parts I and III.  24 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, I than was issued after December 31, 2002" If "Yes," answer lines 24th through 24d and complete Schedule K. If No. 'go to line 25a.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?  28 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?  28 bis the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  29 bis the organization aware that it engaged in an excess benefit transaction with a disqualified person and that the transaction with a disqualified person and that the transaction with a disqualified person and any of the organization's prior forms 990 or 990-E27 if "Yes," complete Schedule L. Part IV.  29 bis the organization provide a grant or other assistance to an officer, director, trustee, key employees. If Yes, complete Schedule L. Part IV.  29 and | <b>20</b> a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a |     | Х  |
| domestic government on Part IX, column (A), line 12 if Yes,' complete Schedule I, Parts I and II  | b           | ) If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 22 Did the organization server "Yes" for Part N I. Section A, Im. 3, 4, 0.5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II.  23 Just the organization have a tax-eveript bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, intal was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No. [or to line 25a.  24b Did the organization invest any proceeds of tax-evempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-evempt bonds beyond a temporary period exception?  24d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  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? If "Yes," complete Schedule L. Part I.  25b 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-E2? If "Yes," complete Schedule L. Part II.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II.  27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IIV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  28 Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Did the organization related to any tax-exempt or trustee,    | 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21  |     | Х  |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,' complete Schedule L. Part I."  23 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the less tday of the year, that was issued after December 31, 2002? If "Yes,' answer lines 24b through 24d and complete Schedule K. If "No, go to line 25a."  24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c/Q3), 501(c/Q4), and 501(c/Q2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,' complete Schedule L. Part I.  25a I is the organization aware that it engaged in an excess benefit transaction with a disqualified person are that it have been reported on any of the organizations prior Forms 990 ergonization 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 organizations prior Forms 990 ergonization are provided to the organization provided and the organization provided persons? If "Yes,' complete Schedule L. Part I.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furestees, key employees, highest compensated employees, or any application provided persons? If "Yes,' complete Schedule L. Part II.  27 Did the organization provide a grant or other assistance to an officer, director, furuse, or year provided expensions?  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedu   | 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.   | 22  |     | Х  |
| b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? If "Yes," complete Schedule L, Part I.  25a  15b Is the organization act as an access 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? If "Yes," complete Schedule L, Part I.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former of ficers, directors, furstees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  27 Dot the organization or organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A amount of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I.  31 Did the organization related to any tax-exempt or taxable en    | 23          | and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete   | 23  |     | Х  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  b Is the organization naver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.  25b Did the organization peror any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part III.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV.  28c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I.  31 Did the organization sell, exch   | 24 a        | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a |     | Х  |
| any tax-exempt bonds? 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)(x)3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  25a  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-E2? If Yes, complete Schedule L, Part I.  25b  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes,' complete Schedule L, Part II.  27 Did the organization provide a grean or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof a, grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or face to indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule M, Part II.  32 Did the organization sell, exchange, dispose of, or tra    | ŀ           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
| 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? If Yes, complete Schedule L, Part I.  25a  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-E2? If Yes, complete Schedule L, Part II.  25b  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part III.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If Yes, complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  31 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  32 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part II.  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? If Yes, complete Schedule R, Part I.  34 Was the organization hav  |             | any tax-exempt bonds?  |     |     |    |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25b  26 Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part V, line 2.  32 Did the organization have a controlled entity with    | C           | 1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d |     |    |
| that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  25b   26   Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.  26   If yes, 'complete Schedule L, Part III.  27   Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28   Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a   Did A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b   C An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28c   29   Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29   X   30   Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.  31   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33   Did the organization have a controlled entity within the meaning of        | 25 a        | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a |     | Х  |
| former officers, directors, trústees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II.  26  27  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an ordificer, director, trustee, or key employee? If 'Yes,' complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  31 Did the organization on van 100% of an entity disregarded as separate from the organization under Regulations s    | ŀ           | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete  | 25b |     | Х  |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.  31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If 'Yes,' complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35 Did the organizations have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfe   | 26          | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   | 26  |     | Х  |
| instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Ji Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Asset the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 By Id the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization of have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36 Ji Did the organization complete Schedule R, Part V, line 2.  37 Did the organization complete Schedule R, Part V, line 2.  38 Did the organization complete Schedule R, Pa   | 27          | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  | 27  |     | Х  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Ji Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Ji Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  31 Ji Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  32 Ji Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. If 'Yes,' complete Schedule R, Part V, line 2.  33 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?  34 Did the organization complete Schedule R and provide explanations in Schedule O for Part VI. lines 11h and 19?  | 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |    |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | ā           | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a |     | X  |
| officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?  | ŀ           |  | 28b |     | Х  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | (           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV   | 28c |     | Х  |
| contributions? If 'Yes,' complete Schedule M  | 29          | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29  | X   |    |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  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? If 'Yes,' complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?  | 30          | contributions? If 'Yes,' complete Schedule M   | 30  |     | Х  |
| 32 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? If 'Yes,' complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 a 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)? If 'Yes,' complete Schedule R, Part V, line 2  35 b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11h and 19?   | 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I   | 31  |     | X  |
| 33 33 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  35 a Did the organization section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35 b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  37 Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI. lines 11h and 19?   | 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  | 32  |     | Х  |
| and Part V, line 1.  34  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a  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)? If 'Yes,' complete Schedule R, Part V, line 2.  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  38 Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI. lines 11h and 19?  | 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? If 'Yes,' complete Schedule R, Part I   | 33  |     | Х  |
| 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)? If 'Yes,' complete Schedule R, Part V, line 2   |             | and Part V, line 1   | 34  |     | Х  |
| entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35 a        | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X  |
| organization? If 'Yes,' complete Schedule R, Part V, line 2   | ŀ           | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35b |     |    |
| treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>   | 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  | 36  |     | Х  |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI  | 37  |     | Х  |
|   | 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  | 38  | Х   |    |

### Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

|       | Check if Schedule O contains a response or note to any line in this Part V  |   |            |     | . 🔲    |
|-------|---|---|------------|-----|--------|
|       | •   |   |            | Yes | No     |
| 1 a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a 6                                    |            |     |        |
| b     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1 <b>b</b> 0                            |            |     |        |
| c     | Did the organization comply with backup withholding rules for reportable payments to vendors and r  | eportable gaming                        |            |     |        |
|       | (gambling) winnings to prize winners?   |   | 1 c        |     | X      |
| 2 a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-  |   |            |     |        |
|       | ments, filed for the calendar year ending with or within the year covered by this return  | 2a 42                                   |            | 37  |        |
| b     | If at least one is reported on line 2a, did the organization file all required federal employment   |   | 2b         | X   |        |
| _     | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in:   | •                                       |            |     | V      |
|       | Did the organization have unrelated business gross income of \$1,000 or more during the year  |   | 3 a        |     | Х      |
|       | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   |   | 3 b        |     |        |
| 4 a   | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account account in a foreign country (such as a bank account   | er authority over, a inancial account)? | 4 a        |     | Х      |
|       | If 'Yes,' enter the name of the foreign country: ►  | manoral accounty ( ) ( )                |            |     |        |
|       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  | Accounts (FBAR).                        |            |     |        |
| 5 a   | Was the organization a party to a prohibited tax shelter transaction at any time during the ta  | · ·                                     | 5 a        |     | Х      |
|       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt   | •                                       | 5 b        |     | X      |
| c     | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  |   | 5 c        |     |        |
|       |   |   |            |     |        |
| 0 a   | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?  |   | 6 a        |     | Χ      |
| b     | If 'Yes,' did the organization include with every solicitation an express statement that such contribut   | ions or gifts were                      |            |     |        |
|       | not tax deductible?   |   | 6 b        |     |        |
| 7     | Organizations that may receive deductible contributions under section 170(c).   |   |            |     |        |
| а     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a c | artly for goods and                     | _          |     | X      |
| L     | services provided to the payor?   |   | 7 a<br>7 b |     | ^      |
|       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v  |   | / D        |     |        |
|       | Form 8282?  | · · · · · · · · · · · · · · · · · · ·   | 7 c        |     | Χ      |
| d     | If 'Yes,' indicate the number of Forms 8282 filed during the year   | 7 d                                     |            |     |        |
| е     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal   | benefit contract?                       | 7 e        |     | X      |
| f     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben  | efit contract?                          | 7 f        |     | X      |
| g     | If the organization received a contribution of qualified intellectual property, did the organization file I   | Form 8899                               | 7          |     |        |
|       | as required?  | organization file a                     | 7 g        |     |        |
|       | Form 1098-C?  |   | 7 h        |     |        |
| 8     | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained  | by the sponsoring                       |            |     |        |
|       | 3   |   | 8          |     |        |
|       | Sponsoring organizations maintaining donor advised funds.   |   |            |     |        |
|       | Did the sponsoring organization make any taxable distributions under section 4966?  |   | 9 a        |     |        |
|       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related per   | son?                                    | 9 b        |     |        |
|       | Section 501(c)(7) organizations. Enter:   | 10 -                                    |            |     |        |
|       | Initiation fees and capital contributions included on Part VIII, line 12.   | 10a<br>10b                              |            |     |        |
|       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | IUD                                     |            |     |        |
|       | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.  | 11 a                                    |            |     |        |
|       | Gross income from other sources (Do not net amounts due or paid to other sources  | i i a                                   |            |     |        |
| L     | against amounts due or received from them.).  | 11 b                                    |            |     |        |
| 12 a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of   | f Form 1041?                            | 12a        |     |        |
| b     | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | 12b                                     |            |     |        |
|       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |   |            |     |        |
| а     | Is the organization licensed to issue qualified health plans in more than one state?  |   | 13a        |     |        |
|       | Note. See the instructions for additional information the organization must report on Schedul   | e O.                                    |            |     |        |
| b     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  | 13b                                     |            |     |        |
|       | Enter the amount of reserves on hand  | 13c                                     |            |     |        |
|       | Did the organization receive any payments for indoor tanning services during the tax year?  |   | 14a        |     | Х      |
|       | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in  |   | 14b        |     | -      |
| 2 A A | TECANIOSI 11/16/16  |   |            | 000 | (2016) |

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 in 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

RIVERSIDE CA 92504 (951)

359-4757

STEPHANIE OTERO 2950 JEFFERSON STREET B

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

|                                |                              |                                   |                                     | (C)                                 |                 |                              |        |  |   |  |
|--------------------------------|------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-----------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title          | (B) Average hours per        | thar                              | ition (d<br>n one b<br>both<br>dire | do no<br>box, u<br>an of<br>ector/t | unles<br>fficer | ,                            | on     | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|                                | week                         | Individual trustee<br>or director | Institutional trustee               | Officer                             | Key employee    | Highest compensated employee | Former | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) GREGORY WILKINSON DIRECTOR | 4                            | v                                 |                                     |                                     |                 |                              |        | )  | 0   | 0  |
|                                | 0 4                          | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| BOARD CHAIR                    | $ \frac{4}{0} -$             | Х                                 |                                     | Х                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (3) ERIC ARREDONDO             | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (4) WANDA FARAH                | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (5) LENORE FROST               | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (6) DALLAS HOLMES              | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (7) DESMOND DITCHFIELD         | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (8) CLARA VANDERPOOL           | 6                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| SECRETARY                      | 0                            | X                                 |                                     | Χ                                   |                 |                              |        | 0.   | 0.  | 0.   |
| _(9)_ JENNIFER_OLSON           | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (10) DAVE BYERS                | 4                            |                                   |                                     |                                     |                 |                              |        | _  |   | _  |
| DIRECTOR                       | 0                            | Χ                                 | -                                   |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (11) STEVE OGILVIE             | 4                            |                                   |                                     |                                     |                 |                              |        |  |   |  |
| DIRECTOR                       | 0                            | Χ                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |
| (12) VICTOR BEHNKE             | 6                            | .,                                |                                     | .,                                  |                 |                              |        | •  |   |  |
| TREASURER                      | 0                            | Х                                 |                                     | Χ                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (13) JEANNE SCHULZ             | 6                            | .,                                |                                     | ,,                                  |                 |                              |        | _  | 0   | _  |
| VICE CHAIR                     | 0                            | X                                 |                                     | Χ                                   |                 |                              |        | 0.   | 0.  | 0.   |
| (14) GALE SCHULTE              | $ \frac{4}{0} - \frac{4}{0}$ | v                                 |                                     |                                     |                 |                              |        | _  | 0   | 0  |
| DIRECTOR                       | Į U                          | X                                 |                                     |                                     |                 |                              |        | 0.   | 0.  | 0.   |

| Part VII   Section A. Officers, Directors, Tr  | ustees,<br>(B)   | Key                 | Em           |                        | oye<br>C)               | es,   | and                | d Highest Com  | pensated Emp  | loyees                         | (contii  | nued)               |
|--|--|---------------------|--------------|------------------------|-------------------------|---|--------------------|--|---|--------------------------------|--|---------------------|
| <b>(A)</b><br>Name and title   | Average<br>hours<br>per<br>week<br>(list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | box                 | , unle       | Pos<br>check<br>ess pe | sition<br>more<br>erson | than is bot sor/trus Highest compensated employee | h an<br>tee)       | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | amou<br>com<br>fi<br>org<br>an | timated into other pensation on the anization drelated anization | ner<br>on<br>n<br>i |
| (15) DAN FLORES DIRECTOR   | 40   | X                   |              |                        |                         |   |                    | 0.   | 0.  |                                |  | 0.                  |
| (16) STEPHANIE OTERO CEO   |  |                     |              | Х                      |                         |   |                    | 51,385.  | 0.  |                                |  | 0.                  |
| (17)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (18)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| <u>(19)</u>  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (20)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (21)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (22)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (23)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (24)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| (25)   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| 1 b Sub-total  |  |                     |              |                        |                         |   | <b>&gt;</b>        | 51,385.  | 0.  |                                |  | 0.                  |
| c Total from continuation sheets to Part VII, Sect   | ion A  |                     |              |                        |                         |   | <b>&gt;</b>        | 0.   | 0.  |                                |  | 0.                  |
| d Total (add lines 1b and 1c)  |  |                     |              |                        |                         |   | <b>•</b>           | 51,385.  | 0.  |                                |  | 0.                  |
| 2 Total number of individuals (including but not limited from the organization ► 0   | d to those   | isted               | abo          | ve) v                  | who                     | recei   | ved                | more than \$100,00   | 10 of reportable comp   | ensatio                        | 1  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                | Yes  | No                  |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such                      | ctor, or tru<br>ch individu  | ıstee<br><i>ıal</i> | , key        | en en                  | nplo                    | yee,  | or h               | nighest compensa   | ted employee  | . 3                            |  | X                   |
| <b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations great such individual. | of reportab<br>er than \$1   | le co<br>50,0       | mpe<br>00?   | ensa<br>If '\          | ation<br>Yes,           | and con   | oth<br><i>nple</i> | er compensation te Schedule J for                                  | from  | 4                              |  | X                   |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye                           | ue comper  | nsatio              | n fr         | om                     | anv                     | unre  | elate              | ed organization or   | individual  |                                |  | X                   |
| Section B. Independent Contractors   |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| Complete this table for your five highest comper<br>compensation from the organization. Report compet                          | nsated ind<br>nsation for  | epen<br>the c       | dent<br>alen | t coi<br>dar           | ntra<br>year            | ctors<br>endi                                     | tha                | it received more the vith or within the or                         | nan \$100,000 of<br>ganization's tax year                               |                                |  |                     |
| (A) Name and business address  |  |                     |              |                        |                         |   | Description (      | of services  | Compe   | <b>C)</b><br>nsatio            | n  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
|  |  |                     |              |                        |                         |   |                    |  |   |                                |  |                     |
| 2 Total number of independent contractors (including \$100,000 of compensation from the organization                           |  | ited t              | o tho        | ose I                  | ııste                   | a abo   | ve)                | wno received more  | tnan  |                                |  |                     |

## Form 990 (2016) FEEDING AMERICA Part VIII Statement of Revenue

|  | Check if Schedule O contains a response or note to ar   | ny line in this Part V | TIL                                    |   |  |
|--|---|------------------------|--|---|--|
|  |   | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a1ab Membership dues1bc Fundraising events1cd Related organizations1de Government grants (contributions)1ef All other contributions, gifts, grants, and similar amounts not included above1fg Noncash contributions included in lines 1a-1f:\$46,074,048 |                        |  |   |  |
|  | h Total. Add lines 1a-1f  | 47,804,974.            |  |   |  |
| enn  | _   | 1,189,786.             | 1,189,786.                             |   |  |
| Program Service Revenue                                | 2a AGENCY FEES  b  c  d  e  f All other program service revenue   | 1,109,700.             | 1,109,700.                             |   |  |
| Pro  | g Total. Add lines 2a-2f  | 1,189,786.             |  |   |  |
|  | <ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> <li>Royalties.</li> </ul>   |                        |  |   |  |
|  | (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss)  |                        |  |   |  |
|  | (i) Securities (ii) Other   | •                      |  |   |  |
|  | 7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis   | -                      |  |   |  |
|  | and sales expenses 6, 917.  |                        |  |   |  |
|  | <b>c</b> Gain or (loss)   |                        |  |   |  |
|  | d Net gain or (loss)  | 4,083.                 | 4,083.                                 |   |  |
| Other Revenue  | 8a Gross income from fundraising events (not including. \$\frac{185,059.}{of contributions reported on line 1c).}  See Part IV, line 18   |                        |  |   |  |
| ō  | c Net income or (loss) from fundraising events  | •                      |  |   |  |
|  | 9 a Gross income from gaming activities. See Part IV, line 19   |                        |  |   |  |
|  | c Net income or (loss) from gaming activities   | <u> </u>               |  |   |  |
|  | 10a Gross sales of inventory, less returns and allowances a   |                        |  |   |  |
|  | <b>b</b> Less: cost of goods sold   |                        |  |   |  |
|  | c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  |                        |  |   |  |
|  | 11a RECYCLING   | 16,527.                | 16,527.                                |   |  |
|  | b OTHER INCOME  | 16,495.                | 16,495.                                |   |  |
|  | c INTEREST  | 44.                    | 44.                                    |   |  |
|  | d All other revenue   |                        |  |   |  |
|  | e Total. Add lines 11a-11d  | 33,000.                |  |   |  |
|  | 12 Total revenue. See instructions  | 49,031,909.            | 1,226,935.                             | 0.                                      | 0.   |

Page **10** 

### 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).

| Do i | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | esponse or note to any (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> ) Fundraising expenses |
|------|---|---|------------------------------|-------------------------------------|-----------------------------------|
| 1    | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   |   | ехрепзез                     | general expenses                    | ехрепзез                          |
| 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  | 90,846.                                   | 72,677.                      | 10,902.                             | 7,267.                            |
| 6    | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.  | 0.                           | 0.                                  | 0.                                |
| 7    | Other salaries and wages  | 1,094,053.                                | 685,658.                     | 309,021.                            | 99,374.                           |
| 8    | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,031,033.                                | 0037030.                     | 3037021.                            | 33,311.                           |
| 9    | Other employee benefits   | 228,242.                                  | 146,075.                     | 61,625.                             | 20,542.                           |
| 10   | Payroll taxes   | 84,791.                                   | 54,266.                      | 22,894.                             | 7,631.                            |
| 11   | Fees for services (non-employees):  |   | ·                            |                                     | •                                 |
| a    | Management  |   |                              |                                     |                                   |
| Ł    | <b>)</b> Legal  |   |                              |                                     |                                   |
| c    | Accounting  |   |                              |                                     |                                   |
| C    | <b>I</b> Lobbying   |   |                              |                                     |                                   |
| e    | Professional fundraising services. See Part IV, line 17   |   |                              |                                     |                                   |
| f    | Investment management fees  |   |                              |                                     |                                   |
| _    | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion  |   |                              |                                     |                                   |
| 13   | Office expenses   | 348,965.                                  | 228,647.                     | 29,484.                             | 90,834.                           |
| 14   | Information technology  | 340,303.                                  | 220,047.                     | 25, 404.                            | 30,034.                           |
| 15   | Royalties   |   |                              |                                     |                                   |
| 16   | Occupancy   | 460,559.                                  | 391,475.                     | 55,267.                             | 13,817.                           |
| 17   | Travel  | 93,896.                                   | 82,628.                      | 11,268.                             | 10,011.                           |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 30,0301                                   | 01,010.                      | 11/2001                             |                                   |
| 19   | Conferences, conventions, and meetings  | 11,658.                                   | 10,259.                      | 1,399.                              |                                   |
| 20   | Interest  | 1,023.                                    | ,                            | 1,023.                              |                                   |
| 21   | Payments to affiliates  |   |                              |                                     |                                   |
| 22   | Depreciation, depletion, and amortization   | 220,547.                                  | 194,081.                     | 26,466.                             |                                   |
| 23   | Insurance   | 33,030.                                   | 29,066.                      | 3,964.                              |                                   |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                 |   |                              |                                     |                                   |
| a    | IN KIND FOOD DONATIONS  | 44,831,914.                               | 44,831,914.                  |                                     |                                   |
|      | PROFESSIONAL FEES   | 129,739.                                  | 99,650.                      | 13,589.                             | 16,500.                           |
|      | CONSULTING & STAFFING   | 76,499.                                   | 48,959.                      | 20,655.                             | 6,885.                            |
| C    | FOOD_PURCHASES  | 66,400.                                   | 66,400.                      |                                     |                                   |
| e    | All other expenses  | 126,830.                                  | 20,843.                      | 32,563.                             | 73,424.                           |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 47,898,992.                               | 46,962,598.                  | 600,120.                            | 336,274.                          |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► if following SOP 98-2 (ASC 958-720). |   |                              |                                     |                                   |

### Part X Balance Sheet

|                             |          | Check if Schedule O contains a response or note to  | any line | e in this Part X |   |      |                           |
|-----------------------------|----------|---|----------|------------------|---|------|---------------------------|
|                             |          |   |          |                  | <b>(A)</b><br>Beginning of year           |      | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing   |          |                  | 696,042.                                  | 1    | 586,183.                  |
|                             | 2        | Savings and temporary cash investments  |          |                  | 65,172.                                   | 2    | 65,216.                   |
|                             | 3        | Pledges and grants receivable, net  |          |                  | 535,538.                                  | 3    | 583,464.                  |
|                             | 4        | Accounts receivable, net  |          |                  | 112,180.                                  | 4    | 54,618.                   |
|                             | 5        | Loans and other receivables from current and former of trustees, key employees, and highest compensated empart II of Schedule L   | nplovees | s. Complete      |   | 5    |                           |
|                             | 6        | Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(6) beneficiary organizations (see instructions). Complete | rsons (a | as defined under |   | 6    |                           |
| Ø                           | 7        | Notes and loans receivable, net   |          |                  |   | 7    |                           |
| Assets                      | 8        | Inventories for sale or use   |          | <u> </u>         | 582,936.                                  | 8    | 1,825,070.                |
| As                          | 9        | Prepaid expenses and deferred charges   |          | <u> </u>         | 53,318.                                   | 9    | 31,923.                   |
|                             | 10 a     | Land, buildings, and equipment; cost or other basis.  |          |                  | 33,310.                                   |      | 31,323.                   |
|                             |          |   | 10 a     | 2,400,789.       |   |      |                           |
|                             |          | · · · · · · · · · · · · · · · · · · ·   | 10 b     | 1,594,294.       | 841,844.                                  | 10 c | 806,495.                  |
|                             | 11       | Investments – publicly traded securities  |          |                  |   | 11   |                           |
|                             | 12       | Investments — other securities. See Part IV, line 11  |          |                  |   | 12   |                           |
|                             | 13       | Investments – program-related. See Part IV, line 11   |          |                  |   | 13   |                           |
|                             | 14       | Intangible assets   | <u></u>  |                  | 14  |      |                           |
|                             | 15       | Other assets. See Part IV, line 11  |          |                  | 6,800.                                    | 15   | 6,800.                    |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 3   | 34)      |                  | 2,893,830.                                | 16   | 3,959,769.                |
|                             | 17       | Accounts payable and accrued expenses   |          |                  | 206,658.                                  | 17   | 125,976.                  |
|                             | 18       | Grants payable  |          |                  | 04 100                                    | 18   | 27.004                    |
|                             | 19       | Deferred revenue  |          | <u> </u>         | 24,100.                                   | 19   | 37,804.                   |
| <b>"</b>                    | 20       | Tax-exempt bond liabilities   |          | <u></u>          |   | 20   |                           |
| ije.                        | 21       | Escrow or custodial account liability. Complete Part IV   |          | _                |   | 21   |                           |
| Liabilities                 | 22       | Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L   | disqual  | ified persons.   |   | 22   |                           |
| <b>=</b>                    | 23       | Secured mortgages and notes payable to unrelated thi  |          | <u></u>          | 160,000.                                  | 23   | 160,000.                  |
|                             | 24       | Unsecured notes and loans payable to unrelated third  | •        | <u> </u>         | 100,000.                                  | 24   | 100,000.                  |
|                             | 25       | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp  | •        |                  |   | 25   |                           |
|                             | 26       | Total liabilities. Add lines 17 through 25  |          |                  | 390,758.                                  | 26   | 323,780.                  |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here  |          | _                | 330, 130.                                 |      | 323,700.                  |
| è                           |          | lines 27 through 29, and lines 33 and 34.   |          | A und complete   |   |      |                           |
| ů.                          | 27       | Unrestricted net assets   |          |                  | 676,008.                                  | 27   | 975,706.                  |
| alg                         | 28       | Temporarily restricted net assets   |          |                  | 1,827,064.                                | 28   | 2,660,283.                |
| 9                           | 29       | Permanently restricted net assets   |          |                  | _, -, -, -, -, -, -, -, -, -, -, -, -, -, | 29   | = / = = = - = = = = =     |
| Net Assets or Fund Balances |          | Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.  | eck here | ·                |   |      |                           |
| ō                           | 30       | Capital stock or trust principal, or current funds  |          |                  |   | 30   |                           |
| ets                         | 31       | Paid-in or capital surplus, or land, building, or equipme   |          |                  |   | 31   |                           |
| 88                          | 32       | Retained earnings, endowment, accumulated income,   |          | _                |   | 32   |                           |
| ¥ #                         | 33       | Total net assets or fund balances   |          | _                | 2 502 072                                 | 33   | 2 625 000                 |
| ž                           | 33<br>34 | Total liabilities and net assets/fund balances  |          | _                | 2,503,072.<br>2,893,830.                  | 34   | 3,635,989.<br>3,959,769.  |
|                             | J4       | TOTAL HADIIILIES AND HET ASSETS/IUND DAIGNICES  |          |                  | 4,093,030.                                | ე⊶   | 3,333,109.                |

BAA Form 990 (2016)

| Pai | Part XI Reconciliation of Net Assets  |   |        |      |       |        |
|-----|---|---|--------|------|-------|--------|
|     | Check if Schedule O contains a response or r  | note to any line in this Part XI  |        |      |       |        |
| 1   |   | e 12)   | 1      | 49,0 | 31,9  | 09.    |
| 2   | 2 Total expenses (must equal Part IX, column (A), lin   | e 25)   | 2      | 47,8 | 98,9  | 92.    |
| 3   | <b>3</b> Revenue less expenses. Subtract line 2 from line 1   |   | 3      | 1,1  | 32,9  | 17.    |
| 4   | 4 Net assets or fund balances at beginning of year (m   | nust equal Part X, line 33, column (A))   | 4      | 2,5  | 03,0  | 72.    |
| 5   | <b>5</b> Net unrealized gains (losses) on investments   |   | 5      |      |       |        |
| 6   | <b>6</b> Donated services and use of facilities   |   | 6      |      |       |        |
| 7   | •   |   | 7      |      |       |        |
| 8   | ,   |   | 8      |      |       |        |
| 9   | 9 Other changes in net assets or fund balances (expla   | ain in Schedule O)  | 9      |      |       | 0.     |
| 10  |   | nes 3 through 9 (must equal Part X, line 33,  | 10     | 3,6  | 35,9  | 989.   |
| Pai | Part XII Financial Statements and Reporting   | <u> </u>  | •      |      |       |        |
|     | Check if Schedule O contains a response or r  | note to any line in this Part XII   |        |      |       | . П    |
|     | •   | ·   |        |      | Yes   | No     |
| 1   | 1 Accounting method used to prepare the Form 990:   | Cash X Accrual Other  |        |      |       |        |
|     | If the organization changed its method of accounting in Schedule O.   | g from a prior year or checked 'Other,' explain   |        |      |       |        |
| 2 8 | 2 a Were the organization's financial statements compil   | ed or reviewed by an independent accountant?  |        | 2a   |       | Χ      |
|     | If 'Yes,' check a box below to indicate whether the f separate basis, consolidated basis, or both:  Separate basis Consolidated basis | financial statements for the year were compiled or reviewe  Both consolidated and separate basis            | d on a |      |       |        |
| ı   | <b>b</b> Were the organization's financial statements audited   | d by an independent accountant?   |        | 2b   | Χ     |        |
|     | If 'Yes,' check a box below to indicate whether the f<br>basis, consolidated basis, or both:  | financial statements for the year were audited on a separa  | te     |      |       |        |
|     | X Separate basis Consolidated basis   | Both consolidated and separate basis  |        |      |       |        |
| •   | c If 'Yes' to line 2a or 2b, does the organization have a correview, or compilation of its financial statements an                    | ommittee that assumes responsibility for oversight of the audit, id selection of an independent accountant? |        | 2 c  | Χ     |        |
|     | in Schedule O.  | ess or selection process during the tax year, explain   |        |      |       |        |
| 3 8 | 3a As a result of a federal award, was the organization req<br>Audit Act and OMB Circular A-133?                                      | uired to undergo an audit or audits as set forth in the Single  |        | 3 a  | Χ     |        |
| ı   |   | or audits? If the organization did not undergo the required audi<br>any steps taken to undergo such audits  |        | 3 b  | Х     |        |
| BAA | AA  |   |        | Form | 990 ( | (2016) |

TEEA0112L 11/16/16

#### SCHEDULE A (Form 990 or 990-EZ)

### Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection at www.irs.gov/form990. Name of the organization Employer identification number FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES 33-0072922 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** 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)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

Total

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

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

| Sec          | tion A. Public Support  |   |   |  | ,   |                                      |                  |
|--------------|---|---|---|--|---|--------------------------------------|------------------|
| Cale         | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2012                         | <b>(b)</b> 2013                         | <b>(c)</b> 2014                        | <b>(d)</b> 2015                               | <b>(e)</b> 2016                      | (f) Total        |
|              | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  |   |   |  |   |                                      |                  |
|              | 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  |   |   |  |   |                                      |                  |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |   |  |   |                                      |                  |
| 6            | Public support. Subtract line 5 from line 4   |   |   |  |   |                                      |                  |
| Sec          | tion B. Total Support   |   |   |  |   |                                      |                  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2012                         | <b>(b)</b> 2013                         | <b>(c)</b> 2014                        | <b>(d)</b> 2015                               | <b>(e)</b> 2016                      | <b>(f)</b> Total |
| 7            | Amounts from line 4   |   |   |  |   |                                      |                  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |   |   |  |   |                                      |                  |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |   |  |   |                                      |                  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |   |   |  |   |                                      |                  |
| 11           | Total support. Add lines 7 through 10   |   |   |  |   |                                      |                  |
| 12           | Gross receipts from related activ   | ities, etc. (see in:                    | structions)                             |  |   | 12                                   |                  |
| 13           | First five years. If the Form 990 is organization, check this box and   | for the organization                    | n's first, second, th                   | nird, fourth, or fifth t               | tax year as a sectio                          | on 501(c)(3)                         | ▶ □              |
| Sec          | tion C. Computation of Pul  | olic Support P                          | ercentage                               |  |   |                                      |                  |
|              | Public support percentage for 20  |   |   |  |   |                                      | %                |
| 15           | Public support percentage from 2  | 2015 Schedule A,                        | Part II, line 14                        |  |   | 15                                   | %                |
| 16a          | <b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization   | ne organization d<br>qualifies as a pul | id not check the bolicly supported o    | oox on line 13, and organization       | d line 14 is 33-1/3                           | 3% or more, check                    | this box         |
| b            | <b>33-1/3% support test—2015.</b> If th and <b>stop here.</b> The organization  | e organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13 or 16a or 16a or 16a or 16a | a, and line 15 is 3                           | 3-1/3% or more, ch                   | neck this box    |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts'   | meets the 'facts-a                      | and-circumstance                        | s' test, check this                    | box and stop her                              | re. Explain in Part                  | VI how           |
|              | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and  | meets the 'facts-ad-circumstances'      | and-circumstance<br>test. The organiz   | s' test, check this ation qualifies as | box and <b>stop her</b><br>a publicly support | re. Explain in Part ed organization. | VI how the►      |
| 18           | Private foundation. If the organiz  | zation did not che                      | ck a box on line                        | 13, 16a, 16b, 17a                      | , or 17b, check th                            | is box and see inst                  | ructions ►       |

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.)

| Sec    | tion A. Public Support  |                    |                          |                      |                     |                    |                                       |  |  |
|--------|---|--------------------|--------------------------|----------------------|---------------------|--------------------|---------------------------------------|--|--|
| Calend | lar year (or fiscal year beginning in) ►  | <b>(a)</b> 2012    | <b>(b)</b> 2013          | <b>(c)</b> 2014      | <b>(d)</b> 2015     | <b>(e)</b> 2016    | <b>(f)</b> Total                      |  |  |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  | 36166757.          | 45554691.                | 54719787.            | 55201988.           | 47838829.          | 239482052.                            |  |  |
| 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. |                    |                          |                      | 1,170,686.          |                    | 4,766,874.                            |  |  |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.   |                    | 1,200,002.               | 1,201,100.           | 1,1,0,000.          | 1,100,301.         | 0.                                    |  |  |
|        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |                    |                          |                      |                     |                    | 0.                                    |  |  |
|        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                    |                          |                      |                     |                    | 0.                                    |  |  |
|        | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  | 36166757.          | 46760193.                | 55954542.            | 56372674.           | 48994760.          | 244248926.                            |  |  |
| 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.           | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 0.                                    |  |  |
| _      | Add lines 7a and 7b   | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 0.                                    |  |  |
|        | Public support. (Subtract line 7c from line 6.)   | 0.                 | 0.                       | 0.                   | 0.                  | 0.                 | 244248926.                            |  |  |
| Sec    | tion B. Total Support   |                    |                          |                      |                     |                    | 244240320:                            |  |  |
|        | dar year (or fiscal year beginning in)  | <b>(a)</b> 2012    | <b>(b)</b> 2013          | <b>(c)</b> 2014      | <b>(d)</b> 2015     | <b>(e)</b> 2016    | (f) Total                             |  |  |
|        | Amounts from line 6   | 36166757.          | 46760193.                | 55954542.            | 56372674.           | 48994760.          | 244248926.                            |  |  |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 876.               | 483.                     | 77.                  | 35.                 | 44.                | 1,515.                                |  |  |
| b      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 070.               | 100.                     | ,,,                  | 33.                 | 11.                | 0.                                    |  |  |
|        | Add lines 10a and 10b   | 876.               | 483.                     | 77.                  | 35.                 | 44.                | 1,515.                                |  |  |
| 11     | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |                    |                          |                      |                     |                    | 0.                                    |  |  |
| 12     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI   |                    | 52,689.                  | 72,150.              | 56,944.             | 33,022.            | 214,805.                              |  |  |
|        | Total support. (Add lines 9, 10c, 11, and 12.)  | 36167633.          | 46813365.                | 56026769.            | 56429653.           | 49027826.          | 244465246.                            |  |  |
|        | First five years. If the Form 990 organization, check this box and  | stop here          |                          |                      |                     |                    |                                       |  |  |
|        | tion C. Computation of Pul  |                    |                          |                      |                     | 1 1                |                                       |  |  |
|        | Public support percentage for 20  | •                  | • •                      |                      |                     |                    | 99.91 %                               |  |  |
|        | Public support percentage from 2  |                    |                          |                      |                     | 16                 | 99.92 %                               |  |  |
|        | tion D. Computation of Inv  |                    |                          |                      | (0)                 | 1 1                |                                       |  |  |
|        | Investment income percentage for  |                    |                          |                      |                     |                    | 0.00 %                                |  |  |
|        | Investment income percentage from <b>2015</b> Schedule A, Part III, line 17   |                    |                          |                      |                     |                    |                                       |  |  |
|        | is not more than 33-1/3%, check   | this box and stop  | <b>p here.</b> The organ | nization qualifies a | as a publicly supp  | orted organization | ı ► <u>X</u>                          |  |  |
|        | 33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%   | , check this box a | and <b>stop here.</b> Th | e organization qu    | alifies as a public | ly supported organ | nization ►                            |  |  |
| 20     | Private foundation. If the organiz  | zation did not che | ck a box on line         | 14, 19a, or 19b, c   | THECK THIS DOX AND  | see instructions.  | · · · · · · · · · · · · · · · · · · · |  |  |

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

|    |   |     | Yes | No |
|----|---|-----|-----|----|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |     |    |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     |    |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.   | За  |     |    |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |    |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a  |     |    |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |    |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.   | 4c  |     |    |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). | 5a  |     |    |
| b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |     |    |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с  |     |    |
| 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>  | 6   |     |    |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  | 7   |     |    |
| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 8   |     |    |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .  | 9a  |     |    |
| b  | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .   | 9b  |     |    |
| С  | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  | 9с  |     |    |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.   | 10a |     |    |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b |     |    |

| Par      | t IV  | Supporting Organizations (continued)   |        |         |    |  |  |
|----------|---|--|--------|---------|----|--|--|
| 11       | ∐ac t   | the organization accepted a gift or contribution from any of the following persons?  |        | Yes     | No |  |  |
|          |   | rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the  |        |         |    |  |  |
|          | gover   | rning body of a supported organization?  | 11a    |         |    |  |  |
| b        | A fan   | nily member of a person described in (a) above?  | 11b    |         |    |  |  |
|          |   | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  | 11c    |         |    |  |  |
| Sec      | tion l  | B. Type I Supporting Organizations   |        |         |    |  |  |
| 1        | Did th  | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint   |        | Yes     | No |  |  |
| •        | or ele  | ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in<br>VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.   |        |         |    |  |  |
|          | direct  | e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.   | 1      |         |    |  |  |
| 2        |   | he organization operate for the benefit of any supported organization other than the supported organization(s)   |        |         |    |  |  |
|          | that o  | operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.  | 2      |         |    |  |  |
| Sec      | - ' '   | C. Type II Supporting Organizations  | _      |         |    |  |  |
|          |   | e. Type ii Cupper unig C. guininatione   |        | 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 ea   | ich of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |         |    |  |  |
| Sec      | tion I  | D. All Type III Supporting Organizations   |        |         |    |  |  |
|          |   |  |        | Yes     | No |  |  |
| 1        | Did th  | he organization provide to each of its supported organizations, by the last day of the fifth month of the  |        |         |    |  |  |
|          | orgar<br>vear   | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |         |    |  |  |
|          | orgar   | nization'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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s). |  |        |         |    |  |  |
| 3        | By re   | eason of the relationship described in (2), did the organization's supported organizations have a significant  |        |         |    |  |  |
|          | all tin   | e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played  |        |         |    |  |  |
| <u> </u> |   | is regard.   | 3      |         |    |  |  |
| Sec      | tion i  | E. Type III Functionally Integrated Supporting Organizations   |        |         |    |  |  |
| 1        | Check   | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |         |    |  |  |
| а        | ·∐⊤   | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |    |  |  |
| b        | ·∐⊤   | The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |         |    |  |  |
| C        | : <u> </u>  | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in  | nstruc | tions). |    |  |  |
| 2        | Activi  | ities Test. Answer (a) and (b) below.  |        | Yes     | No |  |  |
| а        | suppo<br>orgai  | substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was |        |         |    |  |  |
|          |   | onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.  | 2a     |         |    |  |  |
| b        |   | he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for  |        |         |    |  |  |
|          | the o   | organization's supported organization(s) would have been engaged in? If Yes, explain in Part VI the reasons for organization(s) would have engaged in these activities but for the initiation's involvement.   | 2b     |         |    |  |  |
| ,        |   | nt of Supported Organizations. <i>Answer (a) and (b) below.</i>  | -17    |         |    |  |  |
|          |   | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of  |        |         |    |  |  |
| a        | each  | of the supported organizations? Provide details in Part VI.  | 3a     |         |    |  |  |
| b        |   | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b     |         |    |  |  |

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|------|--|----------|--|-------------------------------------|---------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  | anizati  | ions   |                                     |               |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization                                | st on No | v. 20, 1970 (explain ir<br>t complete Sections A | n Part VI). <b>Se</b><br>through E. | е             |
| Sec  | tion A – Adjusted Net Income   |          | (A) Prior Year                                   | (B) Curre<br>(optio                 |               |
| 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        |  |                                     |               |
| Sec  | tion B — Minimum Asset Amount  |          | (A) Prior Year                                   | (B) Curre<br>(optio                 |               |
| 1    | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |          |  |                                     |               |
|      | Average monthly value of securities  | 1a       |  |                                     |               |
| t    | Average monthly cash balances  | 1b       |  |                                     |               |
|      | Fair market value of other non-exempt-use assets   | 1c       |  |                                     |               |
|      | d Total (add lines 1a, 1b, and 1c)   | 1d       |  |                                     |               |
| 6    | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |          |  |                                     |               |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2        |  |                                     |               |
| 3    | Subtract line 2 from line 1d.  | 3        |  |                                     |               |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% 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 .035.   | 6        |  |                                     |               |
| 7    | Recoveries of prior-year distributions   | 7        |  |                                     |               |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8        |  |                                     |               |
| Sec  | tion C — Distributable Amount  |          |  | Current                             | t Year        |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1        |  |                                     |               |
| 2    | Enter 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        |  |                                     |               |

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

**6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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6

9 Distributable amount for 2016 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

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|------|--|------------|--------|
| Pai  | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con   | tinued)    |        |
| Sec  | tion D - Distributions   | Curren     | t Year |
| 1    | Amounts paid to supported organizations to accomplish exempt purposes  |            |        |
| 2    | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |            |        |
| 3    | Administrative expenses paid to accomplish exempt purposes of supported organizations  |            |        |
| 4    | Amounts paid to acquire exempt-use assets  |            |        |
| 5    | Qualified set-aside amounts (prior IRS approval required)  |            |        |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions.   |            |        |
| 7    | <b>Total annual distributions.</b> Add lines 1 through 6.  |            |        |
| 8    | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |            |        |

| Section E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.   |                                |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                                |  |   |
| a   |                                |  |   |
| b   |                                |  |   |
| <b>c</b> From 2013  |                                |  |   |
| <b>d</b> From 2014  |                                |  |   |
| <b>e</b> From 2015  |                                |  |   |
| f Total of lines 3a through e   |                                |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                                |  |   |
| h Applied to 2016 distributable amount  |                                |  |   |
| i Carryover from 2011 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                              |                                |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a   |                                |  |   |
| <b>b</b> Excess from 2013   |                                |  |   |
| c Excess from 2014  |                                |  |   |
| d Excess from 2015  |                                |  |   |
| e Excess from 2016  |                                |  |   |
| PAA   |                                | Schodulo A (Fo                         | rm 990 or 990 E7) 2016                    |

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

### **PART III, LINE 12 - OTHER INCOME**

| NATURE AND SOURCE                    |        | 2016               | <br>2015                               | 2014                                | <br>2013                            | <br>2012 |
|--------------------------------------|--------|--------------------|--|-------------------------------------|-------------------------------------|----------|
| RECYCLING<br>FORAGE<br>MISCELLANEOUS | \$     | 16,527.<br>16,495. | \$<br>12,276. \$<br>17,063.<br>27,605. | \$<br>11,770.<br>27,802.<br>32,578. | \$<br>19,812.<br>17,410.<br>15,467. |          |
| TO                                   | TAL \$ | 33,022.            | \$<br>56,944.                          | \$<br>72,150.                       | \$<br>52,689.                       | \$<br>0. |

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

| Name of the organization FEEDING AMER   | TCA  | Employer identification number  |
|---|--|---|
| RIVERSIDE & S   | SAN BERNARDINO COUNTIES  | 33-0072922  |
| Organization type (check one):  |  | <u>.</u>  |
| Filers of:  | Section:   |   |
| Form 990 or 990-EZ  | X 501(c)( 3 ) (enter number) organizat   | tion  |
|   | 4947(a)(1) nonexempt charitable trust no   | ot treated as a private foundation  |
|   | 527 political organization   |   |
|   | _  |   |
| Form 990-PF   | 501(c)(3) exempt private foundation  |   |
|   | 4947(a)(1) nonexempt charitable trust tre  | eated as a private foundation   |
|   | 501(c)(3) taxable private foundation   |   |
| Check if your organization is covered by the  | General Rule or a Special Rule.  |   |
| <b>Note.</b> Only a section 501(c)(7), (8), or (  | 10) organization can check boxes for both the Genera   | al Rule and a Special Rule. See instructions.   |
| General Rule  X For an organization filing Form 990, property) from any one contributor.                                | 990-EZ, or 990-PF that received, during the year, co<br>Complete Parts I and II. See instructions for determi  | ontributions totaling \$5,000 or more (in money or ning a contributor's total contributions.                            |
| Special Rules   |  |   |
| under sections 509(a)(1) and 170(b)(1) received from any one contributor.   | ction 501(c)(3) filing Form 990 or 990-EZ that met the (A)(vi), that checked Schedule A (Form 990 or 990-EZ), luring the year, total contributions of the greater of (orm 990-EZ, line 1. Complete Parts I and II.   | Part II, line 13, 16a, or 16b, and that   |
| during the year, total contributions of   | ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ<br>of more than \$1,000 <i>exclusively</i> for religious, charitab<br>uelty to children or animals. Complete Parts I, II, an   | ole, scientific, literary, or educational   |
| during the year, contributions exclus<br>\$1,000. If this box is checked, enter<br>charitable, etc., purpose. Don't com | etion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ sively for religious, charitable, etc., purposes, but no here the total contributions that were received during plete any of the parts unless the <b>General Rule</b> applied charitable, etc., contributions totaling \$5,000 or more | such contributions totaled more than  ig the year for an <i>exclusively</i> religious,  es to this organization because |
| <b>Caution.</b> An organization that isn't cove 990-PF), but it <b>must</b> answer 'No' on Pa                           | red by the General Rule and/or the Special Rules do<br>t IV, line 2, of its Form 990; or check the box on line<br>eet the filing requirements of Schedule B (Form 990,   | esn't file Schedule B (Form 990, 990-EZ, or<br>e H of its Form 990-EZ or on its Form 990-PF.                            |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of

5 of Part I

Employer identification number

FEEDING AMERICA 33-0072922

| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed.                    |  |
|---------------|---|-------------------------------|--|
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 1             | P.O. BOX 54143  LOS ANGELES, CA 90054   | \$125,000.                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 2             | BANK OF AMERICA  3650 14TH STREET  RIVERSIDE, CA 92501                              | \$28,955.                     | Person X Payroll   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 3             | FOOD 4 LESS  P.O. BOX 54143  LOS ANGELES, CA 90054                                  | \$ <u>85,000.</u>             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 4             | TARGET  14750 MILLER AVE  FONTANA, CA 92336   | \$8,000.                      | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 5             | INLAND VALLEY ASSOC OF REALTORS FN  3690 ELIZABETH ST  RIVERSIDE, CA 92506          | \$ <u>5,000</u> .             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <u>6</u>      | FEEDING AMERICA  35 E WACKER DR  CHICAGO, IL 60601                                  | \$22,585.                     | Person X Payroll Noncash  (Complete Part II for                          |

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5 of Part I

Name of organization

Employer identification number 33-0072922

FEEDING AMERICA

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

| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|---------------------------------|--|--|---|
| 7                               | STATER BROS. CHARITIES   |  | Person X Payroll  |
|                                 | P.O. BOX 150   | \$45,000.  | Noncash   |
|                                 | SAN BERNARDINO, CA 92402   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 8                               | JARDEN CONSUMER SOLUTIONS COMM FUND  |  | Person X Payroll  |
|                                 | 2381 NW EXECUTIVE CENTER DR  | \$10,000.  | Noncash   |
|                                 | BOCA RATON, FL 33431   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
| 9                               | BANK OF AMERICA CORP   |  | Person X Payroll  |
|                                 | 125 DUPONT DR  | \$ <u>28,955.</u>  | Noncash   |
|                                 | PROVIDENCE, RI 02907   |  | (Complete Part II for noncash contributions.)   |
| (a)<br>Number                   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions  | (d)<br>Type of contribution   |
|                                 |  | Contributions  |   |
| 10_                             | THE ANNENBERG FOUNDATION   | Contributions  | Person X  |
| 10_                             | THE ANNENBERG FOUNDATION 2000 AVE OF THE STARS   | \$ 80,000.   | Person X Payroll Noncash  |
| 10_                             | 2000 AVE OF THE CTARS  |  | Payroll   |
| 10_<br>(a)<br>Number            | 2000 AVE OF THE STARS  |  | Payroll   |
| (a)                             | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  | \$ 80,000.<br>(c)  | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person  |
| (a)<br>Number                   | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  (b)  Name, address, and ZIP + 4  | \$ 80,000.<br>(c)  | Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution   |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION   | \$ 80,000.  (c)  Total contributions                                     | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll  |
| (a)<br>Number<br>11_            | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  | \$ 80,000.  (c)  Total contributions                                     | Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501                                       | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X  Payroll Noncash  Complete Part II for noncash contributions.)  |
| (a)<br>Number<br>$\frac{11}{2}$ | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4           | \$80,000.  (c) Total contributions  \$40,000.  (c) Total                 | Payroll   Noncash   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (Type of contribution   (Domination of the contribution of the contribution   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (d) |
| (a) Number  11  (a) Number      | 2000 AVE OF THE STARS  LOS ANGELES, CA 90067  Name, address, and ZIP + 4  THE COMMUNITY FOUNDATION  3700 6TH ST STE 200  RIVERSIDE, CA 92501  Name, address, and ZIP + 4  WAL-MART | \$ 80,000.  (c) Total contributions  \$ 40,000.  (c) Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution   |

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5 of Part I

FEEDING AMERICA

Employer identification number

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

| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution  |
|----------------------|---|---|--|
| <u>13</u> _          | THE TJX COMPANIES   |   | Person X   |
|                      |   | \$ <u>17,</u> 768.  | Payroll Noncash  |
|                      | FRAMINGHAM, MA 01701  |   | (Complete Part II for noncash contributions.)  |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution  |
| <u>14</u> _          | UNION PACIFIC   |   | Person X Payroll   |
|                      | 1400 DOUGLES ST STE 1560  | \$ <u>7,500.</u>  |  |
|                      | OMAHA, NE 68179   |   | (Complete Part II for noncash contributions.)  |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution  |
| <u>15</u> _          | GREEN_FOUNDATION  |   | Person X Payroll   |
|                      | 225 S LAKE AVE STE 1410   | \$25,000.   | Noncash  |
|                      | PASADENA, CA 91101  |   | (Complete Part II for noncash contributions.)  |
| (a)<br>Number        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions                               | (d)<br>Type of contribution  |
| <u>16</u> _          | KAISER PERMANENTE- ONTARIO  |   | Person X Payroll   |
|                      |   |   |  |
|                      | 3633 E INLAND EMPIRE BLVD STE   | \$ <u>10,000.</u>   | Noncash  |
|                      | 3633 E INLAND EMPIRE BLVD STE ONTARIO , CA 91764  | \$ <u>10,000.</u>   |  |
| (a)<br>Number        |   | \$10,000.  (c)  Total contributions                         | Noncash (Complete Part II for  |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X  |
| Number               | ONTARIO , CA 91764  | (c)<br>Total  | Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  |
| Number               | ONTARIO , CA 91764  (b)  Name, address, and ZIP + 4  WELLS FARGO  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll   |
| Number               | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  | (c)<br>Total<br>contributions                               | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| <u>17</u> _          | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  (b)   | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X  Payroll Tor noncash contributions.) |
| 17_<br>(a)<br>Number | Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  | (c) Total contributions  \$50,000.                          | Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)                                     |
| 17_<br>(a)<br>Number | ONTARIO , CA 91764  Name, address, and ZIP + 4  WELLS FARGO  1250 CORONA POINTE CT, 3 FL  CORONA, CA 92879  Name, address, and ZIP + 4  CALIBER COLLISION | (c) Total contributions  \$50,000.  (c) Total contributions | Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll D Payroll D Payroll D    |

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5 of Part I

FEEDING AMERICA

Employer identification number

| Part I | <b>Contributors</b> | (see instructions). | Use duplicate | copies of Part | I if additional | space is needed. |
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|--------|---------------------|---------------------|---------------|----------------|-----------------|------------------|

| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
|-----------------------|--|---|---|
| <u>19</u> _           | MACY'S/BLOOMINGDALES   |   | Person X Payroll  |
|                       | P.O. BOX 8214  | \$6 <u>,</u> 220.                                       | Noncash   |
|                       | MASON , OH 45040   |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 20_                   | SUBARU OF AMERICA INC  |   | Person X  Payroll   |
|                       | P.O. BOX 6000  | \$10,000.   | Noncash   |
|                       | CHERRY HILL, NJ 08034  |   | (Complete Part II for noncash contributions.)   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| 21_                   | CR&R INC   |   | Person X Payroll  |
|                       | 11292 WESTERN AVE P.O. BOX 125   | \$5,000.  | Noncash   |
|                       | STANTON, CA 90580  |   | (Complete Part II for noncash contributions.)   |
|                       |  |   |   |
| (a)<br>Number         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions                           | (d)<br>Type of contribution   |
| Number                | (b) Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  | (c)<br>Total<br>contributions                           | Person X  |
| Number                | Name, address, and ZIP + 4   | (c) Total contributions                                 |   |
| Number                | MITSUBISHI MOTORS NORTH A  | contributions   | Person X Payroll  |
| Number                | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  | contributions   | Person X Payroll Noncash  (Complete Part II for   |
| 22_<br>(a)<br>Number  | MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  (b)  | \$60,000.   | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4   | \$60,000.   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll   |
| 22_<br>(a)<br>Number  | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  | \$60,000.  (c) Total contributions                      | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for  |
| 22 _ (a) Number  23 _ | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  (b)   | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Person X Payroll Noncash  (Complete Part II for noncash contribution  (Complete Part II for noncash contributions.)  (Complete Part II for noncash contributions.)  Person X  Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4                      | \$60,000.  \$60,000.  (c) Total contributions  \$5,000. | Person X Payroll  |
| (a) Number            | Name, address, and ZIP + 4  MITSUBISHI MOTORS NORTH A  6400 KATELLA AVE  CYPRESS, CA 90630  Name, address, and ZIP + 4  ABC 7  500 CIRCLE SEVEN DRIVE #2027  GLENDALE, CA 91201  Name, address, and ZIP + 4  ENTERPRISE HOLDINGS | \$ 60,000.  (c) Total contributions  \$ 5,000.          | Person X Payroll  |

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5 of Part I

FEEDING AMERICA

Employer identification number

|  | Part I | Contributors | (see instructions). | Use duplicate co | pies of Part I if | additional space is needed. |
|--|--------|--------------|---------------------|------------------|-------------------|-----------------------------|
|--|--------|--------------|---------------------|------------------|-------------------|-----------------------------|

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| <u>25</u> _   | COSTCO WHOLESALE  999 LAKE DRIVE  ISSAQUAH, WA 98027           | \$ <u>10,150.</u>             | Person X  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>26</u> _   | RED NOSE DAY FUND  488 MADISON AVE 10TH FL  NEW YORK, NY 10022 | \$10,990.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>27</u> _   | HUNGER IS KPM  1445 E REPUBLIC RD  SPRINGFIELD, MO 65804       | \$75,000.                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$<br>                        | Person Payroll Complete Part II for noncash contributions.)               |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$                            | Person Payroll Complete Part II for noncash contributions.)               |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |  | \$                            | Person Payroll Noncash  |
|               |  |                               | (Complete Part II for noncash contributions.)                             |

L to

of Part II

Name of organization

Employer identification number

1

FEEDING AMERICA 33-0072922

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed.                                |                      |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           | N/A   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | <br> \$<br>                                    |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | ć  |                      |
|                           |   | P  |                      |
| BAA                       | Sche  | edule B (Form 990, 990-Ez                      | , or 990-PF) (2016)  |

1 to

of Part III

Name of organization
FEEDING AMERICA

Employer identification number

| Part III                  | or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) |  |   |  |  |
|---------------------------|---|--|---|--|--|
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift                         |   | (d)<br>Description of how gift is held |  |
|                           | N/A   |  |   |  |  |
|                           |   |  |   |  |  |
|                           | Transferee's name, address, and ZIP + 4   |  | (e)<br>nsfer of gift<br>Relationship of transferor to transfero |  |  |
|                           |   |  |   |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift                         |   | (d)<br>Description of how gift is held |  |
|                           |   |  | <br>  |  |  |
|                           | (e) Transfer of gift Transferee's name, address, and ZIP + 4  |  | Relationship of transferor to transferee                        |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c)<br>Use of gift                         |   | (d) Description of how gift is held    |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4 | Rela  | ntionship of transferor to transferee  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift                         |   | (d)<br>Description of how gift is held |  |
|                           | L   |  | <br>  |  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4 | Rela  | ntionship of transferor to transferee  |  |
|                           |   |  |   |  |  |

# SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No. 1545-0047

|      | FEEDING AMERICA<br>RIVERSIDE & SAN BERNARDINO CO  | OHNTTES   |   |                       | 22 0070000  |
|------|---|---|---|-----------------------|---|
| Par  |   |   | her Similar Funds                               | or Ac                 | 33-0072922  |
| rai  | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 6.                             | OI AC                 | counts.   |
|      |   | (a) Donor advised   | f funds   | <b>(b)</b> F          | unds and other accounts                                   |
| 1    | Total number at end of year   | .,,   |   |                       |   |
| 2    | Aggregate value of contributions to (during year)   |   |   |                       |   |
| 3    | Aggregate value of grants from (during year)  |   |   |                       |   |
| 4    | Aggregate value at end of year  |   |   |                       |   |
| 5    | Did the organization inform all donors and donor are the organization's property, subject to the organization's   |   |   |                       |   |
| 6    | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?                                 | the donor or donor advisor                                | or, or for any other pur                        | pose co               | nferring  |
| Par  | •   |   |   |                       |   |
| ı uı | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 7.                             |                       |   |
| 1    | Purpose(s) of conservation easements held by the  |   |   |                       |   |
|      | Preservation of land for public use (e.g., recr   | eation or education)                                      | Preservation of a                               | historica             | Illy important land area                                  |
|      | Protection of natural habitat   |   | Preservation of a                               | certified             | historic structure  |
|      | Preservation of open space  |   |   |                       |   |
| 2    | Complete lines 2a through 2d if the organization held   | l a qualified conservation co                             | ntribution in the form of                       | a conser              | rvation easement on the                                   |
|      | last day of the tax year.   |   | г   |                       | Hald at the Ford of the Tay Vaco                          |
|      | a Total number of conservation easements  |   | -   | 2a                    | Held at the End of the Tax Year                           |
|      | Total number of conservation easements  |   | L   | 2 b                   |   |
|      | Number of conservation easements on a certified   |   | =   | 2 c                   |   |
|      |   |   | · · ·   | 20                    |   |
|      | Number of conservation easements included in (o structure listed in the National Register   |   |   | 2 d                   |   |
| 3    | Number of conservation easements modified, transfetax year ►  | erred, released, extinguished                             | l, or terminated by the o                       | rganizati             | on during the   |
| 4    | Number of states where property subject to conserva   |   |   |                       |   |
| 5    | Does the organization have a written policy regar<br>and enforcement of the conservation easements  | ding the periodic monitori                                | ng, inspection, handlir                         | ng of vio             | lations,<br>Yes No  |
| 6    | Staff and volunteer hours devoted to monitoring, insp   | pecting, handling of violation                            | s, and enforcing conser                         | vation ea             | asements during the year                                  |
| 7    | Amount of expenses incurred in monitoring, inspectin ►\$  | ng, handling of violations, a                             | nd enforcing conservatio                        | n easem               | ents during the year                                      |
| 8    | Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?   | ne 2(d) above satisfy the                                 | requirements of section                         | n 170(h)              | (4)(B)(i) Yes No  |
| 9    | In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to t conservation easements.                                | nservation easements in its<br>he organization's financia | revenue and expense s<br>I statements that desc | tatement<br>ribes the | s, and balance sheet, and e organization's accounting for |
| Par  | t     Organizations Maintaining Collecti  | ons of Art. Historica                                     | Treasures, or Ot                                | her Sir               | nilar Assets.   |
| i ai | Complete if the organization answe  | red 'Yes' on Form 99                                      | 0, Part IV, line 8.                             |                       | mai 71330131  |
| 1 a  | a If the organization elected, as permitted under SI art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia | for public exhibition, educati                            | on, or research in further                      | stateme<br>rance of   | ent and balance sheet works of public service, provide,   |
| I    | o If the organization elected, as permitted under SI<br>historical treasures, or other similar assets held for p<br>following amounts relating to these items:      | public exhibition, education,                             | or research in furtherand                       | ce of pub             | lic service, provide the                                  |
|      | (i) Revenue included on Form 990, Part VIII, line   |   |   |                       |   |
|      | (ii) Assets included in Form 990, Part X  |   |   |                       |   |
|      | If the organization received or held works of art, histo<br>amounts required to be reported under SFAS 116  | 5 (ASC 958) relating to the                               | ese items:                                      |                       |   |
|      | Revenue included on Form 990, Part VIII, line 1.  |   |   |                       |   |
|      | Assets included in Form 990 Part X  |   |   |                       | ►Ś  |

| Part III Organizations Maintaining Coll   | ections of Art, Histo                              | orical Treasures, o                    | r Other Similar As           | <b>sets</b> (contii | nued)     |
|---|--|--|------------------------------|---------------------|-----------|
| <b>3</b> Using the organization's acquisition, accession, items (check all that apply):                 | and other records, check a                         | ny of the following that a             | re a significant use of its  | collection          |           |
| a Public exhibition   | <b>d</b> Loan                                      | or exchange programs                   |                              |                     |           |
| <b>b</b> Scholarly research   | e Other  |  |                              |                     |           |
| c Preservation for future generations   |  |  |                              |                     |           |
| 4 Provide a description of the organization's collect<br>Part XIII.                                     | ctions and explain how they                        | further the organization               | s exempt purpose in          |                     |           |
| <b>5</b> During the year, did the organization solicit of to be sold to raise funds rather than to be m | aintained as part of the o                         | rganization's collection               | ?                            | Yes                 | No        |
| Part IV   Escrow and Custodial Arrange line 9, or reported an amount o                                  | <b>ments.</b> Complete if t<br>n Form 990, Part X, | he organization an<br>line 21.         | swered 'Yes' on F            | orm 990, P          | art IV,   |
| 1 a Is the organization an agent, trustee, custod on Form 990, Part X?                                  | ian or other intermediary                          | for contributions or oth               | er assets not included       | Yes                 | No        |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   |  |  |                              |                     |           |
|   |  |  |                              | Amount              |           |
| <b>c</b> Beginning balance  |  |  | 1с                           |                     |           |
| <b>d</b> Additions during the year  |  |  | 1 d                          |                     |           |
| e Distributions during the year   |  |  | 1e                           |                     |           |
| f Ending balance  |  |  | 1f                           |                     |           |
| 2a Did the organization include an amount on F  | orm 990, Part X, line 21,                          | for escrow or custodial                | account liability?           | Yes                 | No        |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   | . Check here if the explar                         | nation has been provide                | ed on Part XIII              |                     | П         |
|   |  |  |                              |                     |           |
| Part V Endowment Funds. Complete i  | f the organization an                              | swered 'Yes' on Fo                     | orm 990, Part IV, I          | ine 10.             |           |
| (a) Curre   | nt year <b>(b)</b> Prior year                      | r (c) Two years back                   | (d) Three years back         | (e) Four ye         | ears back |
| 1 a Beginning of year balance   |  |  |                              |                     |           |
| <b>b</b> Contributions  |  |  |                              |                     |           |
| <b>c</b> Net investment earnings, gains,  |  |  |                              |                     |           |
| and losses  |  |  |                              |                     |           |
| <b>d</b> Grants or scholarships   |  |  |                              |                     |           |
| e Other expenditures for facilities and programs  |  |  |                              |                     |           |
| f Administrative expenses   |  |  |                              |                     |           |
| <b>g</b> End of year balance  |  |  |                              |                     |           |
| 2 Provide the estimated percentage of the curr  | rent year end balance (lin                         | ne 1g, column (a)) held                | as:                          |                     |           |
| a Board designated or quasi-endowment ►   | %  |  |                              |                     |           |
| <b>b</b> Permanent endowment ►  | %  |  |                              |                     |           |
| c Temporarily restricted endowment ►  | %  |  |                              |                     |           |
| The percentages on lines 2a, 2b, and 2c should  | equal 100%.  |  |                              |                     |           |
| 3 a Are there endowment funds not in the possession organization by:                                    | on of the organization that a                      | are held and administered              | d for the                    | Yes                 | . No      |
| (i) unrelated organizations   |  |  |                              | 3a(i)               |           |
| (ii) related organizations  |  |  |                              | 3a(ii)              |           |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organiz   |  |  |                              |                     |           |
| 4 Describe in Part XIII the intended uses of the  |  |  |                              |                     |           |
| Part VI Land, Buildings, and Equipment  |  |  |                              |                     |           |
| Complete if the organization an   | swered 'Yes' on Forr                               |  |                              | 90, Part X,         | line 10.  |
| Description of property   | (a) Cost or other basis (investment)               | <b>(b)</b> Cost or other basis (other) | (c) Accumulated depreciation | (d) Book            | value     |
| <b>1 a</b> Land   |  |  |                              |                     |           |
| <b>b</b> Buildings  | _  |  |                              |                     |           |
| c Leasehold improvements  |  | 44,331.                                | 37,408.                      |                     | 6,923.    |
| <b>d</b> Equipment  |  | 2,356,458.                             | 1,556,886.                   | 79                  | 9,572.    |
| <b>e</b> Other  |  |  |                              |                     |           |
| Total. Add lines 1a through 1e. (Column (d) must  | equal Form 990, Part X, o                          | column (B), line 10c.)                 | <b>.</b>                     | 80                  | 6,495.    |
| DAA   |  |  | Caha                         | dula D (Form C      | 00) 2016  |

Schedule **D** (Form 990) 2016

|  | Vector Form 990                           | N/A<br>Deart IV line 11h See Form                                   | 990 Part Y line 12      |
|--|---|---|-------------------------|
| Complete if the organization answered  (a) Description of security or category (including name of security)  | (b) Book value                            | (c) Method of valuation: Cost or end                                |                         |
| (1) Financial derivatives  | (B) Book value                            | (C) Mothed of Variation. Cost of one                                | or your market value    |
| (2) Closely-held equity interests.   |   |   |                         |
| (3) Other  |   |   |                         |
| (A)  |   |   |                         |
| (B)  |   |   |                         |
| (C)  |   |   |                         |
| (D)  |   |   |                         |
| (E)  |   |   |                         |
| (F)  |   |   |                         |
| (G)  |   |   |                         |
| (H)  |   |   |                         |
| (1)  |   |   |                         |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •   | -   |   |                         |
| Part VIII Investments - Program Related.   | LIVI F 00/                                | N/A   | 000 David V 15 12       |
| Complete if the organization answered  (a) Description of investment   | (b) Book value                            | J, Part IV, line TTC. See Form  (c) Method of valuation: Cost or er |                         |
|  | (b) Book value                            | (c) Method of Valuation: Cost of er                                 | id-or-year market value |
|  |   |   |                         |
| (2)  |   |   |                         |
| (3)  |   |   |                         |
| <u>(4)</u>   |   |   |                         |
| (5)  |   |   |                         |
| (6)  |   |   |                         |
| <u>(7)</u><br>(8)  |   |   |                         |
| (9)  |   |   |                         |
| (10)   |   |   |                         |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •   | •   |   |                         |
| Part IX Other Assets.  | N/A                                       |   |                         |
| Complete if the organization answered  |   | 0, Part IV, line 11d. See Form                                      |                         |
|  | escription                                |   | (b) Book value          |
| <u>(1)</u><br>(2)  |   |   |                         |
| (3)  |   |   |                         |
|  |   |   |                         |
|  |   |   |                         |
| (4)<br>(5)   |   |   |                         |
| (4)  |   |   |                         |
| (4)<br>(5)<br>(6)<br>(7)   |   |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)  |   |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   |   |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)   |   |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (   | B) line 15.)                              |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities.  | · · · · · · · · · · · · · · · · · · ·     |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities. Complete if the organization answered 'Yes' on the complete of the organization and the complete of the compl | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of liability   | · · · · · · · · · · · · · · · · · · ·     |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on B (a) Description of liability   | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (example)  Part X Other Liabilities. Complete if the organization answered 'Yes' on the equal income taxes (2) (3)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities. Complete if the organization answered 'Yes' on some states (2) (3) (4)   | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on some second income taxes (2) (3) (4) (5)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on some states (2) (3) (4) (5) (6) (7)   | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on second (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)  | Form 990, Part IV, line 1                 |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on B (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  | Form 990, Part IV, line 1  (b) Book value |   |                         |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)  | Form 990, Part IV, line 1  (b) Book value | 1e or 11f. See Form 990, Part X, line 2                             | 25                      |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R  | eturn.    |                            |
|--|-----------|----------------------------|
| 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         | 49,031,909.                |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |           |                            |
| a Net unrealized gains (losses) on investments   |           |                            |
| b Donated services and use of facilities   |           |                            |
| c Recoveries of prior year grants  |           |                            |
| d Other (Describe in Part XIII.)   |           |                            |
| e Add lines 2a through 2d  | 2 e       |                            |
| 3 Subtract line 2e from line 1   | 3         | 49,031,909.                |
| 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   |           |                            |
| b Other (Describe in Part XIII.)   |           |                            |
| c Add lines 4a and 4b  | 4 c       |                            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).   | 5         | 49,031,909.                |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   | Return    | l.                         |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |           |                            |
| 4 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |           |                            |
| 1 Total expenses and losses per audited financial statements   | 1         | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1         | 47,898,992.                |
|  | 1         | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1         | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 1         | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 1         | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 1 2e      | 47,898,992.                |
| 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 |           | 47,898,992.<br>47,898,992. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2e        | 47,898,992.<br>47,898,992. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2e        |                            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2 e 3     |                            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2 e 3 4 c | 47,898,992.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2 e 3 4 c |                            |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2016

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FEEDING AMERICA Employer identification number 33-0072922 RIVERSIDE & SAN BERNARDINO COUNTIES Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

|                                 |          | G (Form 990 or 990-EZ) 2016 FEEDING   |   |  | 33-00                                   |  |
|---------------------------------|----------|---|---|--|---|--|
| Par                             | t II     | Fundraising Events. Complete if t<br>more than \$15,000 of fundraising<br>List events with gross receipts gre | event contributions                       | nswered 'Yes' on Fo<br>s and gross income            | orm 990, Part IV, li<br>on Form 990-EZ, | ne 18, or reported lines 1 and 6b.                         |
| R                               |          | 3 . 3   | (a) Event #1  MISC FUNDRAISI (event type) | (b) Event #2   | (c) Other events  NONE (total number)   | (d) Total events<br>(add column (a)<br>through column (c)) |
| R<br>E<br>V<br>E<br>N<br>U<br>E | 1        | Gross receipts  | 185,059.                                  |  |   | 185,059.   |
| Ė                               | 2        | Less: Contributions   | 185,059.                                  |  |   | 185,059.   |
|                                 | 3        | Gross income (line 1 minus line 2)  |   |  |   |  |
|                                 | 4        | Cash prizes   |   |  |   |  |
| D                               | 5        | Noncash prizes  |   |  |   |  |
| R<br>E<br>C<br>T                | 6        | Rent/facility costs   |   |  |   |  |
|                                 | 7        | Food and beverages  |   |  |   |  |
| X<br>P<br>E                     | 8        | Entertainment   |   |  |   |  |
| EXPENSES                        | 9        | Other direct expenses   |   |  |   |  |
| S                               | 10<br>11 | Direct expense summary. Add lines 4 thro<br>Net income summary. Subtract line 10 fro                          |   |  |   |  |
| Par                             | t III    | <b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.                                     |   |  |   | ported more than   |
| R<br>E<br>V<br>E<br>N<br>U<br>E |          |   | (a) Bingo                                 | <b>(b)</b> Pull tabs/instant bingo/progressive bingo | (c) Other gaming                        | (d) Total gaming<br>(add column (a)<br>through column (c)) |
| U<br>E                          | 1        | Gross revenue   |   |  |   |  |
|                                 | 2        | Cash prizes   |   |  |   |  |
| D X<br>I P<br>R E<br>E N        | 3        | Noncash prizes  |   |  |   |  |
| Č S<br>T E<br>S                 | 4        | Rent/facility costs   |   |  |   |  |
|                                 | 5        | Other direct expenses   |   |  |   |  |
|                                 | 6        | Volunteer labor   | Yes 8                                     | Yes 8  | Yes 8                                   |  |
|                                 | 7        | Direct expense summary. Add lines 2 three   | ough 5 in column (d)                      |  |   |  |
|                                 | 8        | Net gaming income summary. Subtract li  | ne 7 from line 1, colum                   | ın (d)   |   |  |
| a                               | ls th    | er the state(s) in which the organization conce organization licensed to conduct gaming lo,' explain:         | activities in each of th                  |  |   | Yes No   |

**b** If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

| Schedule G (Form 990 or 990-EZ) 2016 FEEDING AMERICA  | 33-0072                            | 2922                 | Page 3 |
|---|------------------------------------|----------------------|--------|
| 11 Does the organization conduct gaming activities with nonmembers?   |                                    | Yes                  | No     |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit administer charitable gaming?  |                                    | Yes                  | No     |
| 13 Indicate the percentage of gaming activity conducted in:   | 1 1                                |                      |        |
| a The organization's facility.  | 13 a                               |                      | %      |
| <b>b</b> An outside facility.   |                                    |                      | %      |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books   | <u> </u>                           |                      |        |
| Name ►  |                                    |                      |        |
| Address ►   |                                    |                      |        |
| <b>15 a</b> Does the organization have a contract with a third party from whom the organization receives gar <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ of gaming revenue retained by the third party <b>&gt;</b> \$ <b>c</b> If 'Yes,' enter name and address of the third party: |                                    |                      | No     |
| Name ►  |                                    |                      |        |
| Address ►   |                                    |                      |        |
| 16 Gaming manager information:  |                                    |                      |        |
| Name ►  |                                    |                      |        |
| Gaming manager compensation ► \$  |                                    |                      |        |
| Description of services provided  |                                    |                      | :      |
| Director/officer Employee Independent contractor  |                                    |                      |        |
| 17 Mandatory distributions  |                                    |                      |        |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to<br>state gaming license?  | retain the                         | Yes                  | □No    |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year ► \$   | or spent in the                    | —□.03                | □      |
| Part IV Supplemental Information. Provide the explanations required by Part I, Ii and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also p information. See instructions  | ne 2b, columns<br>rovide any addit | (iii) and (<br>ional | (v);   |
|   |                                    |                      |        |
|   |                                    |                      |        |
|   |                                    |                      |        |
|   |                                    |                      |        |
|   |                                    |                      |        |
|   |                                    |                      |        |
|   |                                    |                      |        |

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

AH - I - F - .... 000

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Infor

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

Part I Types of Property

| Employer identification number | 33-0072922

|     |   | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | termining | nts  |
|-----|---|-------------------------------|--|--|---|-----------|--|
| 1   | Art — Works of art  |                               |  |  |   |           |  |
| 2   | Art – Historical treasures  |                               |  |  |   |           |  |
| 3   | Art — Fractional interests  |                               |  |  |   |           | _  |
| 4   | Books and publications  |                               |  |  |   |           | _  |
| 5   | Clothing and household goods  |                               |  |  |   |           | _  |
| 6   | Cars and other vehicles   |                               |  |  |   |           |  |
| 7   | Boats and planes  |                               |  |  |   |           |  |
| 8   | Intellectual property   |                               |  |  |   |           |  |
| 9   | Securities – Publicly traded  |                               |  |  |   |           |  |
| 10  | Securities - Closely held stock   |                               |  |  |   |           | _  |
| 11  | Securities – Partnership, LLC, or trust interests .                         |                               |  |  |   |           |  |
| 12  | Securities - Miscellaneous  |                               |  |  |   |           |  |
| 13  | Qualified conservation contribution — Historic structures                   |                               |  |  |   |           |  |
| 14  | Qualified conservation contribution — Other                                 |                               |  |  |   |           |  |
| 15  | Real estate – Residential   |                               |  |  |   |           |  |
| 16  | Real estate – Commercial  |                               |  |  |   |           | _  |
| 17  | Real estate – Other   |                               |  |  |   |           | _  |
| 18  | Collectibles  |                               |  |  |   |           | _  |
| 19  | Food inventory  | Χ                             | 31,225,466                                       | 46,074,048.  |   |           | _  |
| 20  | Drugs and medical supplies  |                               |  |  |   |           | _  |
| 21  | Taxidermy   |                               |  |  |   |           | _  |
| 22  | Historical artifacts  |                               |  |  |   |           | _  |
| 23  | Scientific specimens  |                               |  |  |   |           | _  |
| 24  | Archeological artifacts   |                               |  |  |   |           |  |
| 25  | Other ► ()  |                               |  |  |   |           |  |
| 26  | Other ► ()  |                               |  |  |   |           |  |
| 27  | Other ► ()  |                               |  |  |   |           |  |
| 28  | Other► ( )  |                               |  |  |   |           | _  |
| 29  | Number of Forms 8283 received by the organization de                        | uring the tax                 | year for contributions for                       | r which the  |   |           |  |
|     | organization completed Form 8283, Part IV, Done                             | e Acknowled                   | gement   |  | 29                                      |           |  |
|     |   |                               |  |  |   | Yes No    |  |
| 30a | During the year, did the organization receive by contril                    | bution any pr                 | operty reported in Part I                        | lines 1 through 28, that   |   |           |  |
| oou | it must hold for at least three years from the date                         |                               |  |  |   |           |  |
|     | for exempt purposes for the entire holding period?                          | ?                             |  |  | 30 а                                    | X         | <u>.                                    </u> |
| b   | If 'Yes,' describe the arrangement in Part II.                              |                               |  |  |   |           |  |
| 31  | Does the organization have a gift acceptance police                         | cy that requi                 | res the review of any r                          | nonstandard contributio  | ns? <b>31</b>                           | Х         | ·  |
| 32a | Does the organization hire or use third parties or r noncash contributions? | •                             | · •  |  | 32 a                                    | X         |  |
| b   | If 'Yes,' describe in Part II.  |                               |  |  |   |           |  |
| 33  | If the organization didn't report an amount in columbscribe in Part II.     | mn (c) for a                  | type of property for wh                          | nich column (a) is chec  | ked,                                    |           |  |

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

Schedule M (Form 990) (2016)

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

#### **SCHEDULE M - ADDITIONAL INFORMATION**

LINE 19: DONATED FOOD VALUE IS CALCULATED ANNUALLY BY AN INDEPEDENT THIRD PARTY ON BEHALF OF OUR NATIONAL NETWORK, FEEDING AMERICA. THIS FISCAL YEAR THE VALUE WAS DETERMINED TO BE \$1.67 PER POUND FOR ALL PRODUCTS DONATED. THE VALUE OF USDA COMMODITIES IS DETERMINED AND PROVIDED BY USDA. THIS FIGURE REFLECTS THE VALUE OF ALL DONATED PRODUCT RECEIVED DURING THIS FISCAL YEAR.

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEEDING AMERICA RIVERSIDE & SAN BERNARDINO COUNTIES

Employer identification number 33-0072922

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

DRAFT COPY OF THE ORGANIZATION RETURNS ARE PROVIDED TO MANAGEMENT AND THE BOARD FOR REVIEW AND APPROVAL PRIOR TO THE ISSUANCE OF THE FINALIZE RETURNS.

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

EVERY YEAR EACH BOARD MEMBER AND KEY EMPLOYEE ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DOCUMENT AND DECLARE ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS.

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD REVIEWS THE COMPENSATION PACKAGE AND COMPARES TO LOCAL EQUIVALENT ORGANIZATIONS TO DETERMINE THE CEO'S COMPENSATION PACKAGE.

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

ALL FINANCIAL DOCUMENTS, INCLUDING AUDITS AND THE 990 ARE POSTED ON OUR WEBSITE AND AVAILABLE FOR DOWNLOAD. DETAILED INFORMATION, INCLUDING THESE DOCUMENTS, ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

| Data | Accepted |  |
|------|----------|--|
| Date | Accepted |  |

| TAXABLE YE   | EAR Califor   | nia e-file  | Return   | Autho  | rizat  | ion for  | 1  |  |  | FORM   |
|--|---|---|--|--|--|--|--|--|--|--|
| 2016   | Exemp   | t Organi:   | zations  |  |  |  |  |  |  | 8453-EO  |
| Exempt Organiza  |   | <u> </u>  |  |  |  |  |  |  | Identifying  | g number   |
| FEEDING  |   |   |  |  |  |  |  |  | 33-00  | 72922  |
| Part I E   | lectronic Return Ir   | nformation (w   | hole dollars on  | ly)  |  |  |  |  |  |  |
| •  | ross receipts (Form 19  |   |  |  |  |  |  |  |  | 49,038,826.  |
| -  | ross income (Form 19  | •   |  |  |  |  |  |  |  | 49,031,909.  |
| <b>3</b> lotal ex  | kpenses and disburse  | ments (Form 19  | 99, Line 9)  |  |  |  |  |  | 3  | 47,898,992.  |
| Part II S  | ettle Your Accou  | nt Electroni  | cally for Ta   | xable Ye   | ar 2016  | 6  |  |  |  |  |
| <b>4</b> Ele   | ctronic funds withdraw  | val <b>4a</b> Am  | ount   |  | 4b   | Withdraw   | al date (  | mm/dd/yyy  | y) _   |  |
| Part III B   | Banking Informati   | on (Have you  | verified the ex  | empt orgar   | nization's   | s banking in   | nformatio  | n?)  |  |  |
| 5 Routing  |   |   |  |  |  |  |  |  |  |  |
| 6 Accoun   |   |   |  | _  | <b>7</b> Type  | of account:  | L Ch   | necking  | ∐ Sa   | avings   |
| Part IV D  | eclaration of Offi  | cer   |  |  |  |  |  |  |  |  |
|  | e exempt organization the amount listed or  |   | be settled as o  | designated   | in Part I  | I. If I check  | Part II, E   | Box 4, I aut   | thorize a  | n electronic funds   |
| return origina<br>correspondin<br>organization's<br>Tax Board (F<br>for the fee lia<br>statements be                               | es of perjury, I declare fator (ERO), transmitte g lines of the exempt return is true, correct, TB) does not receive sbility and all applicate transmitted to the FTB und is delayed, I auth                                  | r, or intermedia<br>organization's<br>and complete. If<br>full and timely<br>le interest and<br>by the ERO, tra                         | ate service pro<br>2016 Californi<br>the exempt or<br>payment of th<br>penalties. I a<br>ansmitter, or interpretation  | ovider and the second of the s | the amount return. It is filing a programizate exempt ervice program interme | unts in Part To the besibalance due tion's fee lia t organizatio ovider. If the                            | I above<br>t of my k<br>return, I<br>ability, th<br>on return<br>process | agree with<br>mowledge a<br>understand<br>e exempt o<br>and accon<br>ing of the e  | the amount that if the that if the that if the that if the the that if the that it is a second to be the that is a second to be the the that is a second to be the that is a second to be the the that is a second to be the the th | ounts on the ef, the exempt e Franchise tion will remain liable g schedules and rganization's                  |
| Sign   |   |   |  |  |  | CEO<br>Title   |  |  |  |  |
| Here   | Signature of officer  |   |  | Date   |  | Title  |  |  |  |  |
| Part V D   | eclaration of Ele   | ctronic Retu  | rn Originat  | or (FRO)   | and Pa   | aid Prena  | rer Se   | • instructio   | ns   |  |
| the best of m<br>organization!<br>officer's signatorms and info<br>for Authorize<br>the exempt o<br>preparer, uno<br>statements, a | I have reviewed the lay knowledge. (If I and sereturn. I declare, ho ature on form FTB 84 formation that I will file very de-file Providers. I will return is filder penalties of perjurand to the best of my very knowledge. | n only an intern<br>wever, that for<br>53-EO before to<br>vith the FTB, and<br>ill keep form Fi<br>illed, whichever<br>y, I declare tha | mediate servicem FTB 8453-E<br>ransmitting thing thing thing thing thing the deliance of the thing the deliance of the thing the | e provider,<br>CO accurate<br>is return to<br>ed all other r<br>n file for <b>fo</b><br>I will make<br>nined the ab  | I understly reflect the FTB requirement a copy a cove exert                  | stand that I<br>ts the data<br>; I have pro<br>ents describe<br>from the di<br>available to<br>mpt organiz | am not ron the revided the ed in FTB ue date of the FTB zation's r       | esponsible eturn.) I have organizat Pub. 1345, of the return upon requeeturn and a | for reviewe obtain<br>ion office<br>2016 e-f<br>n or <b>fou</b><br>est. If I a<br>accompa  | ewing the exempt ned the organization er with a copy of all ile Handbook ryears from the date am also the paid |
|  |   |   |  |  | Date   |  | Check if   | Check  | if   | ERO's PTIN   |
| EDO.   | ERO's signature MICHE   | LE SUCHAN   |  |  | 12/11  | 1/17   | also paid<br>preparer  | X self-<br>employ  | yed  | P00123639  |
| ERO<br>Must  | Firm's name (or yours ⊾   | SUCHAN &  |  |  |  |  |  |  | FEIN   |  |
| Sign   | if self-employed) and address   | 3286 E GU   | ASTI RD,   | STE 130  | )  |  |  |  |  | 61-1675902   |
|  |   | ONTARIO   |  |  |  |  |  | CA   | •  | 91761  |
| Under penalties of are true, correct,  | of perjury, I declare that I ha<br>and complete. I make this  | ve examined the abo<br>declaration based o  | ove organization's<br>on all information   | return and acc<br>of which I hav   | ompanying<br>e knowledo  | schedules and<br>je.   | I statements   | s, and to the b  | est of my l  | knowledge and belief, they   |
|  | Paid  |   |  |  |  | Date   |  |  |  | Paid preparer's PTIN   |
| Paid   | preparer's signature  |   |  |  |  |  |  | Check if self-<br>employed   |  |  |
| Preparer   | <u> </u>  | <u> </u>  |  | · <u> </u>   |  |  |  | · <u> </u>   | FEIN   |  |
| Must<br>Sign   | Firm's name<br>(or yours if self-   |   |  |  |  |  |  |  |  |  |
|  | employed) and address   |   |  |  |  |  |  |  | ZIP code   |  |

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016