Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change JACOBS & CUSHMAN SAN DIEGO FOOD BANK Name change 20-4374795 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 619-231-1977 9850 DISTRIBUTION AVENUE termin-ated 126,811,618. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN DIEGO, CA 92121 H(a) Is this a group return Applica-F Name and address of principal officer: CASEY CASTILLO Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.SANDIEGOFOODBANK.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2005 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FOOD TO PEOPLE IN NEED. Governance ADVOCATE FOR THE HUNGRY AND EDUCATE THE PUBLIC ABOUT HUNGER ISSUES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 94 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 34344 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 81,133,659. 124,611,817. Contributions and grants (Part VIII, line 1h) Revenue 638,819. 428,843. Program service revenue (Part VIII, line 2g) 201,862. 287,319. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 168,917. 406,267. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,380,607. 125,496,896. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 570,000. 1,752,516. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 4,885,457. 5,631,461. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) **\rightarrow 4**, **443**, **564**. 98,573,945. 65,023,904 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,479,361. 105,957,922. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,538,974. 11,901,246. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 60,844,619. 38,873,012. Total assets (Part X, line 16) 1,773,459. 1,620,541. 21 Total liabilities (Part X, line 26) 37,252,471. 59,071,160**.** Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CASEY CASTILLO, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed RICHARD HOTZ 05/13/22 P00452784 Paid Firm's name ► CONSIDINE & CONSIDINE Firm's EIN > 95-2694444 Preparer Firm's address 8989 RIO SAN DIEGO DRIVE, SUITE 250 Use Only SAN DIEGO, CA 92108-1604 Phone no. 619.231.1977

X Yes

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

1 Britishy describe the organization's mission: TO PROVIDE POOD TO PEOPLE IN NEED, ADVOCATE FOR THE HUNGRY AND EDUCATE THE PUBLIC ABOUT HUNGER RELATED ISSUES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E2? If 'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service reported. **Cose:**	Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
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		Total program out not expensed p	Form 990 (2020)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment historia land areas or historia structures? If "Ves " complete Schodule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	October 1 - D. De to William IVIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democre government out are try column ty, mile 1: ii 100, complete contoure i, i are i are ii			

Part IV	Checklis	st of Required	Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 4 a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			. v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1 37
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
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	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			├──
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	_ 41	

032004 12-23-20

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 94							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
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 \ for \ goods \ and \ service \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ good$	vices provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b						
10	Section 501(c)(7) organizations. Enter:	1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ı							
		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b							
C	Enter the amount of reserves on hand	13c			X				
14a			14a						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				X				
	excess parachute payment(s) during the year?		15						
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a sure of	40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Λ				
	If "Yes," complete Form 4720, Schedule O.								

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person? \dots		. 3		X
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		Х
6	Did the organization have members or stockholders?		. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		. 12c	X	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)			
а	The organization's CEO, Executive Director, or top management official		. 15a	X	
	Other officers or key employees of the organization		. 15b	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 arrange	ment with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply				
	X Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.	•			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	CASEY CASTILLO - (858) 527-1419				
	9850 DISTRIBUTION AVE. SAN DIEGO. CA 92121				

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

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

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	99			sated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee	_	Key employee	Highest compensated employee				organizations
	line)	ndivic	nstitu	Officer	(ey er	Higher Implo	Former			0.ga _
(1) STEVE BERNSTEIN	1.00	Ι-	 -		_	1	<u> </u>			
CHAIRMAN		Х		Х				0.	0.	0.
(2) SHELDON DEREZIN	1.00									
TREASURER		X		х				0.	0.	0.
(3) KIMBERLEY LAYTON	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) CLIFFORD "RIP" RIPPETOE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DANA ALLIGOOD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CORRINE BRINDLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) JANE FINLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) MELISSA FORREST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DALE GANZOW	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) SANDY KERL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) SCOTT HEATH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRIS HENN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BOB BOLINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DREW MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CARLOS COTA	1.00							_	_	_
BOARD MEMBER		Х	<u> </u>			<u> </u>	_	0.	0.	0.
(18) DR. MIHIR PARIKH	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(19) RAY PATEL	1.00	1_						_	_	_
BOARD MEMBER		Х						0.	0.	0.

FOIII 990 (2020) 671CODD 0	CODITION	٠, ,	<u> </u>					LOOD BILLIN	20 13/1	, , ,	1 6	age c
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	Name and title Average hours per		Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation		(F) timate nount (-
	week (list any hours for related organizations below line)	tee or director	lnstitutional trustee			Highest compensated supplying the management of	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr orga	other pensa om the anizati d relate anizatio	e ion ed
(20) GANGARAM SINGH, PH.D.	1.00											_
BOARD MEMBER	1 00	Х						0.	0.			0.
(21) JOHN DAVID WIKER BOARD MEMBER	1.00	Х						0.	0.			0.
(22) RICK WILLIAMS	1.00											
BOARD MEMBER		Х						0.	0.			0.
(23) JAMES FLOROS	40.00								_			
PRESIDENT/CEO				Х				299,974.	0.	1	4,7	75 <u>.</u>
(24) CASEY CASTILLOS	40.00					x		166,036.	0.		8,6	20
VP FINANCE AND ADMINISTRAT (25) VANESSA MOORE	40.00		-			^		100,030.	0.	'	0,0	<u> </u>
VP PROGRAMS & OPERATIONS	40.00	-				Х		144,533.	0.			0.
(26) CHRISTOPHER CARTER	40.00					 			•			
VP OF COMMUNICATIONS, MARK						х		128,417.	0.			0.
1b Subtotal						<u> </u>		738,960.	0.	2	3,4	04.
c Total from continuation sheets to Part	/II Section A							0.	0.		- , -	0.
d Total (add lines 1b and 1c)								738,960.	0.	2	3,4	
2 Total number of individuals (including but compensation from the organization								eceived more than \$100	0,000 of reportable	ı	-	4
compondation from the organization											Yes	No
3 Did the organization list any former office	r, director, trust	ee. I	kev e	emp	love	e. o	r hio	hest compensated emr	olovee on			
line 1a? If "Yes," complete Schedule J for	, ,	,	,		,	,	_	, , ,	,	3		Х
4 For any individual listed on line 1a is the												

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual _____ 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

\$100,000 of compensation from the organization

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

(A) Name and business address	(B) Description of services	(C) Compensation
RICHARD & RICHARD CONSTRUCTION COMPANY, INC		
234 VENTURE ST #100, SAN MARCOS, CA 92078	PATIO PROJECT	332,123.
MANCUSO MEDIA LLC	ADVERTISING/MARKETIN	
PO BOX 235918, ESCONDIDO, CA 92023	G	306,300.
ARCAMMIS CONSULTING		
758 GOLDEN SANDS PL, SAN DIEGO, CA 92154	CONSULTING	200,592.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 251,384. c Fundraising events 1c d Related organizations 1d 10,838,132. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 113,522,301 1f 80,913,471 g Noncash contributions included in lines 1a-1f 1g |\$ 124,611,817 h Total. Add lines 1a-1f **Business Code** 2 a SHARED MAINTENANCE FEES Program Service Revenue 900099 428,843. 428,843 b С f All other program service revenue g Total. Add lines 2a-2f 428,843 Investment income (including dividends, interest, and 324,490 other similar amounts) 324,490 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 825,027 96,048. assets other than inventory 7a **b** Less: cost or other basis Other Revenue 874,700 83,546 7b and sales expenses c Gain or (loss) -49,673. 12,502 -37,171. -37,171. d Net gain or (loss) 8 a Gross income from fundraising events (not 251,384. of including \$ contributions reported on line 1c). See Part IV, line 18 500,157 **b** Less: direct expenses _____ 356,476 c Net income or (loss) from fundraising events 143,681 143,681, 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a RECYCLING AND ENERGY REBATE 900099 24,036 24,036. b OTHER 1,200. 900099 1,200 С d All other revenue 25,236 e Total. Add lines 11a-11d 125,496,896, 456,236. 428,843 Total revenue. See instructions 12

032009 12-23-20

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1 550 516		
	and domestic governments. See Part IV, line 21	1,752,516.	1,752,516.		
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,	210 020		70.060	224 170
	trustees, and key employees	312,239.		78,060.	234,179
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 060 106	2 110 221	206 740	T46 052
7	Other salaries and wages	4,262,126.	3,119,331.	396,742.	746,053
8	Pension plan accruals and contributions (include	160 450	100 300	10 [10]	21 546
	section 401(k) and 403(b) employer contributions)	160,452.		19,518.	31,546
9	Other employee benefits	563,552.	416,219.	39,638.	107,695
10	Payroll taxes	333,092.	231,097.	36,487.	65,508
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2 622 006	58,703.	2 210	2,562,093
12	Advertising and promotion	2,623,006.	30,703.	2,210.	4,304,093
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	24,960.	23,131.	203.	1,626
17	Travel	24,900.	23,131.	203.	1,020
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	14,643.	1,288.	12,254.	1,101
19	Conferences, conventions, and meetings	17,043.	1,200.	14,434.	Ι,ΙΟΙ.
20	Interest Payments to offiliates				
21	Payments to affiliates	1,111,238.	939,803.	82,537.	88,898
22	Depreciation, depletion, and amortization Insurance	57,845.	31,975.	22,861.	3,009
23	Other expenses. Itemize expenses not covered	37,043.	31,773.	22,001.	3,007
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOOD ACQUISITION AND DI	91,218,801.	91,209,962.	4,137.	4,702
a b	WAREHOUSE EXPENSES	1,195,624.	1,147,534.	31,937.	16,153
C	CONTRACT SERVICES	636,611.	452,407.	67,391.	116,813
d	MAINTENANCE	438,842.	367,553.	29,583.	41,706
-		1,252,375.	646,311.	183,582.	422,482
25	Total functional expenses. Add lines 1 through 24e	105,957,922.		1,007,140.	4,443,564
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)				
	0 12-23-20		l l	I.	Form 990 (2020

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94,619.

1,620,541.

34,716,770.

37,252,471.

38,873,012.

2,535,701.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 2,579,695 1,626,105. 2 Savings and temporary cash investments 2,139,060. 1,130,305. 3 Pledges and grants receivable, net 66,801. 109,824. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 4,859,973. 8,322,582. 8 Inventories for sale or use 202,161. 171,525. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 23,363,302. basis. Complete Part VI of Schedule D _____ 10a 7,453,208. 14,816,116. 15,910,094. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 13,802,198. 33,389,192. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 184,992. Other assets. See Part IV, line 11 407,008. 15 15 38,873,012. 60,844,619. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,525,922. 1,642,977. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20

Escrow or custodial account liability. Complete Part IV of Schedule D

controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

trustee, key employee, creator or founder, substantial contributor, or 35%

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here ▶ X

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets without donor restrictions

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Loans and other payables to any current or former officer, director,

Form **990** (2020)

59,071,160.

60,844,619.

130,482. 1,773,459.

57,012,551.

2,058,609.

21

23

24

26

27

29

30 31

32

Liabilities

Net Assets or Fund Balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	125			
2	Total expenses (must equal Part IX, column (A), line 25)	2	105			
3	Revenue less expenses. Subtract line 2 from line 1	3				74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				71.
5	Net unrealized gains (losses) on investments	5	2	, 27	9,7	15.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	,			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	,			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	59	,07	1,1	60.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.	. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	rt			
	Act and OMB Circular A-133?			За	X	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	
				Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization JACOBS & CUSHMAN SAN DIEGO FOOD BANK Employer identification number 20-4374795

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).						
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	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
7		city, and state:											
_		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	ш												
_		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	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C											
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from					
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or											
		lines 12a through 12d that	-										
а		Type I. A supporting orga	* *			•		, aivina					
		the supported organization											
		organization. You must o						, a p p a g					
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	avina					
~		control or management o	•					-					
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported					
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with					
·		its supported organization	-				•	ea with,					
d		Type III non-functionally		•				ization(a)					
u								• •					
		that is not functionally int	-	* *	•		=	iveriess					
		requirement (see instruct	•	•	•								
е		Check this box if the orga					ı Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.							
f		er the number of supported o		-l									
9		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)					
		-		above (see instructions))	103	140							
Tota	 I												

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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	40,193,299.	43,607,283.	51,632,775.	81,173,659.	124,611,817.	341,218,833.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	40,193,299.	43,607,283.	51,632,775.	81,173,659.	124,611,817.	341,218,833.		
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.						341,218,833.		
Sec	ction B. Total Support		_						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	40,193,299.	43,607,283.	51,632,775.	81,173,659.	124,611,817.	341,218,833.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	18,949.	26,403.	67,072.	107,723.	324,490.	544,637.		
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.)	320,701.	19,122.	17,119.	32,008.	25,236.	414,186.		
11	Total support. Add lines 7 through 10						342,177,656.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,524,675.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stor						<u></u> ▶∟⊥		
	ction C. Computation of Publ						99.72 %		
	Public support percentage for 2020 (14	00 84		
15	Public support percentage from 2019					15			
16a	33 1/3% support test - 2020. If the o						ox and ►X		
	stop here. The organization qualifies								
D	33 1/3% support test - 2019. If the c	· ·		,		,			
17.	and stop here. The organization qual								
17 a	10% -facts-and-circumstances tes								
	and if the organization meets the fact			=		_			
h	meets the facts-and-circumstances to	_		*	-	17a and line 15 is			
ū	10% -facts-and-circumstances tes more, and if the organization meets the	-					1070 UI		
	organization meets the facts-and-circ								
19	•						\		
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	below, please con	ipiete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	, ,		, ,	, ,		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
in an annual annual attion 540						
		+				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	;					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	•		•	•	•
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business	<u>,</u>					
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	n 501(c)(3) organizat	ion,
check this box and stop here		······································				<u></u> ▶∟
Section C. Computation of Pub					 	
15 Public support percentage for 2020			column (f))			
16 Public support percentage from 201					16	
Section D. Computation of Inve					11	
17 Investment income percentage for 2						-
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2020. If th	e organization did	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2019. If th	e organization did	not check a box of	n line 14 or line 19a	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	neck this box and s	t op here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20 Private foundation. If the organizati	ion did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see i	nstructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
Eh		
5b 5c		
30		
6		
7		
8		
9a		
9b		
35		
9с		
10a		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7							

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

OMB No. 1545-0047

2020

Name of the organization

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number

20-4374795

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	ı-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General l	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
;	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexcereligious, charitable, etc., contributions totaling \$5,000 or more during the year		exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

20-4374795

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

20-4374795

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - - - - - -					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
-		- - - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					

Employer identification number

Name of organization

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of org	•	& CUSHMAN SAN D	TEGO FOOD BA		loyer identification number 20-4374795
Part I-A		ganization is exempt un			
2 Politica	al campaign activity expendit	zation's direct and indirect polit ures gn activities		>	
Part I-B	Complete if the org	ganization is exempt un	der section 501(c)(3).	
		incurred by the organization ur			
2 Enter t	he amount of any excise tax	incurred by organization mana	gers under section 495	5 > 5	S
		n 4955 tax, did it file Form 472			
					Yes No
Part I-C	" describe in Part IV. Complete if the ord	ganization is exempt un	der section 501(c	except section 501	(c)(3).
		d by the filing organization for s	•		
	, ,	ization's funds contributed to	•		
exemp	t function activities			▶ 5	\$
		s. Add lines 1 and 2. Enter here			
line 17	b			> 9	S
4 Did the	e filing organization file Form	1120-POL for this year?			Yes No
made p contrib	payments. For each organiza outions received that were pr	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or	ization's funds. Also enter t ganization, such as a separ	he amount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	JACOBS	S & CU	SHMAN SAN D	IEGO FOOD B	ANK 20-4	374795 Page 2
Part II-A Complete if the org section 501(h)).	ganızatıo	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check ▶ ☐ if the filing organiza	ation belong	s to an affi	liated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures).			
B Check ▶ ☐ if the filing organiza	ation checke	ed box A a	nd "limited control" pro	ovisions apply.		
Limi (The term "expen	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to infl	luence publ	ic opinion (grassroots lobbying)			
b Total lobbying expenditures to infl				1		
c Total lobbying expenditures (add l	lines 1a and	l 1b)				
d Other exempt purpose expenditur	res					
e Total exempt purpose expenditure	es (add lines	s 1c and 1d	d)			
f Lobbying nontaxable amount. Ent	er the amou	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	7,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	ro or less, e	nter -0				
i Subtract line 1f from line 1c. If zer	o or less, er	nter -0				
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720	,	
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	pelow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
, , , , , , , , , , , , , , , , , , , ,						

Schedule C (Form 990 or 990-EZ) 2020

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)((5), or se	ection	
. u.	501(c)(6).),, oo ,(o),	(0), 0. 00		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TR:	IPS TO SACRAMENTO & WASHINGTON DC. SOME OF THE TIM	E AT T	HESE		
LOC	CATIONS THEY ALSO ATTENDED CONFERENCES WHICH HAD NO	THING	TO DO	WITH	
`					
LOI	BBYING ACTIVITIES. CLIENT ESTIMATES THAT 50% OF TH	EIR TI	ME WA	S SPEN	VT.
LOI	BBYING.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number 20-4374795

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stan and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	S	ding of violations, and emoroning conservation	casements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	WBVi)
Ū	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
_	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.	ŭ	
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	r Oth	er Simil	ar Asse	e ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following tha	t make :	significant	use of its	S	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organization	on's exe	mpt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							[Yes	☐ No
Pai	t IV Escrow and Custodial Arran								, line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	kplanati	on has been	provided on	Part XII	l			
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10.			
	•	(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1	la. column (a	a)) held as:					
а	Board designated or quasi-endowment	,	%	5 , ("					
b	Permanent endowment ▶	%	— i							
С	• —	 *								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	=	ation th	at are held a	and administe	red for t	he organi	zation		
	by:	J					3		[-	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								·· - ` · +	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									•
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere), Part I	V, line 11a. 9	See Form 990	, Part X	, line 10.			
	Description of property	(a) Cost or o		1	t or other		.ccumulate	ed	(d) Book	value
		basis (investr			(other)		preciation		(-,	
	Land	<u> </u>	,		8,000.				4,378	3,000.
b	Buildings				1,590.	1.	765,5	46.		,044.
	Leasehold improvements			<u> </u>	,					
d	Equipment									
	Other			13.38	3,712.	5.	687,6	62.	7,696	,050.
	Add lines 1a through 1e (Column (d) must e		X colu			- /	, ,	1		0,094.

Schedule D (Form 990) 2020

Part VII	Investments -	Other Securities.

Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,451,014.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	1,032,537.	END-OF-YEAR MARKET VALUE
(C) CORPORATE STOCKS	23,288,039.	END-OF-YEAR MARKET VALUE
(D) FOREIGN BONDS	102,480.	END-OF-YEAR MARKET VALUE
(E) MUTUAL FUNDS	7,515,122.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	33,389,192.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(7)(8) (9)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTOMER ADVANCES	130,482.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	130,482.

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

Schedule D (Form 990) 2020

JOI TO GGIO D	(1 01111 000	,									
Part XI	Recond	ciliation	of Re	venu	e per	Audited	d Financial	Statemen	ts With	Revenue	per Return

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements Witr	i Revenue per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	128,004	<u>,773.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,279,715.			
b	Donated services and use of facilities	2b	20,000.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	208,162.			
е	Add lines 2a through 2d			2e	2,507	
3	Subtract line 2e from line 1			3	125,496	<u>,896.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				125,496	<u>,896.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total expenses and losses per audited financial statements			1	106,186	<u>,084.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	20,000.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	208,162.			
е	Add lines 2a through 2d			2e		<u>,162.</u>
3	Subtract line 2e from line 1			3	105,957	<u>,922.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, ,				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS AND RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION OR TO BE TAKEN IN A TAX RETURN. AS OF JUNE 30, 2021 AND 2020, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED DIFFERENTLY ON AUDIT

356,476.

105,957,922.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

	& COSIMAN SAN DIEG	<u> </u>	<u> </u>	DAM	20-43/4	155				
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations				overnment grants	•					
b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d In-person solicitations										
a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No										
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.										
		/iii\	Did		(v) Amount paid					
(i) Name and address of individual	(ii) A ativity	(iii) fundr have c or con	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)				
or entity (fundraiser)	(ii) Activity	or con	trol of	from activity	fundraiser	organization				
		contrib	utions?		listed in col. (i)	0.gaa				
		Yes	No							
				1						
- Fotal			_							
3 List all states in which the organizatio	in is registered or licensed to solicit	ontrib	utions	L s or has been notified	l d it is exempt from re	L Paistration				
or licensing.			3.10110	2 31 1140 00011 110111101	io oxompt nom it	-g.o.: a.ioi i				
9										

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BLUES	_	(add col. (a) through
			GALA	FESTIVAL	1	col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue			202 455	227 224	404 460	
Rev	1	Gross receipts	333,177.	237,204.	181,160.	751,541.
			152 005	F. 0.2.	20 600	051 204
	2	Less: Contributions	153,827.	57,937.	39,620.	251,384.
		0 ' " 1 ' " 0	179,350.	179,267.	141,540.	500,157.
	3	Gross income (line 1 minus line 2)	119,330.	119,201.	141,540.	300,137.
	4	Cash prizes				
	7	Odsii piizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs		1,520.	5,400.	6,920.
Direct Expenses						
ect	7	Food and beverages	12,647.		18,221.	30,868.
ä						
	8	Entertainment	8,500.		46 600	62,250.
	9	Other direct expenses	107,358.	132,452.	16,628.	256,438.
		yyy	. ,		.	356,476.
Da	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		- 000 Dart IV line 10 av		143,681.
ГС	וונו	\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 000 L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
SS	2	Cash prizes				
ens(
Direct Expenses	3	Noncash prizes				
St.						
<u>Di</u>	4	Rent/facility costs				
	_	Other divert evenues				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	ľ	Volunteer label	<u> </u>	140	140	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
			. ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	avokod ovopopala i sua	orminated during the term	voor?	Yes No
10-	\ \ / / -			economieo oumno me tax	veal (i ites i iNO
) Juli 1	
		Yes," explain:			, , , , , , , , , , , , , , , , , , ,	

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 JACOBS & CUSHMAN SAN DIEGO FOOD BANK 20-	4374795	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party \$\bigs\\$ = \bigs\\$		
c If "Yes," enter name and address of the third party:		
c ii Tes, entername and address of the tillid party.		
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		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9l	b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		-

Schedule G	(Form 990 or 990-EZ)	JACOBS &	CUSHMAN	SAN	DIEGO	FOOD	BANK	20-4374795	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)						
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							<u>.</u>		
							<u>.</u>		

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number 20-4374795

Part I	General Information on Grants a	nd Assistance						
1 Does	s the organization maintain records t	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criter	ria used to award the grants or assis	stance?						X Yes N
2 Desc	cribe in Part IV the organization's pro	cedures for monit	oring the use of grant	t funds in the United	d States.			
Part II	Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$	5,000. Part II can	be duplicated if addit	tional space is need	ded.			
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	OJECT FOR THE HOMELESS AVE. SUITE 203							
	O, CA 92103	33-0215585		5,000.	0.			MISSION SUPPORT
AMERICAN YOUR BAC	RELIEF ORGANIZATION / GOT K SAN DIEGO - 4061 E BLVD. STE E - OCEANSIDE,							
CA 92056		20-8220093		11,000.	0.			MISSION SUPPORT
SAN DIEG ARMED SE	RVICES YMCA OF THE USA - O CHAPTER / SAN DIEGO RVIC - 3293 SANTO ROAD - O. CA 92124	95-1679700		11,000.	0.			MISSION SUPPORT
ASCENSIO	N EVANGELICAL LUTHERAN 5106 ZION AVENUE - SAN	95-2415098		5,000.	0.			MISSION SUPPORT
7858 COW	CE FOR VETERANS INC. LES MOUNTAIN COURT UNIT #D1 O, CA 92119	47-1731868		5,000.	0.			MISSION SUPPORT
ASSOCIAT CALIFORN MARCOS -	ID STUDENTS, INC. OF IA STATE UNIVERSITY SAN 333 SOUTH TWIN OAKS			,				
	OAD - SAN MARCOS, CA 92096			11,000.	0.			MISSION SUPPORT
	r total number of section 501(c)(3) a			ne line 1 table				\

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYSIDE COMMUNITY CENTER							
202 COMSTOCK STREET							
SAN DIEGO, CA 92111	95-1652902		11,000.	0.			MISSION SUPPORT
BIG SISTER LEAGUE OF SAN DIEGO, INC 115 REDWOOD STREET - SAN							
DIEGO, CA 92103	95-1793706		5,000.	0.			MISSION SUPPORT
BIRTHLINE OF SAN DIEGO, INC. P.O. BOX 178421							
SAN DIEGO, CA 92117	33-0014261		5,000.	0.			MISSION SUPPORT
BOYS & GIRLS CLUBS OF OCEANSIDE							
OCEANSIDE, CA 92054	95-1744805		11,000.	0.			MISSION SUPPORT
BRIDGE OF HOPE SD, INC. 3406 FAIRMOUNT AVE.							
SAN DIEGO, CA 92105	27-2678918		5,000.	0.			MISSION SUPPORT
CALVARY CHAPEL LA MESA 7525 EL CAJON BLVD.							
LA MESA, CA 91942	95-3658293		11,000.	0.			MISSION SUPPORT
CALVARY EVANGELICAL LUTHERAN CHURCH OF SAN DIEGO, INC 3060							
54TH STREET - SAN DIEGO, CA 92105	95-1921159		11,000.	0.			MISSION SUPPORT
CASA DE AMPARO							
325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571		5,000.	0.			MISSION SUPPORT
	13 3313371		3,300:	<u> </u>			5011011
CATHOLIC CHARITIES DIOCESE OF SAN DIEGO - P.O. BOX 121831 - SAN							
DIEGO, CA 92112	23-7334012		6,000.	0.			MISSION SUPPORT

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) CENTER FOR EMPLOYMENT OPPORTUNITIES, INC - 50 BROADWAY, SUITE 1604 - NEW YORK, NY 10004 13-3843322 11,000 0 MISSION SUPPORT CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC. - 1601 PRECISION PARK LANE - SAN DIEGO, CA 92173 95-2801772 5,000 0 MISSION SUPPORT CHOLLAS VIEW CHURCH 904 47TH STREET SAN DIEGO, CA 92102 95-3379103 5,000 0 MISSION SUPPORT CHRISTIAN LIFE CENTER OF SAN DIEGO INC. - 9617 CAMPO ROAD - SPRING VALLEY, CA 91977 91-2148365 6,000 0 MISSION SUPPORT CHRISTIE'S PLACE, INC. 2440 THIRD AVE SAN DIEGO, CA 92101 91-1878632 MISSION SUPPORT 6,000 0 CHURCH ALIVE / FAITH MOUNTAIN PENTECOSTAL CHURCH - 12443 WOODSIDE AVE. - LAKESIDE, CA 92040 33-0020462 MISSION SUPPORT 6,000 0 CLUB "LIBERTAD, JUSTICIA, Y LEY" 5128 REYNOLDS ST. 84-3231945 SAN DIEGO, CA 92114 5 000 0 MISSION SUPPORT COSTLINE DREAM CENTER 2215 CALLE BARCELONA CARLSBAD, CA 92009 41-3753374 5,000 0 MISSION SUPPORT

MISSION SUPPORT

COMMON BOND COMMUNITY 8291 ADAMS STREET LEMON GROOVE, CA 91945

84-3061606

5 000

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHRISTIAN SERVICE AGENCY							
4167 RAPPAHANNOCK AVE SAN DIEGO, CA 92117	95-2830702		15,000.	0.			MISSION SUPPORT
COMMUNITY FOOD CONNECTION							
POWAY, CA 92064	46-4584038		10,000.	0.			MISSION SUPPORT
COMMUNITY RESOURCE CENTER 650 2ND STREET							
ENCINITAS, CA 92024	95-3497926		6,000.	0.			MISSION SUPPORT
CITY HEIGHTS COMMUNITY DEVELOPMENT CORPORATION - 4001 EL CAJON BLVD -							
SAN DIEGO, CA 92105	95-3661177		5,000.	0.			MISSION SUPPORT
COMMUNITY RESEARCH FOUNDATION, INC 1202 MORENA BLVD. SUITE 300							
- SAN DIEGO, CA 92110	95-3248148		23,000.	0.			MISSION SUPPORT
COMMUNITY RESOURCE CENTER 650 2ND STREET							
ENCINITAS, CA 92024-3560	95-3497926		15,000.	0.			MISSION SUPPORT
CROSSROADS FOUNDATION							
SAN DIEGO, CA 92103	95-1956378		5,000.	0.			MISSION SUPPORT
EDUCATION SUPPORT CENTER #287 9921 CARMEL MOUNTAIN RD.							
SAN DIEGO, CA 92129	82-1402394		5,000.	0.			MISSION SUPPORT
EL CAJON SEVENTH DAY ADVENTIST CHURCH - 1630 E MADISON - EL							
CAJON, CA 92019	91-2167135		12,500.	0.			MISSION SUPPORT

Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) ELDERHELP OF SAN DIEGO 3860 CALLE FORTUNADA #101 SAN DIEGO, CA 92123 95-2880426 11,000 0 MISSION SUPPORT FAITH CHAPEL 9400 CAMPO ROAD SPRING VALLEY, CA 91977 95-3571954 11,000 0 MISSION SUPPORT FALLBROOK SPANISH SEVENTH DAY ADVENTIST CHURCH - 439 IOWA ST. -FALLBROOK, CA 92028 36-4652133 6,000 0 MISSION SUPPORT FEEDING THE SOUL FOUNDATION 603 SEAGAZE DRIVE #912 5,000 OCEANSIDE, CA 92054 27-2536959 0 MISSION SUPPORT FIRST CHRISTIAN CHURCH OF NATIONAL CITY - 1800 E. 17TH STREET -NATIONAL CITY, CA 91950 95-2048740 MISSION SUPPORT 11,000 0 FIRST FREE METHODIST CHURCH OF ESCONDIDO, CA - 120 N. ASH STREET - ESCONDIDO, CA 92027 95-2281021 MISSION SUPPORT 5,000 0 FOOTHILLS UNITED METHODIST CHURCH 4031 AVOCADO BLVD. 95-2220885 LA MESA, CA 91941 11 000 0 MISSION SUPPORT FOUNDATION MATTHEW 633 INC P.O. BOX 301569 ESCONDIDO, CA 92030 81-3452757 11,000 0 MISSION SUPPORT FRIENDSHIPS FOR HOPE, INC. 2711 BURDEN WAY NATIONAL CITY, CA 91950 81-1409201 0 MISSION SUPPORT 11,000

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) GOOD SAMARITANS OF SAN DIEGO 940 MONTECITO WAY RAMONA, CA 92065 33-0829683 5,000 0 MISSION SUPPORT GREATER VICTORY CHURCH 1045 SOUTH 29TH STREET SAN DIEGO, CA 92113 23-7304461 5,000 0 MISSION SUPPORT HENRY L. WALLACE / SAN DIEGO ORIGINAL PANTHER PARTY FOR COMMUNITY EMPOWERME - 6316 DYKES AVE - SAN DIEGO, CA 92114 82-1610865 6,000 0 MISSION SUPPORT I AM MY BROTHER'S KEEPER CDC 6601 IMPERIAL AVENUE 5,000 SAN DIEGO, CA 92114 38-3935176 0 MISSION SUPPORT IGLESIA CRISTIANA GESTEMANI 3055 BEYER BLVD, #C.101 SAN DIEGO, CA 92154 20-5074765 MISSION SUPPORT 11,000 0 ISLAMIC FOUNDATION OF SAN DIEGO 3872 50TH STREET SAN DIEGO, CA 92105 95-3800740 MISSION SUPPORT 11,000 0 IT'S ALL ABOUT THE KIDS FOUNDATION 1595 CACTUSRIDGE ST. 20-1114086 SAN DIEGO, CA 92105 11 000 0 MISSION SUPPORT JULIAN PATHWAYS, INC. 1704 CAPE HORN PO BOX 337 JULIAN, CA 92036 81-1081274 5,000 0 MISSION SUPPORT KITCHENS FOR GOOD, INC. 404 EUCLID AVENUE

MISSION SUPPORT

SAN DIEGO, CA 92114

46-3278605

11,000

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CHRISTIAN CENTER							
INTERNATIONAL MINISTRIES OF SAN							
DIEGO / DBA LIFE ARTS - 1079 B							
THIRD AVE - CHULA VISTA, CA 91911	91-2148201		11,000.	0.			MISSION SUPPORT
LIVED EXPERIENCES, INC.							
517 SEAGAZE DR #254							
OCEANSIDE, CA 92054	84-2389023		5,000.	0.			MISSION SUPPORT
LOUIS BEN-HAYIL YELLEN / HEBREW			,				
CONSERVATIVE UNION - 970 WEST							
VALLEY PARKWAY #439 - ESCONDIDO,							
CA 92025	93-1304340		6,000.	0.			MISSION SUPPORT
LOVE THY NEIGHBOR MOVEMENT							
8746 DELTA STREET							
LA MESA, CA 91942	81-4031767		5,000.	0.			MISSION SUPPORT
LOVING THE ELDERLY INC.							
4560 VINYARD ST.							
OCEANSIDE, CA 92057	47-1567231		5,000.	0.			MISSION SUPPORT
LUTHERAN SOCIAL SERVICES OF							
SOUTHERN CALIFORNIA - 435 W							
ORANGE SHOW LANE, SUITE 104 - SAN							
BERNARDINO, CA 92408	95-2225798		5,000.	0.			MISSION SUPPORT
MAMA'S KITCHEN							
3960 HOME AVE							
SAN DIEGO, CA 92105	33-0434246		11,000.	0.			MISSION SUPPORT
			==,,,,,,,	-			
MERIDIAN SOUTHERN BAPTIST CHURCH							
660 S. 3RD STREET							
EL CAJON, CA 92019	95-2958927		8,000.	0.			MISSION SUPPORT
METROPOLITIAN AREA ADVISORY			1				
COMMITTEE ON ANTI-POVERTY OF SAN							
DIEGO COUNTY, - 1355 THIRD AVE -							
CHULA VISTA, CA 91911	95-2457354		6,000.	0.			MISSION SUPPORT

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) MISSION VILLAGE CHRISTIAN FELLOWSHIP 501C 3 - 2650 MELBOURNE DRIVE - SAN DIEGO, CA 92123 95-2218357 5,000 0 MISSION SUPPORT MURPHY'S PRODUCE WITH PURPOSE 2919 LUANA DRIVE OCEANSIDE, CA 92056 84-2653922 5,000 0 MISSION SUPPORT MUSLIM AMERICAN SOCIETY OF SAN DIEGO COUNTY / MAS SAN DIEGO, GIVE SAN DIEGO - 10606 CAMINO RUIZ PMB 320, SUITE 8 - SAN DIEGO, CA 26-4465056 3,000 0 MISSION SUPPORT NEIGHBORHOOD HOUSE ASSOCIATION 5660 COPLEY DRIVE SAN DIEGO, CA 92111 95-1648184 6,000 0 MISSION SUPPORT NEW VISION CHRISTIAN FELLOWSHIP 5310 ORANGE AVENUE 95-1878837 MISSION SUPPORT SAN DIEGO, CA 92115 5,000 0 NORTH COUNTY SOBER LIVING 2604 B EL CAMIN REAL SUITE #158 CARLSBAD, CA 92008 27-0754441 MISSION SUPPORT 5,000 0 OASIS FAMILY LIFE CENTER 1989 ROSEWOOD STREET VISTA, CA 92081 81-1044156 5 000 0 MISSION SUPPORT OCEAN BEACH EMERGENCY FOOD 1984 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107 95-3388563 5,000 0 MISSION SUPPORT OPERATION HOMEFRONT, INC. 1355 CENTRAL PKWY S SUITE 100

MISSION SUPPORT

SAN ANTONIO, TX 78232

5 000

0

32-0033325

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) OPERATION HOPE- NORTH COUNTY 859 E. VISTA WAY VISTA, CA 92084 57-1214920 5,000 0 MISSION SUPPORT OXFORD TERRACE PARTNERS, LP 555 OXFORD STREET CHULA VISTA, CA 91911 65-1294807 11,000 0 MISSION SUPPORT PACIFIC SOUTHWEST COMMUNITY DEVELOPMENT CORPORATION - 16935 W. BERNARDO DR. #238 - SAN DIEGO, CA 92127 33-0673939 3,000 0 MISSION SUPPORT PACIFIC SOUTHWEST DISTRICT OF THE WESLEYAN CHURCH / DBA: NEW HOPE COMMUNITY - 2525 E. VALLEY PKWY -ESCONDIDO, CA 92027 95-2276953 11,000 0 MISSION SUPPORT PALOMAR HEIGHTS ASSEMBLY OF GOD 1001 W. COUNTRY CLUB LANE ESCONDIDO, CA 92026 95-3719771 MISSION SUPPORT 11,000 0 PARTNERSHIP FOR A BETTER SAN DIEGO 3737 CAMINO DEL RIO SOUTH SUITE 403 SAN DIEGO, CA 92108 37-1651522 MISSION SUPPORT 15,000 0 PASTOR OF SACRED HEART CATHOLIC PARISH SAN DIEGO, CAL - 4776 SRATOGA AVE - SAN DIEGO, CA 92107 27-3859180 6 000 0 MISSION SUPPORT PASTOR OF SAINT GABRIEL CATHOLIC PARISHIN POWAY, CA. A CORPORATION SOLE - 13734 TWIN PEAKS ROAD -POWAY, CA 92064 27-3859593 6,000 0 MISSION SUPPORT PEOPLE ASSISTING THE HOMELESS (PATH) - 340 NORTH MADISON AVENUE

MISSION SUPPORT

- LOS ANGELES, CA 90004

95-3950196

11,000

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT 1:1							
2738 WARDLOW AVE							
SAN DIEGO, CA 92154	27-3752032		5,000.	0.			MISSION SUPPORT
DIM 21200, ON 32101	27 3732032		3,000.	•			IIIBBION BOILONI
RAMONA FOOD AND CLOTHES CLOSET							
773 MAIN STREET							
RAMONA, CA 92065	33-0005939		15,000.	0.			MISSION SUPPORT
,			,				
RAW RUTH ANOINTED WORLD MINISTRIES							
1835 A S CENTRE CITY PKWY							
ESCONDIDO, CA 92025	45-3993644		5,000.	0.			MISSION SUPPORT
RISE CITY CHURCH							
12150 WOODSIDE AVE							
LAKESIDE, CA 92040	45-5266773		5,000.	0.			MISSION SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF							
SAN DIEGO, INC - 2929 CHILDREN'S							
WAY - SAN DIEGO, CA 92123	95-3251490		11,000.	0.			MISSION SUPPORT
SAN DIEGO COMMUNITY COLLEGE							
DISTRICT - 3375 CAMINO DEL RIO							
SOUTH - SAN DIEGO, CA 92108	95-2644299		5,000.	0.			MISSION SUPPORT
SAN DIEGO JOURNEY COMMUNITY CHURCH							
8363 CENTER DRIVE, SUITE 6C	22 25 42 5 5		11 000				
LA MESA, CA 91942	33-0549770		11,000.	0.			MISSION SUPPORT
SAN DIEGO NEW LIFE BAPTIST CHURCH							
9255 LAMAR ST.	22 0766262		E 000	_			MICCION CUDDODE
SPRING VALLEY, CA 91977	33-0766262		5,000.	0.			MISSION SUPPORT
SAN DIEGO ORIGINAL BLACK PANTHER PARTY OF COMMUNITY EMPOWERMENT -							
6316 DYKES AVE - SAN DIEGO, CA 92114	82-1610865		5,000.	0.			MISSION SUPPORT
74111	02-1010003		3,000.	٠.		1	Schedule I (Form

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AN DIEGO YOUTH SERVICES							
3255 WING STREET							
SAN DIEGO, CA 92110	95-2648050		5,000.	0.			MISSION SUPPORT
SERVING AND SHARING FOUNDATION							
INC 310 3RD AVE., SUITE B1 -							
CHULA VISTA, CA 91910	61-1658763		11,000.	0.			MISSION SUPPORT
SHERMAN HEIGHTS COMMUNITY CENTER							
CORP 2258 ISLAND AVENUE - SAN							
	33-0257031		5,000.	0.			MISSION SUPPORT
DIEGO, CA 92102	33-0237031		3,000.	0.			MISSION SUFFORI
SHILOH CHURCH OF GOD IN CHRIST OF							
OCEANSIDE, CA - 1517 DUBUQUE							
STREET - OCEANSIDE, CA 92058	23-5648906		6,000.	0.			MISSION SUPPORT
·							
SMART FOOD FOUNDATION							
15432 HARROW LANE							
POWAY, CA 92064	46-5682307		5,000.	0.			MISSION SUPPORT
SOCIETY OF ST. VINCENT DE PAUL							
DIOCESAN COUNCIL OF SAN DIEGO -							
P.O. BOX 501184 - SAN DIEGO, CA							
92154	23-7149789		11,000.	0.			MISSION SUPPORT
SOUTH BAY COMMUNITY SERVICES							
430 F STREET	05 2603440		16 000	•			MIGGION GURRORE
CHULA VISTA, CA 91910	95-2693142		16,000.	0.			MISSION SUPPORT
SPRING VALLEY COMMUNITY CHURCH							
P.O. BOX 221							
SPRING VALLEY, CA 91976	77-0597357		11,000.	0.			MISSION SUPPORT
	,, 033,337		11,300.	<u> </u>			TIDDION BOILONI
ST MARK'S CITY HEIGHTS							
4227 FAIRMOUNT AVE							
SAN DIEGO, CA 92105	20-3780320		3,000.	0.			MISSION SUPPORT

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (g) Description of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) ST. ANDREW'S EPISCOPAL CHURCH 890 BALOUR DRIVE ENCINITAS, CA 92024 95-3399790 5,000 0 MISSION SUPPORT ST. GABRIEL CATHOLIC CHURCH 13734 TWIN PEAKS ROAD POWAY, CA 92064 27-3859593 5,000 0 MISSION SUPPORT ST. PAUL'S UNITED METHODIST CHURCH 3094 L. ST SAN DIEGO, CA 92102 33-0099975 5,000 0 MISSION SUPPORT SUPPORT THE ENLISTED PROJECT, INC. 9915 BUSINESSPARK AVE, SUITE A SAN DIEGO, CA 92131 20-3051279 11,000 0 MISSION SUPPORT THE MOVEMENT CHURCH 1609 CAPALINA RD SAN MARCOS, CA 92069 91-2170917 MISSION SUPPORT 6,000 0 THE RECTOR, WARDENS AND VESTRYUNEN OF THE PARISH OF ST. MARKS IN SAN DIEGO - 4277 FAIRMOUNT AVE - SAN DIEGO, CA 92105 20-3780320 MISSION SUPPORT 5,000 0 THE SALVATION ARMY 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275 94-1156347 11 000 0 MISSION SUPPORT THE SALVATION ARMY, A CALIFORNIA CORPORATION - 2320 FIFTH AVE - SAN DIEGO, CA 92101 94-1156347 8,000 0 MISSION SUPPORT

Schedule I (Form 990)

MISSION SUPPORT

- CARSON, CA 90746

THE SALVATION ARMY, A CALIFORNIA CORPORATION - 16941 KEEGAN AVENUE

94-1156347

6 000

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAN DIEGO LESBIAN, GAY,							
BISEXUAL, TRANSGENDER COMMUNITY							
CENTER - P.O. BOX 3357 - SAN	22 7222040		11 000	0			MIGGION GUDDODE
DIEGO, CA 92163	23-7332048		11,000.	0.			MISSION SUPPORT
THINK DIGNITY							
3525 30TH STREET							
SAN DIEGO, CA 92104	33-1146733		5,000.	0.			MISSION SUPPORT
,			,				
THIRD AVENUE CHARITABLE							
ORGANIZATION INC - 1420 THIRD AVE							
- SAN DIEGO, CA 92101	33-0711272		6,000.	0.			MISSION SUPPORT
THRIVE LEMON GROVE							
8326 BLOSSOM HILL DRIVE							
LEMON GROVE, CA 91945	46-5236971		5,000.	0.			MISSION SUPPORT
UNITED PENTECOSTAL CHURCH OF							
IMPERIAL BEACH - 631 12TH ST							
IMPERIAL BEACH, CA 91932	33-0013735		6,000.	0.			MISSION SUPPORT
UNITED CERVICE ORGANIZATIONS INC							
UNITED SERVICE ORGANIZATIONS, INC							
2111 WILSON BLVD., SUITE 1200	13-1610451		5 000	0.			MICCION CUDDODM
ARLINGTON, VA 22201	13-1610451		5,000.	0.			MISSION SUPPORT
URBAN STREET ANGELS, INC.							
1404 5TH AVE							
SAN DIEGO, CA 92101	46-5055513		8,000.	0.			MISSION SUPPORT
2.1. 2.1.00, 0.1 7.1.01	10 0000010		,,,,,,				
US4WARRIORS							
1690 W. FRONTAGE ROAD, SUITE 201							
CHULA VISTA, CA 91911	46-4167683		5,000.	0.			MISSION SUPPORT
,			, ,				
VETERANS ASSOCIATION NORTH COUNTY							
1617 MISSION AVENUE							
OCEANSIDE, CA 92058	20-5862344		3,000.	0.			MISSION SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DRIVE VISTA, CA 92084	95-2815615		11,000.	0.			MISSION SUPPORT
VISTA TEEN OUTREACH HUNGER HURTS 1611A S MELROSE DRIVE 3106 VISTA, CA 92081	45-5463984		6,000.	0.			MISSION SUPPORT
VOICES OF OUR CITY CHOIR, INC. PO BOX 122241 SAN DIEGO, CA 92112	82-2363154		11,000.	0.			MISSION SUPPORT
WAKELAND HOUSING AND DEVELOPMENT CORPORATION - 1230 COLUMBIA STREET SUITE 950 - SAN DIEGO, CA 92101	33-0833640		11,000.	0.			MISSION SUPPORT
WARNER SPRINGS COMMUNITY RESOURCE CENTER - PO BOX 214 - WARNER SPRINGS, CA 92086	38-3692255		10,000.	0.			MISSION SUPPORT
WESLEY HOUSE STUDENT RESIDENCE, INC 5710 HARDY AVENUE, #12 - SAN DIEGO, CA 92115	47-5032212		5,000.	0.			MISSION SUPPORT
WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237		6,000.	0.			MISSION SUPPORT
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255		11,000.	0.			MISSION SUPPORT
WOUNDED WARRIOR HOMES, INC. 1145 LINDA VISTA DR. SUITE 104 SAN MARCOS, CA 92078	27-1537405		5,000.	0.			MISSION SUPPORT Schedule I (Form 99

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROTHER BENNO FOUNDATION							
3260 PRODUCTION AVENUE							
OCEANSIDE, CA 92058	33-0051575		25,000.	0.			MISSION SUPPORT
CALVARY CHAPEL RAMONA							
114 14TH STREET, SUITE D							
RAMONA, CA 92065	33-0167483		5,000.	0.			MISSION SUPPORT
COMMUNITY THROUGH HOPE							
465 C STREET							
CHULA VISTA, CA 91910	82-4406308		25,000.	0.			MISSION SUPPORT
FALLBROOK FOOD PANTRY							
140 N. BRANDON ROAD	22 0401216		25 000	0			MIGGION GUDDODE
FALLBROOK, CA 92028	33-0491216		25,000.	0.			MISSION SUPPORT
FATHER JOE'S VILLAGE							
3350 E STREET							
SAN DIEGO, CA 92102	33-0492302		20,000.	0.			MISSION SUPPORT
•			, -				
HEARTS & HANDS WORKING TOGETHER							
663 E SAN YSIDRO BLVD							
SAN YSIDRO, CA 92173	91-1979153		45,000.	0.			MISSION SUPPORT
HEAVEN'S WINDOWS							
2820 VIA ORANGE WAY							
SPRING VALLEY, CA 91978	45-3973982		35,000.	0.			MISSION SUPPORT
TILLIO VILLEIT, ON JIJIO	13 33/3302		33,000.	0.			DOLLOW DOLLOW
INTERFAITH COMMUNITY SERVICES							
550 WEST WASHINGTON AVE,							
ESCONDIDO, CA 92025	95-3837714		25,000.	0.			MISSION SUPPORT
•							
JEWISH FAMILY SERVICES							
8804 BALBOA AVENUE							
SAN DIEGO, CA 92123	95-1644024		25,000.	0.			MISSION SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA MAESTRA COMMUNITY HEALTH							
CENTERS - 4060 FAIRMOUNT AVE - SAN							
DIEGO, CA 92105	20-4368366		25,000.	0.			MISSION SUPPORT
MANNA WORLD MINISTRIES DBA SUMMIT							
CHURCH - 292 E. BARHAM DRIVE SUITE							
202 - SAN MARCOS, CA 92078	95-3795664		15,000.	0.			MISSION SUPPORT
,			, ,				
MINISTERIO TIEMPO NUEVO SAN DIEGO							
8179 BROADWAY							
LEMON GROVE, CA 91945	83-1953926		35,000.	0.			MISSION SUPPORT
MISSION SAN LUIS REY PARISH							
4070 MISSION AVENUE							
OCEANSIDE, CA 92057	27-3979823		25,000.	0.			MISSION SUPPORT
oemmeren, en sees,	2, 33,3023		23,000.	••			HIDDION BOILONI
NORTH PARK APOSTOLIC CHURCH, INC.							
2515 LEMON GROVE AVE							
LEMON GROVE, CA 91945	33-0252110		25,000.	0.			MISSION SUPPORT
OLD TOWN COMMUNITY CHURCH							
2444 CONGRESS STREET							
SAN DIEGO, CA 92110	33-0732696		25,000.	0.			MISSION SUPPORT
OPERATION PROMISE COMMUNITY							
SERVICES INC - 374 EAST H STREET							
SUITE A 422 - CHULA VISTA, CA							
91910	85-0533307		25,000.	0.			MISSION SUPPORT
PAVING GREAT FUTURES							
2307 FENTON FKWY 107-7							
SAN DIEGO, CA 92108	46-3297281		25,000.	0.			MISSION SUPPORT
	10 0257201		23,000.	<u> </u>			
SALVATION ARMY EL CAJON							
1025 E MAIN STREET							
EL CAJON, CA 92021	94-1156347		10,000.	0.			MISSION SUPPORT

20-4374795 JACOBS & CUSHMAN SAN DIEGO FOOD BANK Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) SAMOA INDEPENDENT FULL GOSPEL CHURCH - 2055 SKYLINE DRIVE -LEMON GROVE, CA 91945 27-2591141 25,000 0 MISSION SUPPORT SAN DIEGO CHRISTIAN CENTER 1305 DEODAR ROAD ESCONDIDIO, CA 92026 27-1240528 45,000 0 MISSION SUPPORT SAN DIEGO RESCUE MISSION 200 E 26TH STREET NATIONAL CITY, CA 91950 95-1874073 20,000 0 MISSION SUPPORT SAN MARCOS ADVENTIST CHURCH 353 WOODLAND PARKWAY SAN MARCOS, CA 92069 95-1816050 10,000 0 MISSION SUPPORT SANTEE FOOD BANK P.O BOX 712054, SANTEE, CA 92072 33-0498557 MISSION SUPPORT 10,000 0 SANTEE MINISTERIAL COUNCIL INC P.O BOX 712054, SANTEE, CA 92072 33-0498557 MISSION SUPPORT 15,000 0 SOCIETY OF SAINT VINCENT DE PAUL 1215 CALLE SANTIAGO 23-7149789 SAN DIEGO, CA 91910 15 000 0 MISSION SUPPORT SOMALI BANTU ASSOCIATION 4979 UNIVERSITY AVENUE SAN DIEGO, CA 92105 27-3390797 35,000 0 MISSION SUPPORT

MISSION SUPPORT

SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO. CA 92103

33-0475238

45,000

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL FATHER JOE'S							
VILLAGE - 3350 EAST STREET - SAN							
DIEGO, CA 92101	33-0492302		10,000.	0.			MISSION SUPPORT
·			,				
ST VINCENT DE PAUL OUR LADY MOUNT							
CARMEL - P.O. BOX 501184 - SAN							
DIEGO, CA 92154	23-7149789		10,000.	0.			MISSION SUPPORT
ST. VINCENT DE PAUL VILLAGE, INC.							
3350 EAST STREET	22 0402202		15 000				MIGGION GUDDODE
SAN DIEGO, CA 92101	33-0492302		15,000.	0.			MISSION SUPPORT
STEPPING HIGHER INC							
7373 UNIVERSITY AVENUE							
LA MESA, CA 91942	01-0819805		25,000.	0.			MISSION SUPPORT
,							
SUMMIT CHURCH							
292 E. BARHAM DRIVE SUITE 202							
SAN MARCOS, CA 92078	95-3795664		10,000.	0.			MISSION SUPPORT
THE SALVATION ARMY, A CALIFORNIA							
CORPORAT - 1025 E MAIN STREET - EL							
CAJON, CA 92021	94-1156347		15,000.	0.			MISSION SUPPORT
MILE CAN MARGOG GEVERNMENTAV							
THE SAN MARCOS SEVENTHDAY ADVENTISTCHURCH - 363 WOODLAND							
PARKWAY - SAN MARCOS, CA 92069	95-1816050		15,000.	0.			MISSION SUPPORT
TARRWAI DAN MARCOD, CA 72007	JJ 1010030		13,000.	٠.			MISSION SOLLOKI
UPTOWN COMMUNITY SERVICE & ST							
LUKE'S EPISCOPAL CHURCH - 3725							
30TH STREET - SAN DIEGO, CA 92104	33-0820927		10,000.	0.			MISSION SUPPORT
,			, ,	<u> </u>			
UPTOWN FAITH COMMUNITY SERVICE							
CENTER - 3725 30TH STREET - SAN							
DIEGO, CA 92104	33-0820927		15,000.	0.			MISSION SUPPORT

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION HAS BEEN REQUE	ESTING SUPPO	RTING INFO	ORMAITON FR	OM THEIR	
AGENCIES (I.E. RECEIPTS), AND T	THE PROGRAMS	' TEAM HAS	BEEN UTIL	IZING A CPA	
FIRM THAT HAS REVIEWED AND AUDI	TED DOCUMEN	TS (PRO BO	ONO) THAT H	AVE BEEN	
RETURNED FROM AGENCIES.				•	
REPORTED TROM ACENCIES.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number 20-4374795

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	, 3			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		7.7	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	 X Compensation committee Independent compensation consultant Written employment contract Compensation survey or study 			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	l a		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JAMES FLOROS	(i)	237,438.	51,000.	11,536.	14,100.	675.	314,749.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CASEY CASTILLOS	(i)	134,934.	31,000.	102.	7,954.	675.	174,665.	0.
VP FINANCE AND ADMINISTRAT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number Name of the organization JACOBS & CUSHMAN SAN DIEGO FOOD BANK 20-4374795 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line

Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
CALIFORNIA ASSOCIATION OF	FOOD BANK'S PRESIDE	1,573,831.	FOOD PURCHA		X
CALIFORNIA ASSOCIATION OF	FOOD BANK'S PRESIDE		GRANT REIMB		X
CALIFORNIA ASSOCIATION OF	FOOD BANK'S PRESIDE	23,837.	ANNUAL MEMB		X
CALIFORNIA ASSOCIATION OF	FOOD BANK'S PRESIDE		AMOUNTS DUE		X
CALIFORNIA ASSOCIATION OF	FOOD BANK'S PRESIDE	161,206.	AMOUNTS DUE		X
SAN DIEGO COLD STORAGE	OWNER IS ON FOOD BA	96,173.	AMOUNTS BIL		X
SAN DIEGO COLD STORAGE	OWNER IS ON FOOD BA	45.			X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

- (A) NAME OF PERSON: CALIFORNIA ASSOCIATION OF FOOD BANKS (CAFB)
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOOD BANK'S PRESIDENT IS ON CAFB'S BOARD

- (D) DESCRIPTION OF TRANSACTION: FOOD PURCHASES BY THE FOOD BANK
- (A) NAME OF PERSON: CALIFORNIA ASSOCIATION OF FOOD BANKS (CAFB)
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOOD BANK'S PRESIDENT IS ON CAFB'S BOARD

(D) DESCRIPTION OF TRANSACTION: GRANT REIMBURSEMENTS AS PASS-THROUGH

AGENCY TO FOOD BANK

- (A) NAME OF PERSON: CALIFORNIA ASSOCIATION OF FOOD BANKS (CAFB)
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOOD BANK'S PRESIDENT IS ON CAFB'S BOARD

- (D) DESCRIPTION OF TRANSACTION: ANNUAL MEMBERSHIP DUES
- (A) NAME OF PERSON: CALIFORNIA ASSOCIATION OF FOOD BANKS (CAFB)
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOOD BANK'S PRESIDENT IS ON CAFB'S BOARD

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization JACOBS & CUSHMAN SAN DIEGO FOOD BANK **Employer identification number** 20-4374795

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	-	
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	Х	61	557,558.	FAIR MARKET	VAL	JΕ	
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	X	660	80,345,913.	FAIR MARKET	VAL	JE	
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 organiz		-					
	for which the organization completed Form 828	3, Part V, D	Oonee Acknowledg	ement 29				
						Y	es	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date		al contribution, and	I which isn't required to be u	sed for			77
	exempt purposes for the entire holding period?					30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.							77
31	Does the organization have a gift acceptance p					31	_	<u>X</u>
32a	Does the organization hire or use third parties of contributions?		-	cit, process, or sell noncash		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.	(5) 10		,	-·· 			

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	JACOBS &	CUSHMAN	SAN	DIEGO	FOOD	BANK	20-4374795	Page 2
Part II	Supplemental	t I. column (b). the	e number of cont	rmation ributions	required by s, the numbe	Part I, line er of items	s 30b, 32b, a received, or	and 33, and whether the organiza a combination of both. Also com	ation

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number 20-4374795

SHOODS & COMMEN DIES TOOD DIESE 20 4574775
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BACK PACK, FOOD STAMPS, AND FARM TO FAMILY.
EXPENSES \$ 2,179,030. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
AGENDAS ARE USED AND ACTIONS TAKEN ARE DOCUMENTED.
FORM 990, PART VI, SECTION B, LINE 11B:
TREASURER REVIEWS AND APPROVES AND PRESENTS TO BOARD FOR FINAL APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWS ON ANNUAL BASIS OR MORE FREQUENTLY IF NEEDED.
FORM 990, PART VI, SECTION B, LINE 15:
COMPARABILITY DATA WAS OBTAINED AND APPROVED BY BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST
FORM 990, PART XII, LINE 2C
THERE WAS NO CHANGE DURING THE YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020 Open to Public Inspection

OMB No. 1545-0047

Anization

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Employer identification number 20-4374795

Part I Identification of Disregarded Entities. Comple	te ii trie organization answered Tes	on Form 990, Part IV, line 55							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	ne	(e) End-of-year assets		ts Direct control entity		9
THE JACOBS & CUSHMAN SAN DIEGO FOOD BANK									
BUILDING, LLC - 35-2429821, 9850							JACOBS & CU	SHMAN S	AN
DISTRIBUTION WAY, SAN DIEGO, CA 92121	OWNING REAL ESTATE	CALIFORNIA		0.	13,00	1,408.	DIEGO FOOD 1	BANK	
	-								
	-								
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecaus	e it had one	or more	e related tax-exe	empt	
(a)	(b)	(c)	(d)		(e)		(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	status			ct controlling entity	Section 512(b)(controlled entity?	
		,		50)1(c)(3))			Yes	No
	_								
	_								
				1				1	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or F	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
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	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
								$\vdash\vdash\vdash$	
								/	
								igsqcurl	—
								/	
								$oxed{oxed}$	Щ_

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one	or more r	elated organizations listed	in Parts II-IV?		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
	b Gift, grant, or capital contribution to related organization(s)				1b	
С	c Gift, grant, or capital contribution from related organization(s)				1c	
d	d Loans or loan guarantees to or for related organization(s)				1d	
е	e Loans or loan guarantees by related organization(s)				1e	
f	f Dividends from related organization(s)				1f	
	g Sale of assets to related organization(s)				1g	
h	h Purchase of assets from related organization(s)				1h	
i	i Exchange of assets with related organization(s)				1i	
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	
n	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
0	Sharing of paid employees with related organization(s)				10	
	p Reimbursement paid to related organization(s) for expenses				1p	\perp
q	Reimbursement paid by related organization(s) for expenses				1q	
	r Other transfer of cash or property to related organization(s)				1r	
s	S Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	complete t	his line, including covered	relationships and transaction thresholds.		
	(a) (b) Name of related organization Transatype	action	(c) Amount involved	(d) Method of determining amount inv	olved	
1)						
2)						
3)						
4)						
5)						
6)		67				
3216	163 10-28-20	67		Schedule	R (Form 9	90) 2020

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-year	Dispro tion: allocati	por- ate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	(I al or Perce	(k) entage ership
•		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
268	2021 PETERBILT 567	12/18/20	SL	7.00	1	16	138,153.				138,153.			9,868.	9,868.
	KENWORTH T370 SER														
269	#2NKHLJ9XXMM461777	12/11/20	SL	7.00	1	16	172,923.				172,923.			14,410.	14,410.
	KENWORTH T379 SER														
270	#2NKHLJ9X1MM461778	12/15/20	SL	7.00	1	16	172,923.				172,923.			14,410.	14,410.
	2020 FORD F250 -														
271	1FT7X2AN1LEE96143	11/14/20	SL	7.00	1	16	61,203.				61,203.			5,829.	5,829.
0.770	26FT DRY BOBTAIL - PARTIALLY	06/10/01	a.				140 500				140 500			1	1 551
272	PAID BY FPDP/TRADE MITIGATI	06/10/21	SL	7.00	- 1	16	148,790.				148,790.			1,771.	1,771.
272	2021 CAMRY HYBRID FOR AGENCY	01/29/21	CT	7.00	1	16	29,383.				29,383.			1 740	1,749.
2/3	VISITS	01/29/21	ъп	7.00		ΓO	29,303.				29,303.			1,749.	1,749.
274	VIN 1FTBW9CGXMKA23431	04/05/21	SL	7.00	1	16	46,225.				46,225.			1,651.	1,651.
	26FT DRY BOBTAIL - PARTIALLY														
275	PAID BY FPDP/TRADE MITIGATI	06/08/21	SL	7.00	1	16	36,411.				36,411.			433.	433.
	HONDA CRV -														
276	7FART6H52ME000966 - NORTH CO	06/18/21	SL	7.00	1	16	40,500.				40,500.			0.	
	ARCSTATION ITX SYSTEM -														
277	CAPACITY GRANT	08/06/20	SL	5.00	1	16	21,469.				21,469.			3,936.	3,936.
	256TB NETWORK ATTACHED														
278	SERVER RACK MOUNT WITH RAILS	08/06/20	SL	5.00	1	16	23,921.				23,921.			4,386.	4,386.
	OUTDOOR PTZ NETWORK DOMES,														
279	POLES & MOUNTING BRACKETS -	08/06/20	SL	5.00	1	16	19,567.				19,567.			3,587.	3,587.
280	THERMODETECTORS WITH STANDS	08/26/20	SL	5.00	1	16	6,896.				6,896.			1,149.	1,149.
	CEILING CASSETTE - CASEY'S														
281	OFFICE	09/10/20	SL	15.00	1	16	11,187.				11,187.			622.	622.
	STEEL CANOPY - TO STORE														
282	WOODCHIP FOR COMPOSTING	07/16/20	SL	5.00		16	8,000.				8,000.			1,606.	1,606.
	SCISSOR LIFT - SERIAL#														
283	M200030182	08/05/20	SL	7.00	1	16	23,226.				23,226.			3,042.	3,042.
	NEW CLAMP - SERIAL # -														
284	67-0625F - EFAP	08/20/20	SL	7.00		16	7,844.				7,844.			934.	934.
	NEW BE80ZHD HYSTER - SERIAL														
285	# - A244N03955U - EFAP	08/28/20	SL	7.00	1	16	47,147.				47,147.			5,613.	5,613.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C on v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LABELER (FUNDED BY CAPACITY														
286	GRANT)	09/04/20	SL	7.00	1	.6	9,790.				9,790.			1,165.	1,165.
	40 CARRIER PRIME LINE -					ا ـ									
287	GRANT - SUPERVISOR GASPAR AN	09/22/20	SL	7.00	1	.6	34,880.				34,880.			3,737.	3,737.
	SIT DOWN FORKLIT - CARES -	00/02/00	a.			ا ۽	20 701				20 701			2 510	2 510
288	EFAP - SERIAL# 8FBE15U-19883	09/23/20	SL	7.00		.6	32,781.				32,781.			3,512.	3,512.
280	NEW E60XN HYSTER FORKLIFT -	09/25/20	Сī	7.00	1	.6	55,616.				55,616.			5,959.	5,959.
209	SERIAL # A268N31662U - TRADE NEW E60XN HYSTER FORKLIFT -	09/23/20	эп	7.00	ľ	. 0	33,010.				33,010.			3,939.	3,939.
290	NEW E6UXN HYSTER FORKLIFT - SERIAL # A268N31664U - TRADE	09/25/20	ST.	7.00	1	.6	55,874.				55,874.			5,987.	5,987.
250	NEW ESC040AD YALE FORKLIFT -	03/23/20		7.00		. •	33,071.				33,071.			3,307.	3,307.
291	EFAP TRADE MITIGATION - SER	09/29/20	SL	7.00	1	.6	40,144.				40,144.			4,301.	4,301.
	BEAT TRADE MITIGATION DER	,,		. •			,				,			-,	-,
292	REPACK LINE	09/30/20	SL	7.00	1	.6	488,615.				488,615.			52,352.	52,352.
	NEW W45ZHD HYSTER - SERIAL #						•				·				
293	- A419N18878U - ART PRATT	11/03/20	SL	7.00	1	.6	6,053.				6,053.			576.	576.
	RICE LAKE SCALES FOR REHCO														
294	RD.	02/22/21	SL	5.00	1	.6	6,602.				6,602.			440.	440.
	MACHINE FOR THE NEW REPACK														
295	LINE - P.O# SDFB-R-2021-0005	05/15/21	SL	7.00	1	.6	25,543.				25,543.			608.	608.
						П									
296	RACKING - NCFB	05/27/21	SL	7.00	1	.6	54,359.				54,359.			647.	647.
297	INSTALLATION OF FAN - SDFB	07/21/20	SL	15.00	1	.6	2,135.				2,135.			130.	130.
298	2 FANS NORTH COUNTY	09/16/20	SL	15.00	1	.6	23,755.				23,755.			1,188.	1,188.
	INSTALLATION & MATERIAL -														
299	SORTING ROOM FANS -BAF	09/16/20	SL	15.00	1	.6	3,350.				3,350.			168.	168.
200	3 MOHODIAHD DUG GGDHHMG	00/00/01	a.	15 00		ا ۽	17 050				17 050			200	200
300	3 MOTORIZED BUG SCREENS	02/22/21	SL	15.00	1	.6	17,958.				17,958.			399.	399.
201	LARGE WAREHOUSE FANS FOR	05/27/21	CT	15.00	1	.6	2,805.				2,805.			16.	16.
301	NORTH COUNTY	05/21/21	эп	15.00	1	.0	2,005.				2,005.			16.	10.
302	OUTDOOR PATIO	06/30/21	ST.	15.00		.6	415,085.				415,085.			0.	
302		35,50,21		15.00	ľ	٠٠	113,005.				113,003.				
1	FREEZER/COOLER	07/01/07	SL	20.00	1	.6	867,000.				867,000.	563,550.		43,350.	606,900.
	-,						, , , , ,				, , , , , , , , , ,	7		, , , , , , ,	, , , , , ,

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basi	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	HVAC IMPROVEMENTS	07/01/07	SL	15.00	10	13,717				13,717.	11,888.		914.	12,802.
3	OFFICE PARTITIONS	07/01/07	SL	15.00	10	12,000				12,000.	10,400.		800.	11,200.
4	SPRINKLER SYSTEM	07/01/07	SL	15.00	10	29,900				29,900.	25,913.		1,993.	27,906.
5	VOICE AND DATA CABLING	07/01/07	SL	10.00	10	6,650				6,650.	6,650.		0.	6,650.
157	UPSTAIRS CARPET	06/30/12	SL	7.00	1	11,880				11,880.	11,880.		0.	11,880.
162	WAREHOUSE REMODEL(CDBG GRANT)	10/15/12	SL	15.00	10	784,145				784,145.	405,139.		52,276.	457,415.
163	NEW SIGN	03/31/13	SL	15.00	1	8,079				8,079.	3,908.		539.	4,447.
170	CARPET	11/09/13	SL	7.00	10	2,589				2,589.	2,467.		122.	2,589.
177	T-MOBILE REMODEL	09/15/14	SL	15.00	10	51,172				51,172.	19,898.		3,411.	23,309.
178	CDBG 2014 PROJECT	10/15/14	SL	15.00	10	1,632,503	•			1,632,503.	625,795.		108,834.	734,629.
179	SDG&E ENERGY PROJECT	12/15/14	SL	15.00	10	346,158				346,158.	128,847.		23,077.	151,924.
180	PAINTING	01/15/15	SL	15.00	10	26,368	•			26,368.	9,669.		1,758.	11,427.
181	AS BUILTS/MISC PROJECTS	03/15/15	SL	15.00	10	38,736				38,736.	13,771.		2,582.	16,353.
182	SOLOR PROJECT	04/15/15	SL	20.00	10	933,497				933,497.	245,044.		46,675.	291,719.
183	VOLUNTEER PHASE ONE PROJECT	06/15/15	SL	15.00	10	232,439				232,439.	78,771.		15,496.	94,267.
195	CONCRETE FLOORS/RACKING	12/31/15	SL	15.00	10	1,399,503				1,399,503.	419,850.		93,300.	513,150.
196	RECYCLE ROOM IMPROVEMENTS	04/26/16	SL	15.00	10	9,000				9,000.	2,501.		600.	3,101.
197	SHED	06/17/16	SL	15.00	10	14,500				14,500.	3,868.		967.	4,835.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n	Line No.	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
		·			٧			Excl	·			Depreciation	Expense		Depreciation
100	DUCTLESS SPLIT SYSTEM FOR	06/23/16	GT.	15 00		16	E 12E				E 12E	1 260		342.	1 710
190	SERVER ROOM CONCRETE	06/23/16	ъп	15.00		Τ0	5,135.				5,135.	1,368.		342.	1,710.
211	FLOORS/RACKING/GUARDRAILS	08/01/16	SL	15.00		16	8,344.				8,344.	2,178.		556.	2,734.
							,				,	,			,
214	ROOF WATERLINES	09/27/16	SL	15.00		16	6,800.				6,800.	1,699.		453.	2,152.
	REMOVAL OF DAMAGED LINOLEUM,														
215	DRY WALL, TOILET	02/28/17	SL	15.00		16	8,760.				8,760.	1,947.		584.	2,531.
216	RECYCE & COMPOST ROOM -	10/01/16	CT	15.00		16	28,905.				28,905.	7,226.		1 027	9,153.
210	VENTILATION VOLUNTEER CENTER CAPITAL	10/01/16	ъп	15.00		10	20,905.				20,905.	7,220.		1,927.	9,155.
217	IMPROVEMENT	04/01/17	SL	15.00		16	773,860.				773,860.	167,671.		51,591.	219,262.
							,				,	,		,	,
227	LARGE WAREHOUSE FANS FOR NC	03/05/18	SL	7.00		16	7,611.				7,611.	2,536.		1,087.	3,623.
231	FEED OFFICE REMODEL	04/02/19	SL	39.00	MM	16	16,450.				16,450.	527.		422.	949.
239	CONCRETE FOR WAREHOUSE	05/06/19	ST.	39.00	мм	16	6,300.				6,300.	189.		162.	351.
233	CONCRETE FOR WAREHOUSE	03/00/13	ы	37.00	MIN	10	0,300.				0,300.	105.		102.	331.
261	DOCK SHELTER	02/12/20	SL	15.00		16	5,270.				5,270.	146.		351.	497.
262	UPSTAIRS REMODEL	06/30/20	SL	15.00		16	324,711.				324,711.	29.		21,647.	21,676.
	WAREHOUSE FANS - NORTH														
265	COUNTY	06/23/20	SL	15.00		16	43,948.				43,948.			2,930.	2,930.
	* 990 PAGE 10 TOTAL -						9,947,043.				9,947,043.	0 775 325		634 927	3,410,252.
	990 TAGE 10 TOTAL						5,547,045.				J, J=1, 0=3.	2,773,323.		034,327.	3,410,232.
116	5 LAPTOPS	04/28/09	SL	5.00		16	7,500.				7,500.	7,500.		0.	7,500.
							,				,	,			,
143	4 THINKPADS	09/30/10	SL	5.00		16	4,228.				4,228.	4,228.		0.	4,228.
146	COMPUTER EQUIPMENT	10/11/10	SL	5.00		16	2,069.				2,069.	2,069.		0.	2,069.
149	COMPUTERS	06/01/11	ST	5.00		16	30,661.				30,661.	30,661.		0.	30,661.
		55,51,11		3.00		_ `	30,001.				30,001.	33,331.		••	30,001.
150	PRIMARIUS	07/01/11	SL	5.00		16	23,218.				23,218.	23,218.		0.	23,218.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
156	DELL SERVER	05/07/12	SL	5.00	1	10,174.				10,174.	10,174.		0.	10,174.
171	SECURITY SYSTEM	06/25/14	SL	5.00	1	17,272.				17,272.	17,272.		0.	17,272.
172	LASERFICHE	08/14/13	SL	3.00	1	7,560.				7,560.	7,560.		0.	7,560.
220	CONVERGE PHONE SYSTEM	05/31/18	SL	5.00	1	10,757.				10,757.	4,481.		2,151.	6,632.
221	NEW COMPUTER EQUIPMENT FOR ALL STAFF	06/26/18	SL	5.00	1	48,019.				48,019.	19,208.		9,604.	28,812.
222	SERVER CONFIGURATION FOR NEW COMPUTER	06/26/18	SL	5.00	1	9,979.				9,979.	3,992.		1,996.	5,988.
	* 990 PAGE 10 TOTAL -					171,437.				171,437.	130,363.		13,751.	144,114.
6	2 DRAWER FILES	07/01/07	SL	7.00	1	300.				300.	300.		0.	300.
7	4 DRAWER LATERAL FILE	07/01/07	SL	7.00	1	200.				200.	200.		0.	200.
8	4 DRAWER SINGLE FILE	07/01/07	SL	7.00	1	175.				175.	175.		0.	175.
9	DESK - 2	07/01/07	SL	7.00	1	550.				550.	550.		0.	550.
10	DESK CHAIRS - 2	07/01/07	SL	7.00	1	400.				400.	400.		0.	400.
11	SIDE CHAIR	07/01/07	SL	7.00	1	125.				125.	125.		0.	125.
12	4 DRAWER FILES - 3	07/01/07	SL	7.00	1	525.				525.	525.		0.	525.
13	5 DRAWER LATERAL FILES - 2	07/01/07	SL	7.00	1	800.				800.	800.		0.	800.
14	DESK - 4	07/01/07	SL	7.00	1	1,100.				1,100.	1,100.		0.	1,100.
15	DESK CHAIRS - 5	07/01/07	SL	7.00	1	1,000.				1,000.	1,000.		0.	1,000.
16	SIDE CHAIRS - 5	07/01/07	SL	7.00	1	625.				625.	625.		0.	625.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	SMALL CONFERENCE TABLE	07/01/07	SL	7.00	1	L6	300.				300.	300.		0.	300.
18	2 DRAWER LATERAL METAL FILE - 7	07/01/07	SL	7.00	1	L6	1,050.				1,050.	1,050.		0.	1,050.
19	2 DRAWER LATERAL WOOD FILE CABINET	07/01/07	SL	7.00	1	L6	150.				150.	148.		0.	148.
20	4 DRAWER FILE CABINET - 2	07/01/07	SL	7.00	1	L6	350.				350.	350.		0.	350.
21	DESK CHAIRS - 2	07/01/07	SL	7.00	1	L 6	1,200.				1,200.	1,197.		0.	1,197.
22	DESKS - 5	07/01/07	SL	7.00	1	L6	1,375.				1,375.	1,372.		0.	1,372.
23	SIDE CHAIRS - 2	07/01/07	SL	7.00	1	L6	250.				250.	250.		0.	250.
24	SMALL CONFERENCE TABLE	07/01/07	SL	7.00	1	L6	250.				250.	250.		0.	250.
25	REFRIGERATOR	07/01/07	SL	7.00	1	L6	275.				275.	275.		0.	275.
26	SIDE CHAIRS - 3	07/01/07	SL	7.00	1	L6	375.				375.	375.		0.	375.
27	5 DRAWER LATERAL FILES - 4	07/01/07	SL	7.00	1	L6	1,600.				1,600.	1,600.		0.	1,600.
30	FELLOWS 280 SHREDDER	07/01/07	SL	7.00	1	L6	200.				200.	200.		0.	200.
32	TV AND VCR	07/01/07	SL	5.00	1	L6	600.				600.	600.		0.	600.
33	TV CABINET	07/01/07	SL	7.00	1	L6	1,100.				1,100.	1,100.		0.	1,100.
34	VIDEO CASE	07/01/07	SL	7.00	1	L6	600.				600.	600.		0.	600.
35	CENTRAL PHONE SYSTEM	07/01/07	SL	7.00	1	L6	1,500.				1,500.	1,498.		0.	1,498.
36	DEK CHAIRS - 2	07/01/07	SL	7.00	1	L6	400.				400.	400.		0.	400.
37	RECEPTION AREA	07/01/07	SL	7.00	1	L6	1,500.				1,500.	1,498.		0.	1,498.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	SIDE CHAIRS - 22	07/01/07	SL	7.00	1	.6	2,750.				2,750.	2,750.		0.	2,750.
39	2 DRAWER LATERAL FILE	07/01/07	SL	7.00	1	.6	150.				150.	147.		0.	147.
40	соисн	07/01/07	SL	7.00	1	.6	300.				300.	300.		0.	300.
41	DESK	07/01/07	SL	7.00	1	.6	275.				275.	273.		0.	273.
42	DESK CHAIR	07/01/07	SL	7.00	1	.6	200.				200.	200.		0.	200.
43	SIDE CHAIR	07/01/07	SL	7.00	1	.6	125.				125.	125.		0.	125.
44	5 DRAWER FILE CABINET	07/01/07	SL	7.00	1	.6	200.				200.	200.		0.	200.
45	CHAIRS - 8	07/01/07	SL	7.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
46	CONFERENCE TABLE	07/01/07	SL	7.00	1	.6	1,500.				1,500.	1,498.		0.	1,498.
47	CREDENZA	07/01/07	SL	7.00	1	.6	200.				200.	200.		0.	200.
48	DESK	07/01/07	SL	7.00	1	.6	275.				275.	275.		0.	275.
49	4 DRAWER FILE - 3	07/01/07	SL	7.00	1	.6	525.				525.	525.		0.	525.
50	5 DRAWER - 2	07/01/07	SL	7.00	1	.6	400.				400.	400.		0.	400.
51	CHAIRS - 8	07/01/07	SL	7.00	1	.6	1,600.				1,600.	1,600.		0.	1,600.
52	CONFERENCE TABLE	07/01/07	SL	7.00	1	.6	900.				900.	900.		0.	900.
53	DESK CHAIRS - 5	07/01/07	SL	7.00	1	.6	1,000.				1,000.	1,000.		0.	1,000.
54	DESKS - 5	07/01/07	SL	7.00	1	.6	1,375.				1,375.	1,375.		0.	1,375.
55	REFRIGERATOR	07/01/07	SL	7.00	1	.6	275.				275.	273.		0.	273.

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	SIDE CHAIRS - 4	07/01/07	SL	7.00	1	L6	500.				500.	500.		0.	500.
57	4 DRAWER FILE CABINET	07/01/07	SL	7.00	1	L6	175.				175.	175.		0.	175.
58	5 DRAWER FILE CABINET - 3	07/01/07	SL	7.00	1	L6	600.				600.	600.		0.	600.
59	DESK	07/01/07	SL	7.00	1	L6	275.				275.	273.		0.	273.
60	DESK CHAIRS - 2	07/01/07	SL	7.00	1	L6	400.				400.	400.		0.	400.
61	4 DRAWER FILE	07/01/07	SL	7.00	1	L6	175.				175.	175.		0.	175.
62	CONFERENCE TABLE	07/01/07	SL	7.00	1	L6	700.				700.	700.		0.	700.
63	REFRIGERATOR	07/01/07	SL	7.00	1	L6	275.				275.	274.		0.	274.
64	SIDE CHAIRS - 9	07/01/07	SL	7.00	1	L6	1,125.				1,125.	1,125.		0.	1,125.
65	COPIER	07/01/07	SL	5.00	1	L6	3,000.				3,000.	3,000.		0.	3,000.
66	2 COMPUTERS (D07, D10)	02/01/08	SL	3.00	1	L6	800.				800.	800.		0.	800.
68	3 DELL LAPTOPS	02/01/08	SL	3.00	1	L6	2,700.				2,700.	2,700.		0.	2,700.
69	3 SONY LAPTOPS	02/01/08	SL	3.00	1	L6	2,700.				2,700.	2,700.		0.	2,700.
	4 COMPUTERS (D19, D18, D11, D20)	02/01/08	SL	3.00	1	L6	1,600.				1,600.	1,600.		0.	1,600.
71	5 IBM LAPTOPS	02/01/08	SL	3.00	1	L 6	4,500.				4,500.	4,500.		0.	4,500.
73	PRINTER	02/01/08	SL	5.00	1	L6	600.				600.	600.		0.	600.
74	COMPUTERS - 5 (D6, D22, D23, D14, D27)	02/01/08	SL	3.00	1	L6	2,000.				2,000.	2,000.		0.	2,000.
75	PRINTER	02/01/08	SL	5.00	1	L6	600.				600.	600.		0.	600.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
76	COMPUTER D-02	02/01/08	SL	3.00	1	.6	400.				400.	400.		0.	400.
77	COMPUTER D25	02/01/08	SL	3.00	1	.6	400.				400.	400.		0.	400.
78	DELL COLOR PRINTER	02/01/08	SL	5.00	1	.6	400.				400.	400.		0.	400.
79	LAPTOP	02/01/08	SL	3.00	1	.6	900.				900.	900.		0.	900.
80	5 COMPUTERS (D15, D13, D5, D8, D17)	02/01/08	SL	7.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
81	PRINTER	02/01/08	SL	5.00	1	.6	600.				600.	600.		0.	600.
82	2 COMPUTERS (D3, D21)	02/01/08	SL	3.00	1	.6	800.				800.	800.		0.	800.
83	PRINTER	02/01/08	SL	5.00	1	.6	600.				600.	600.		0.	600.
84	SERVERS - 2	02/01/08	SL	3.00	1	.6	4,000.				4,000.	4,000.		0.	4,000.
85	3 COMPUTERS (D24, D4, D1)	02/01/08	SL	3.00	1	.6	1,200.				1,200.	1,200.		0.	1,200.
86	PRINTER	02/01/08	SL	5.00	1	.6	600.				600.	600.		0.	600.
117	OFFICE DESK	11/30/08	SL	7.00	1	.6	1,398.				1,398.	1,398.		0.	1,398.
125	SIGN	07/15/09	SL	7.00	1	.6	7,256.				7,256.	7,256.		0.	7,256.
126	TEK WORKS - TELEPHONE SYSTEM	02/28/10	SL	7.00	1	.6	23,973.				23,973.	23,973.		0.	23,973.
127	SIGN	03/25/10	SL	7.00	1	.6	5,538.				5,538.	5,538.		0.	5,538.
128	10 4x6 WHITE BOARDS	06/30/10	SL	5.00	1	.6	500.				500.	500.		0.	500.
129	11 2X3 WHITEBOARDS	06/30/10	SL	5.00	1	.6	165.				165.	165.		0.	165.
130	15 4DRW 36" LAT DRK GRAY FILE CABINET	06/30/10	SL	7.00	1	.6	3,975.				3,975.	3,975.		0.	3,975.

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Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unadju Cost Or	sted Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
131	15 3X4 WHITEBOARDS	06/30/10	SL	5.00	1	5	300.				300.	300.		0.	300.
	2 2-DRW 36" DARK GRAY FILE CABINET	06/30/10	SL	7.00	1	5	700.				700.	700.		0.	700.
133	2 4-DRW 36" LAT BLK FILE CABINET	06/30/10	SL	7.00	1	5	530.				530.	530.		0.	530.
134	2 4-DRW VERTICAL DRK GRAY FILE CABINET	06/30/10	SL	7.00	1	5	190.				190.	190.		0.	190.
135	2 GREEN UPHOLSTERED SIDE CHAIRS	06/30/10	SL	7.00	1	5	190.				190.	190.		0.	190.
136	2 PERSONAL FRIDGE	06/30/10	SL	7.00	1	5	390.				390.	390.		0.	390.
137	25 FABRIC SIDE CHAIRS	06/30/10	SL	7.00	1	1,	125.				1,125.	1,125.		0.	1,125.
138	3 4X8 WHITE BOARDS	06/30/10	SL	5.00	1	5	225.				225.	225.		0.	225.
139	40 7X10 WORKSTATIONS	06/30/10	SL	7.00	1	50,	000.				50,000.	50,000.		0.	50,000.
140	7 5X20 CHERRY/BLK WOOD CREDENZAS	06/30/10	SL	7.00	1	1,	855.				1,855.	1,855.		0.	1,855.
141	GREEN UPHOLSTERED COUCH	06/30/10	SL	7.00	1	5	95.				95.	95.		0.	95.
142	ICE MACHINE	06/30/10	SL	7.00	1	5	196.				196.	196.		0.	196.
155	NEW WORKSTATIONS AND DESIGN SERVICES	06/30/12	SL	7.00	1	18,	623.				18,623.	18,620.		0.	18,620.
161	OFFICE FURNITURE	06/30/12	SL	7.00	1	6,	675.				6,675.	6,675.		0.	6,675.
164	WORKSTATIONS	07/02/12	SL	5.00	1	12,	046.				12,046.	12,046.		0.	12,046.
173	AQUOS BOARD	08/01/13	SL	7.00	1	7,	331.				7,331.	7,242.		89.	7,331.
174	CUBICLES	12/01/13	SL	7.00	1	6,	799.				6,799.	6,394.		405.	6,799.
184	TABLES & CHAIRS CONFERENCE ROOM	01/08/15	SL	5.00	1	15,	060.				15,060.	15,060.		0.	15,060.

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210	SAMSUNG 85" LCD TV FOR VOLUNTEER CENTER	02/22/17	SL	5.00	16	8,411				8,411.	5,607.		1,682.	7,289.
212	FURNITURE FOR VOLUNTEER CENTER	03/08/17	SL	7.00	16	12,846				12,846.	6,117.		1,835.	7,952.
223	VOLUNTEER CENTER RECEPTION DESK	06/30/18	SL	7.00	16	12,815				12,815.	3,662.		1,831.	5,493.
240	WORKSTATIONS FOR UHC FEED COORDINATORS	03/06/19	SL	5.00	16	7,168				7,168.	1,912.		1,434.	3,346.
243	VOLUNTEER DEPARTMENT WORKSTATIONS	08/29/19	SL	5.00	16	27,003				27,003.	4,501.		5,401.	9,902.
244	TABLES AND CHAIRS FOR CONFERENCE ROOM	08/17/19	SL	5.00	16	12,050				12,050.	2,008.		2,410.	4,418.
245	OFFICE FURNITURE - UPSTAIRS REMODEL	06/30/20	SL	5.00	16	71,180				71,180.			14,236.	14,236.
246	OFFICE EQUIPMENT - UPSTAIRS REMODEL	06/30/20	SL	5.00	16	10,382				10,382.			2,076.	2,076.
	* 990 PAGE 10 TOTAL -					394,540				394,540.	255,971.		31,399.	287,370.
87	1987 FORD L7000 DIESEL 20' TRUCK	07/01/07	SL	5.00	16	4,000				4,000.	4,000.		0.	4,000.
120	2009 PETERBILT 384	07/24/09	SL	10.00	16	117,091	,			117,091.	117,091.		0.	117,091.
121	2009 26' MORGAN REEFER VAN	08/28/09	SL	10.00	16	112,217				112,217.	112,217.		0.	112,217.
151	48FT TRAILER	11/15/11	SL	5.00	16	38,577				38,577.	38,577.		0.	38,577.
152	36FT TRAILER	11/29/11	SL	5.00	16	37,496				37,496.	37,496.		0.	37,496.
154	2012 PETERBUILT 384	02/15/12	SL	5.00	16	140,027				140,027.	140,027.		0.	140,027.
185	2015 FORD TRANSIT	05/08/15	SL	5.00	16	35,015				35,015.	35,015.		0.	35,015.
199	HINO TRUCK	06/29/16	SL	5.00	16	124,494				124,494.	99,596.		24,898.	124,494.
218	2017 KENWORTH TRUCK(SEMI)	09/29/17	SL	7.00	16	125,032				125,032.	49,120.		17,862.	66,982.

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219	2019 KENWORTH TRUCK T270	04/25/18	SL	7.00	1	16	141,806.				141,806.	43,892.		20,258.	64,150.
230	2019 TOYOTA SIENNA	05/24/19	SL	5.00	1	16	36,401.				36,401.	7,887.		7,280.	15,167.
241	2020 KENWORTH T370 TRUCK FOR NORTH COUNTY	07/25/19	SL	7.00	1	16	142,810.				142,810.	18,701.		20,401.	39,102.
242	2020 KENWORTH T680 TRUCK FOR EFAP	09/30/19	SL	7.00	1	16	141,962.				141,962.	15,210.		20,280.	35,490.
	* 990 PAGE 10 TOTAL -						1,196,928.				1,196,928.	718,829.		110,979.	829,808.
95	BOX CRUSHER	07/01/07	SL	10.00	1	16	3,800.				3,800.	3,800.		0.	3,800.
96	CROWN ELECTRIC JACK	07/01/07	SL	10.00	1	16	2,000.				2,000.	2,000.		0.	2,000.
97	CROWN FORKLIFTS	07/01/07	SL	10.00	1	16	10,500.				10,500.	10,500.		0.	10,500.
98	CROWN/DAEWOO JACK	07/01/07	SL	10.00	1	16	2,000.				2,000.	2,000.		0.	2,000.
100	DOCK PLATE LEVELER	07/01/07	SL	10.00	1	16	7,742.				7,742.	7,742.		0.	7,742.
101	FLOOR SWEEPER	07/01/07	SL	10.00	1	16	3,000.				3,000.	3,000.		0.	3,000.
102	FLOOR WASHER	07/01/07	SL	10.00	1	16	3,000.				3,000.	3,000.		0.	3,000.
103	KALAMAR AC	07/01/07	SL	10.00	1	16	1,000.				1,000.	1,000.		0.	1,000.
104	KALAMAR FORKLIFT	07/01/07	SL	10.00	1	16	10,800.				10,800.	10,800.		0.	10,800.
105	LARGE WEIGH SCALE	07/01/07	SL	10.00	1	16	3,000.				3,000.	3,000.		0.	3,000.
106	POWER CHARGERS - 2	07/01/07	SL	10.00	1	16	2,000.				2,000.	2,000.		0.	2,000.
108	REFRIGERATION CONTAINERS	07/01/07	SL	10.00	1	16	20,000.				20,000.	20,000.		0.	20,000.
109	REFRIGERATOR UNIT FOR 5 TON TRUCK	07/01/07	SL	10.00	1	16	6,034.				6,034.	6,031.		0.	6,031.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	ine. No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	SHRINKWRAP MACHINE	07/01/07	SL	10.00	1	.6	7,004.				7,004.	7,000.		0.	7,000.
111	WEIGH SCALE	07/01/07	SL	10.00	1	.6	1,100.				1,100.	1,100.		0.	1,100.
112	YALE ELECTRIC JACK	07/01/07	SL	10.00	1	.6	1,500.				1,500.	1,500.		0.	1,500.
113	YALE ELECTRIC JACK	07/01/07	SL	10.00	1	.6	1,500.				1,500.	1,500.		0.	1,500.
122	200 RED BARRELS	11/04/09	SL	10.00	1	.6	4,800.				4,800.	4,800.		0.	4,800.
123	TENTS	12/18/09	SL	10.00	1	.6	2,918.				2,918.	2,918.		0.	2,918.
124	JOHNSON ELECTRIC PALLET JACK	12/29/09	SL	10.00	1	.6	3,556.				3,556.	3,556.		0.	3,556.
145	RED BARRELS	12/01/10	SL	10.00	1	.6	13,546.				13,546.	12,985.		561.	13,546.
147	COMPRESSOR - C&L	02/28/11	SL	7.00	1	.6	9,323.				9,323.	9,323.		0.	9,323.
153	REPACK MACHINE	07/01/12	SL	10.00	1	.6	65,763.				65,763.	52,608.		6,576.	59,184.
158	HYSTER E60XN FORKLIFT	02/24/12	SL	10.00	1	.6	50,507.				50,507.	42,092.		5,051.	47,143.
159	HYSTER E30HSD FORKLIFT	02/24/12	SL	7.00	1	.6	33,427.				33,427.	33,427.		0.	33,427.
160	HYSTER FORKLIFT E30HSD2	03/28/12	SL	7.00	1	.6	35,280.				35,280.	35,280.		0.	35,280.
167	SCRUBBER	11/26/12	SL	7.00	1	.6	28,599.				28,599.	28,599.		0.	28,599.
168	FREEZER & COOLER CONTROL	06/05/13	SL	5.00	1	.6	9,109.				9,109.	9,109.		0.	9,109.
169	SCALES	06/11/13	SL	7.00	1	.6	7,137.				7,137.	7,137.		0.	7,137.
175	2 HYSTER FORKLIFTS	10/31/13	SL	7.00	1	.6	21,600.				21,600.	20,573.		1,027.	21,600.
176	2 HYSTER MAT LIFTS	11/13/13	SL	7.00	1	.6	5,400.				5,400.	5,144.		256.	5,400.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
186	REACH-IN REFRIGERATORS FOR AGENCIES	08/20/14	SL	7.00	16	14,452.				14,452.	12,045.		2,065.	14,110.
187	9" FORMER FOR REPACK	09/24/14	SL	5.00	16	3,116.				3,116.	3,116.		0.	3,116.
188	2014 HYSTER CLASS ELECTRIC LIFT	11/17/14	SL	7.00	16	33,218.				33,218.	26,493.		4,745.	31,238.
189	CASCADE ROTOR	11/20/14	SL	7.00	16	8,111.				8,111.	6,471.		1,159.	7,630.
190	COOLER CONTROLS	12/17/14	SL	7.00	16	1,884.				1,884.	1,480.		269.	1,749.
191	IN FEEDER	03/26/15	SL	7.00	16	16,828.				16,828.	12,621.		2,404.	15,025.
192	TURBO SEPARATOR	03/26/15	SL	7.00	16	117,973.				117,973.	88,478.		16,853.	105,331.
193	2014 HYSTER WALKIE LIFT TRUCK	04/21/15	SL	7.00	16	4,099.				4,099.	3,028.		586.	3,614.
194	MARENT PROPAK 60	05/31/15	SL	7.00	16	85,078.				85,078.	61,781.		12,154.	73,935.
200	AC UNIT WESTSIDE	08/28/15	SL	7.00	16	7,880.				7,880.	5,442.		1,126.	6,568.
201	CSFP BOX ASSEMBLY LINE	08/31/15	SL	7.00	16	14,502.				14,502.	10,014.		2,072.	12,086.
202	DAEWOO FORKLIFT GC25TT-186	10/15/15	SL	5.00	16	2,000.				2,000.	1,900.		100.	2,000.
203	RACKS - NORTH COUNTY	10/15/15	SL	7.00	16	2,000.				2,000.	1,358.		286.	1,644.
205	SCALE - NORTH COUNTY	10/15/15	SL	5.00	16	1,000.				1,000.	950.		50.	1,000.
206	WALKIN FREEZER - NORTH COUNTY	10/15/15	SL	7.00	16	18,000.				18,000.	12,213.		2,571.	14,784.
207	CONDENSING UNIT WALK IN COOLER	02/26/16	SL	7.00	16	49,855.				49,855.	30,862.		7,122.	37,984.
208	RECYCLE ROOM BINS	03/16/16	SL	7.00	16	9,945.				9,945.	6,158.		1,421.	7,579.
209	DIGESTER COMPOSTING SYSTEM	04/01/16	SL	10.00	16	258,952.				258,952.	110,054.		25,895.	135,949.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
213	GRATE MAGNET FOR TURBO SEPARATOR	07/12/16	SL	7.00	1	16	6,344.				6,344.	3,624.		906.	4,530.
224	WALMART GRANT EQUIPMENT	09/19/17	SL	7.00	1	16	31,194.				31,194.	12,254.		4,456.	16,710.
225	WALMART GRANT EQUIPMENT	09/19/17	SL	7.00	1	16	30,224.				30,224.	11,874.		4,318.	16,192.
226	VESTIL EPT-2547-30-SCL ELECTRIC PALLET TRUCK	09/29/17	SL	7.00	1	16	5,548.				5,548.	2,180.		793.	2,973.
228	STRETCH WRAPPER	05/15/18	SL	7.00	1	16	11,648.				11,648.	3,605.		1,664.	5,269.
229	CROWN CHARGER	05/17/18	SL	7.00	1	16	5,226.				5,226.	1,556.		747.	2,303.
232	STRETCH WRAPPER FOR CSFP BOXES	08/14/18	SL	7.00	1	16	11,648.				11,648.	3,189.		1,664.	4,853.
233	J30XNT HYSTER FORKLIFT (CSFP)	09/28/18	SL	7.00	1	16	34,423.				34,423.	8,605.		4,918.	13,523.
234	FANS FOR WAREHOUSE AND INSTALLATION	03/19/19	SL	7.00	1	16	30,177.				30,177.	5,388.		4,311.	9,699.
235	CHARGER	02/28/19	SL	7.00	1	16	7,154.				7,154.	1,363.		1,022.	2,385.
236	SCISSOR LIFT	03/29/19	SL	7.00	1	16	19,283.				19,283.	3,443.		2,755.	6,198.
237	WALK BEHIND SCRUBBER	04/23/19	SL	7.00	1	16	13,473.				13,473.	2,245.		1,925.	4,170.
238	PRESSURE WASHER FOR WAREHOUSE	04/30/19	SL	7.00	1	16	6,090.				6,090.	1,015.		870.	1,885.
247	RACKING SYSTEM FOR REFRIGERATOR	08/31/19	SL	7.00	1	16	23,929.				23,929.	2,849.		3,418.	6,267.
248	J40XN HYSTER	10/24/19	SL	7.00	1	16	37,156.				37,156.	3,539.		5,308.	8,847.
249	RICE LAKE SCALES - NORTH COUNTY	10/28/19	SL	7.00	1	16	19,802.				19,802.	1,886.		2,829.	4,715.
250	HYSTER W45ZHD SERIAL# C219N04508T - EFA	11/22/19	SL	7.00	1	16	42,067.				42,067.	3,506.		6,010.	9,516.
251	FREEZER AND 2 DISPLAY CASE REFRIGERATORS FOR	11/25/19	SL	7.00	1	16	16,971.				16,971.	1,414.		2,424.	3,838.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. Co	Unadjusted ost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
252	PALLET WRAP MACHINE - TEFAP TRADE MITIGATIO	12/30/19	SL	7.00	10	6	13,484.				13,484.	963.		1,926.	2,889.
253	FRIDGE - WARNER SPRINGS - EFAP TRADE MITIGATI	01/31/20	SL	7.00	10	6	10,338.				10,338.	10,338.		0.	10,338.
254	(D)J40XN HYSTER - SERIAL A935NO3897U	03/16/20	SL	7.00	1(6	37,156.				37,156.	1,772.		0.	1,772.
255	J40XN HYSTER SERIAL K160NO9310T	03/27/20	SL	7.00	10	6	38,881.				38,881.	1,389.		5,554.	6,943.
256	DRIVE IN RACK MATERIAL - NCFB	04/28/20	SL	7.00	10	6	14,190.				14,190.	338.		2,027.	2,365.
	POWER SCRUBBER - SERIAL T16-29553 - EFAP	06/01/20	SL	7.00	10	6	37,982.				37,982.	452.		5,426.	5,878.
258	NEW BALER STEEL CANOPY	06/11/20	SL	7.00	10	6	10,500.				10,500.	125.		1,500.	1,625.
259	(D)BE80ZHD HYSTER SERIAL TBD LF1976-FPDP (C	06/12/20	SL	7.00	10	6	24,371.				24,371.	290.		0.	290.
260		06/12/20	SL	7.00	1	6	24,371.				24,371.	290.		0.	290.
263	OLYMPIC VERTICAL BALER MODEL V63XHD-20HP	10/30/19	SL	7.00	10	6	23,091.				23,091.	2,199.		3,299.	5,498.
264	FREEZER AND COOLER CONSTRUCTION - NCFB	05/18/20	SL	15.00	10	6	154,958.				154,958.	861.		10,331.	11,192.
266	BAILER	06/24/20	SL	7.00	10	6	14,894.				14,894.			2,128.	2,128.
267	(D)2 HYSTER MAT LIFTS	11/13/13	SL	7.00	10	6	5,400.				5,400.	5,143.		257.	5,400.
	* 990 PAGE 10 TOTAL -					1,	787,811.				1,787,811.	845,683.		177,135.	1,022,818.
114	BUILDING	02/26/09	SL	39.00	MM1	6 5,	578,840.				5,578,840.	1,621,199.		143,047.	1,764,246.
	* 990 PAGE 10 TOTAL -					5,	578,840.				5,578,840.	1,621,199.		143,047.	1,764,246.
115	LAND	02/26/09	L			4,	378,000.				4,378,000.			0.	
	* 990 PAGE 10 TOTAL -					4,	378,000.				4,378,000.	0.		0.	0.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	•	Noquirou			v		OUST OF BUSIN	Excl	Ехропоо	Buolo	Боргоонилоп	Depreciation	Expense	Boddollon	Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						23454599.				23454599.	5,3 4 7,370.		1,111,238.	7,458,608.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						21163486.			0.	21163486.	5,347,370.			7,302,427.
	ACQUISITIONS						2,291,113.			0.	2,291,113.	0.			156,181.
	DISPOSITIONS/RETIRED						91,298.			0.	91,298.	7,495.			7,752.
	ENDING BALANCE						23363301.			0.	23363301.	5,339,875.			7,450,856.
	ENDING ACCUM DEPR LESS DISPOSITIONS											7,450,856.			
	ENDING BOOK VALUE											15912445.			

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

990

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (c) Basis for depreciation (d) Recovery period (f) Method (g) Depreciation decornly - see instructions)
2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, see instructions 6 (ii) Description of property (iii) Cost (business use only) (iv) Elected cost 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 or your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, lost don't enter more than line 11 12 Section 179 expense deduction. Add lines 9 and 10, lost don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, lost go and 10, lost
3 Threshold cost of section 179 property before reduction in limitation
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter-0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter-0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service in tax years beginning before 2020 19 Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 19 (a) Classification of property 19 Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year placed in Service During 2020 Tax Year Using the General Depreciation System (c) Part III Section Service During 2020 Tax Year Using the General Country Period (Dusiness Investment use only period only period only period only period only period only per
5 Dollar imitiation for tax year. Subtract line 4 from line 1.1 zero or less, enter -0. If married filing separately, see instructions 5 Cost (business use only) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 7 7 7 7 7 7 7 7
(c) Elected cost (a) Description of property (b) Cost (business use only) (c) Elected cost (c) Elected cost (d) Elected cost (e) Elected cost (f) Elected cost (g) Elect
7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part II MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax year beginning before 2020 18 If you are electing to group any assets placed in service during the tax year looped you pary assets placed in Service in tax year beginning before 2020 18 If you are electing to group any assets placed in Service in tax years beginning before 2020 19 A Syear property (a) Classification of property (b) Month and year placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service on Service only - see instructions) (b) Month and year placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service on Service only - see instructions) (c) Basis for depreciation of property (d) Recovery period (e) Convention (f) Method (g) Depreciation decrease period only - see instructions)
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction developed in service during the tax year line of the forestion of 14 14 15 Property subject to section 168(f)(1) election 15 15 16 17,111, Part III MACRS Depreciation (Including ACRS) 15 15 16 17,111, Part III MACRS deductions for assets placed in service in tax years beginning before 2020 17 14 Year Using the General Depreciation of 17 15 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Part Vision of 17 15 15 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 1
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 15 Carryover of disallowed deduction of 02021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of property linesed of inservice during the tax year with a line 11 12 12 13 Carryover of disallowed deduction Allowence and Other Depreciation (Don't include listed property) placed in service during the tax year line one of more general asset accounts, check here 14 14 15 Property subject to section 168(f)(1) election 15 15 16 17,111, Part III MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here 15 17 11 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 1
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 15 Carryover of disallowed deduction of 02021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of property linesed of inservice during the tax year with a line 11 12 12 13 Carryover of disallowed deduction Allowence and Other Depreciation (Don't include listed property) placed in service during the tax year line one of more general asset accounts, check here 14 14 15 Property subject to section 168(f)(1) election 15 15 16 17,111, Part III MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here 15 17 11 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 1
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction developed in service during the tax year line of the forestion of 14 14 15 Property subject to section 168(f)(1) election 15 15 16 17,111, Part III MACRS Depreciation (Including ACRS) 15 15 16 17,111, Part III MACRS deductions for assets placed in service in tax years beginning before 2020 17 14 Year Using the General Depreciation of 17 15 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Part Vision of 17 15 15 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 1
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction of 0001 to 2021. Add lines 9 and 10, less line 12 12 13 Carryover of disallowed deduction developed in service during the tax year line of the forestion of 14 14 15 Property subject to section 168(f)(1) election 15 15 16 17,111, Part III MACRS Depreciation (Including ACRS) 15 15 16 17,111, Part III MACRS deductions for assets placed in service in tax years beginning before 2020 17 14 Year Using the General Depreciation of 17 15 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Part Vision of 17 15 15 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 18 16 17,111, Part III Macryover of 1
9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 2 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) 5-year property b) 5-year property c) 7-year property d) 10-year property d) 10-year property
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11
Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
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Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 T, 111, Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service in service only - see instructions) 19a 3-year property 5 - year property 5 - year property 10 Total Accovery period 11 Depreciation decorated in service only - see instructions 19a 19a 3-year property 19a 19a 3-year property 19a
the tax year
15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service in service in service only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service in service in service only - see instructions) (c) Basis for depreciation (d) Recovery period (e) Convention (f) Method (g) Depreciation decomposition of property (a) Taylor 17 Taylor 18 Taylor 19 Taylor
MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020
Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020
17 MACRS deductions for assets placed in service in tax years beginning before 2020
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation decorated by the period (g) Depreciation decor
Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in Service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation decorated by the following service of the following service
(a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation decorated to the period of
(a) Classification of property (year placed in service (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (e) Convention (f) Method (g) Depreciation decorated in service (f) Method (g) D
b 5-year property c 7-year property d 10-year property
c 7-year property d 10-year property
d 10-year property
e 15-year property
f 20-year property
g 25-year property 25 yrs. S/L
h Residential rental property / 27.5 yrs. MM S/L
27.5 yrs. MM S/L
i Nonresidential real property / 39 yrs. MM S/L
Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System
20a Class life S/L
b 12-year 12 yrs. S/L
c 30-year / 30 yrs. MM S/L
c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L
c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.)
c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21
c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.
c 30-year / 30 yrs. MM S/L d 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution:	See the i	nstruc	tions for li	mits for p	passeng	er autor	nobiles.)		
24	a Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?	,	Yes	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	_{nt}	(d) Cost or her basis		(e) asis for depro pusiness/inve use only	eciation estment	(f) Recovery period	(Met	g) hod/ ention	Depre	h) eciation uction	Elec sectio	(i) cted n 179 ost
25	Special depreciation allo	owance for q	ualified listed	property	placed	in serv	ice durin	g the t	ax year ar	ıd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a q	ualified busin	ess use:											
		1 1	(%											
		: :		%											
		1 1		%											
<u>27</u>	Property used 50% or le	ess in a quali													
		1 1		%						S/L -					
		1 1		%						S/L -					
_		# : : : :		<u>% </u>						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	(i), line 26. E					n on Use						. 29		
	mplete this section for ve your employees, first ans													S.	
30	Total business/investment year (don't include commu		•		a) nicle		(b) ehicle	\	(c) 'ehicle	Veh	-		e) nicle	(f Veh	
21	Total commuting miles of														
	Total other personal (no driven	ncommuting) miles												
33	Total miles driven during Add lines 30 through 32	g the year.													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availause?	· ·													
		Section C	- Questions	or Empl	loyers W	/ho Pr	ovide Vel	nicles	for Use b	y Their E	mploye	ees			
An	swer these questions to o	determine if y	ou meet an e	xception	to com	pleting	Section	B for v	ehicles us	ed by er	nployee	s who a ı	ren't		
mo	re than 5% owners or rel	ated persons	S											_	
37	Do you maintain a writte employees?										by you	r 		Yes	No
38	Do you maintain a writte	en policy stat	ement that p	ohibits p	ersonal	use of	vehicles,	excep	t commut	ing, by y	our				
	employees? See the ins														
	Do you treat all use of ve														
40	Do you provide more that the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualifie	d autom	obile de	monst	ration use	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don'	t comple	te Sec	ction B for	the c	overed ve	nicles.					
P	art VI Amortization				1										
	(a) Description of	f costs	Date	(b) amortization begins		(c) Amortiz amou	able int		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 202	0 tax yea	ar:										
_				: :											
_	A 11 11 1			<u>: : .</u>											
	Amortization of costs th											43			

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	j Metho	od Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	2021 PETERBILT 567	12 18 2		7.00	138,153.		138,153.	9,868.	19,736.
269	KENWORTH T370 SER #2NKHLJ9XXMM461777	12112	0SL	7.00	172,923.		172,923.	14,410.	24,703.
270	KENWORTH T379 SER #2NKHLJ9X1MM461778	12 15 2	0SL	7.00	172,923.		172,923.	14,410.	24,703.
271	2020 FORD F250 - 1FT7X2AN1LEE96143	11142	0SL	7.00	61,203.		61,203.	5,829.	8,743.
	26FT DRY BOBTAIL - PARTIALLY PAID BY								
272	FPDP/TRADE MITIGATION GRANT	06102	1SL	7.00	148,790.		148,790.	1,771.	21,256.
273	2021 CAMRY HYBRID FOR AGENCY VISITS	01 29 2	1SL	7.00	29,383.		29,383.	1,749.	4,198.
274	VIN 1FTBW9CGXMKA23431	04052	1SL	7.00	46,225.		46,225.	1,651.	6,604.
	26FT DRY BOBTAIL - PARTIALLY PAID BY								
275	FPDP/TRADE MITIGATION GRANT	06082	1SL	7.00	36,411.		36,411.	433.	5,202.
	HONDA CRV - 7FART6H52ME000966 -	ш							
276	NORTH COUNTY	06182	1SL	7.00	40,500.		40,500.		5,786.
	ARCSTATION ITX SYSTEM - CAPACITY								
277	GRANT	08062	0SL	5.00	21,469.		21,469.	3,936.	4,294.
	256TB NETWORK ATTACHED SERVER RACK	ш							
278	MOUNT WITH RAILS - CAPACITY GRANT	08062	0SL	5.00	23,921.		23,921.	4,386.	4,784.
	OUTDOOR PTZ NETWORK DOMES, POLES &	ш							
279	MOUNTING BRACKETS - CAPACITY GRANT	08062	0SL	5.00	19,567.		19,567.	3,587.	3,913.
280	THERMODETECTORS WITH STANDS	08262	0SL	5.00	6,896.		6,896.	1,149.	1,379.
281	CEILING CASSETTE - CASEY'S OFFICE	09102	0SL	15.00	11,187.		11,187.	622.	746.
	STEEL CANOPY - TO STORE WOODCHIP FOR								
282	COMPOSTING	07162	0SL	5.00	8,000.		8,000.	1,606.	1,600.
283	SCISSOR LIFT - SERIAL# M200030182	08052	0SL	7.00	23,226.		23,226.	3,042.	3,318.
	NEW CLAMP - SERIAL # - 67-0625F -								
284	EFAP	08202	0SL	7.00	7,844.		7,844.	934.	1,121.
	NEW BE80ZHD HYSTER - SERIAL # -								
285	A244N03955U - EFAP	0 8 2 8 2	0SL	7.00	47,147.		47,147.	5,613.	6,735.
286	LABELER (FUNDED BY CAPACITY GRANT)	09042	0SL	7.00	9,790.		9,790.	1,165.	1,399.
	40 CARRIER PRIME LINE - GRANT -								
287	SUPERVISOR GASPAR AND DESMOND	09222	0SL	7.00	34,880.		34,880.	3,737.	4,983.
	SIT DOWN FORKLIT - CARES - EFAP -	ш							
288	SERIAL# 8FBE15U-19883	09232	0SL	7.00	32,781.		32,781.	3,512.	4,683.
	NEW E60XN HYSTER FORKLIFT - SERIAL #								
289	A268N31662U - TRADE MITIGATION -	09252	0SL	7.00	55,616.		55,616.	5,959.	7,945.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	NEW E60XN HYSTER FORKLIFT - SERIAL #								
		09252	SL	7.00	55,874.		55,874.	5,987.	7,982.
	NEW ESC040AD YALE FORKLIFT - EFAP								
	TRADE MITIGATION - SERIAL# C883N0414			7.00	40,144.		40,144.		
_		09 30 2	SL	7.00	488,615.		488,615.	52,352.	69,802.
	NEW W45ZHD HYSTER - SERIAL # -								
	A419N18878U - ART PRATT FOUNDATION								
293		11032		7.00	6,053.		6,053.		865.
		02222	LSL	5.00	6,602.		6,602.	440.	1,320.
	MACHINE FOR THE NEW REPACK LINE -				05 540		05 540	500	2 640
	P.O# SDFB-R-2021-0005	05152	LSL	7.00	25,543.		25,543.		3,649.
		05272		7.00			54,359.		7,766.
		07212		15.00			2,135.		142.
		09162	JSL	15.00	23,755.		23,755.	1,188.	1,584.
	INSTALLATION & MATERIAL - SORTING	0.04.60		4 - 00			2 252	1.50	222
		09162		15.00			3,350.		223.
		02222	LISL	15.00	17,958.		17,958.	399.	1,197.
	LARGE WAREHOUSE FANS FOR NORTH			4 - 00	0.005		0 005	1.0	405
		05272		15.00			2,805.		187.
		06302			415,085.		415,085.		27,672.
		07010			867,000.		867,000.		43,350.
		07010		15.00			13,717.		914.
		07010		15.00			12,000.		800.
		07010		15.00			29,900.		1,993.
		07010		10.00			6,650.		0.
	UPSTAIRS CARPET	06301	2SL	7.00	11,880.		11,880.		0.
		10151			784,145.		784,145.		52,276.
		03311		15.00			8,079.		539.
		11091		7.00	2,589.		2,589.		0.
		09151		15.00	-		51,172.	-	3,411.
		10151		15.00			1,632,503.		108,834.
		12151		15.00			346,158.		
		01151		15.00			26,368.		1,758.
181	AS BUILTS/MISC PROJECTS	03 15 1	SP	15.00	38,736.		38,736.	16,353.	2,582.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
182		04 15 1		20.00	933,497.		933,497.	291,719.	46,675.
183		06 15 1		15.00	232,439.		232,439.	94,267.	15,496.
195		12 31 1		15.00				513,150.	
		04261	6SL	15.00	9,000.		9,000.	3,101.	
197	SHED	06 17 1	6SL	15.00	14,500.		14,500.	4,835.	967.
	DUCTLESS SPLIT SYSTEM FOR SERVER								
		06 23 1		15.00			5,135.	•	
211		08011		15.00			8,344.	2,734.	556.
214	ROOF WATERLINES	09 27 1	6SL	15.00	6,800.		6,800.	2,152.	453.
	REMOVAL OF DAMAGED LINOLEUM, DRY								
215		02 28 1		15.00	•		8,760.		
		10011		15.00			28,905.		
	VOLUNTEER CENTER CAPITAL IMPROVEMENT			15.00			773,860.		
227		03 05 1		7.00	7,611.		7,611.		
		04021		39.00			16,450.		
		05061		39.00			6,300.		162.
		02122		15.00			5,270.		
262		06302			324,711.		324,711.	21,676.	
265		06 23 2	0SL	15.00	43,948.		43,948.		
	* 990 PAGE 10 TOTAL -				9,947,043.		9,947,043.		774,579.
116		04280		5.00	7,500.		7,500.		0.
143		09301		5.00	4,228.		4,228.		
		10 11 1		5.00	2,069.		2,069.		
_		06011		5.00	30,661.		30,661.		
		07011		5.00	23,218.		23,218.		
		05071		5.00	10,174.		10,174.		
	SECURITY SYSTEM	06 25 1	4SL	5.00	17,272.		17,272.		0.
		08141		3.00	7,560.		7,560.		
		05 31 1		5.00	10,757.		10,757.		
	NEW COMPUTER EQUIPMENT FOR ALL STAFF	06 26 1	8SL	5.00	48,019.		48,019.	28,812.	9,604.
	SERVER CONFIGURATION FOR NEW								
222		06261	8SL	5.00	9,979.		9,979.		
	* 990 PAGE 10 TOTAL -				171,437.		171,437.		13,751.
6	2 DRAWER FILES	07010	7SL	7.00	300.		300.	300.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
7	4 DRAWER LATERAL FILE	070107		7.00	200.		200.	200.	0.
8	4 DRAWER SINGLE FILE	070107		7.00	175.		175.	175.	0.
	DESK - 2	070107		7.00	550.		550.	550.	0.
10	DESK CHAIRS - 2	070107		7.00	400.		400.	400.	0.
11	SIDE CHAIR	070107		7.00	125.		125.	125.	0.
	4 DRAWER FILES - 3	070107		7.00	525.		525.	525.	0.
	5 DRAWER LATERAL FILES - 2	070107		7.00	800.		800.	800.	0.
	DESK - 4	070107		7.00	1,100.		1,100.	1,100.	0.
15	DESK CHAIRS - 5	070107		7.00	1,000.		1,000.	1,000.	0.
	SIDE CHAIRS - 5	070107		7.00	625.		625.	625.	0.
	SMALL CONFERENCE TABLE	070107		7.00	300.		300.	300.	0.
	2 DRAWER LATERAL METAL FILE - 7	070107		7.00	1,050.		1,050.	1,050.	0.
	2 DRAWER LATERAL WOOD FILE CABINET	070107		7.00	150.		150.	148.	0.
	4 DRAWER FILE CABINET - 2	070107		7.00	350.		350.	350.	0.
	DESK CHAIRS - 2	070107		7.00	1,200.		1,200.	1,197.	0.
	DESKS - 5	070107		7.00	1,375.		1,375.	1,372.	0.
	SIDE CHAIRS - 2	070107		7.00	250.		250.	250.	0.
	SMALL CONFERENCE TABLE	070107		7.00	250.		250.	250.	0.
	REFRIGERATOR	070107	SL	7.00	275.		275.	275.	0.
	SIDE CHAIRS - 3	070107		7.00	375.		375.	375.	0.
	5 DRAWER LATERAL FILES - 4	070107		7.00	1,600.		1,600.	1,600.	0.
	FELLOWS 280 SHREDDER	070107		7.00	200.		200.	200.	0.
	TV AND VCR	070107		5.00	600.		600.	600.	0.
	TV CABINET	070107		7.00	1,100.		1,100.	1,100.	0.
	VIDEO CASE	070107		7.00	600.		600.	600.	0.
	CENTRAL PHONE SYSTEM	070107		7.00	1,500.		1,500.	1,498.	0.
	DEK CHAIRS - 2	070107		7.00	400.		400.	400.	0.
	RECEPTION AREA	070107		7.00	1,500.		1,500.	1,498.	0.
	SIDE CHAIRS - 22	070107		7.00	2,750.		2,750.	2,750.	0.
	2 DRAWER LATERAL FILE	070107		7.00	150.		150.	147.	0.
	COUCH	070107		7.00	300.		300.	300.	0.
	DESK	070107		7.00	275.		275.	273.	0.
	DESK CHAIR	070107		7.00	200.		200.	200.	0.
43	SIDE CHAIR	070107	SL	7.00	125.		125.	125.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	5 DRAWER FILE CABINET	070107		7.00	200.		200.	200.	0.
	CHAIRS - 8	070107		7.00	2,000.		2,000.		
	CONFERENCE TABLE	070107		7.00	1,500.		1,500.		
	CREDENZA	070107		7.00	200.		200.		0.
-	DESK	070107		7.00	275.		275.		0.
	4 DRAWER FILE - 3	070107		7.00	525.		525.		0.
	5 DRAWER - 2	070107		7.00	400.		400.		0.
	CHAIRS - 8	070107		7.00	1,600.		1,600.		0.
	CONFERENCE TABLE	070107		7.00	900.		900.		0.
	DESK CHAIRS - 5	070107		7.00	1,000.		1,000.		
	DESKS - 5	070107		7.00	1,375.		1,375.		
	REFRIGERATOR	070107		7.00	275.		275.		0.
	SIDE CHAIRS - 4	070107		7.00	500.		500.	500.	0.
	4 DRAWER FILE CABINET	070107		7.00	175.		175.		0.
	5 DRAWER FILE CABINET - 3	070107		7.00	600.		600.	600.	0.
	DESK	070107		7.00	275.		275.		0.
	DESK CHAIRS - 2	070107		7.00	400.		400.	400.	0.
	4 DRAWER FILE	070107		7.00	175.		175.		0.
	CONFERENCE TABLE	070107		7.00	700.		700.	700.	0.
	REFRIGERATOR	070107		7.00	275.		275.		
	SIDE CHAIRS - 9	070107		7.00	1,125.		1,125.		0.
	COPIER	070107		5.00	3,000.		3,000.		0.
	2 COMPUTERS (D07, D10)	020108		3.00	800.		800.	800.	0.
	3 DELL LAPTOPS	020108	SL	3.00	2,700.		2,700.		
	3 SONY LAPTOPS	020108		3.00	2,700.		2,700.		
	4 COMPUTERS (D19, D18, D11, D20)	020108		3.00	1,600.		1,600.		
	5 IBM LAPTOPS	020108		3.00	4,500.		4,500.		
	PRINTER	020108	SL	5.00	600.		600.	600.	0.
	COMPUTERS - 5 (D6, D22, D23, D14,								
	D27)	020108		3.00	2,000.		2,000.		0.
	PRINTER	020108		5.00	600.		600.	600.	0.
	COMPUTER D-02	020108		3.00	400.		400.	400.	0.
	COMPUTER D25	020108		3.00	400.		400.	400.	0.
78	DELL COLOR PRINTER	020108	SL	5.00	400.		400.	400.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
_	LAPTOP	020108		3.00	900.		900.	900.	0.
		020108		7.00	2,000.		2,000.	2,000.	0.
_	PRINTER	020108		5.00	600.		600.	600.	0.
	2 COMPUTERS (D3, D21)	020108		3.00	800.		800.	800.	0.
	PRINTER	020108		5.00	600.		600.	600.	0.
	SERVERS - 2	020108		3.00	4,000.		4,000.	4,000.	0.
	3 COMPUTERS (D24, D4, D1)	020108		3.00	1,200.		1,200.	1,200.	0.
	PRINTER	020108		5.00	600.		600.	600.	0.
	OFFICE DESK	113008		7.00	1,398.		1,398.	1,398.	0.
	SIGN	071509		7.00	7,256.		7,256.		0.
	TEK WORKS - TELEPHONE SYSTEM	022810		7.00	23,973.		23,973.	23,973.	0.
	SIGN	032510		7.00	5,538.		5,538.	5,538.	0.
	10 4x6 WHITE BOARDS	063010		5.00	500.		500.	500.	0.
	11 2X3 WHITEBOARDS	063010	SL	5.00	165.		165.	165.	0.
	15 4DRW 36" LAT DRK GRAY FILE	0.50010			0 0 0 0 0 0			2 255	
	CABINET	063010		7.00	3,975.		3,975.	3,975.	0.
		063010		5.00	300.		300.	300.	0.
		063010		7.00	700.		700.	700.	0.
133	2 4-DRW 36" LAT BLK FILE CABINET	06 30 10	SL	7.00	530.		530.	530.	0.
101	2 4-DRW VERTICAL DRK GRAY FILE				100		100	4.0.0	
	CABINET	063010		7.00	190.		190.	190.	0.
		063010		7.00	190.		190.	190.	0.
	2 PERSONAL FRIDGE	063010	SL ~-	7.00	390.		390.	390.	0.
		063010		7.00	1,125.		1,125.	1,125.	0.
		063010		5.00	225.		225.	225.	0.
		063010		7.00	50,000.		50,000.	50,000.	0.
		063010		7.00	1,855.		1,855.	1,855.	0.
	GREEN UPHOLSTERED COUCH	063010		7.00	95.		95.	95.	0.
	ICE MACHINE	063010		7.00	196.		196.	196.	0.
	NEW WORKSTATIONS AND DESIGN SERVICES			7.00	18,623.		18,623.	18,620.	0.
	OFFICE FURNITURE	063012		7.00	6,675.		6,675.	6,675.	0.
	WORKSTATIONS	070212		5.00	12,046.		12,046.		0.
	AQUOS BOARD	080113		7.00	7,331.		7,331.	7,331.	0.
174	CUBICLES	120113	SL	7.00	6,799.		6,799.	6,799.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	TABLES & CHAIRS CONFERENCE ROOM	010815	SL	5.00	15,060.		15,060.	15,060.	0.
	SAMSUNG 85" LCD TV FOR VOLUNTEER								
_	CENTER	022217		5.00	8,411.		8,411.		1,122.
	FURNITURE FOR VOLUNTEER CENTER	030817		7.00	12,846.		12,846.		
	VOLUNTEER CENTER RECEPTION DESK	06 30 18	SL	7.00	12,815.		12,815.	5,493.	1,831.
	WORKSTATIONS FOR UHC FEED								
	COORDINATORS	030619		5.00	7,168.		7,168.		
	VOLUNTEER DEPARTMENT WORKSTATIONS	082919	SL	5.00	27,003.		27,003.	9,902.	5,401.
	TABLES AND CHAIRS FOR CONFERENCE								
	ROOM	081719		5.00	12,050.		12,050.		
		06 30 20		5.00	71,180.		71,180.		
246		06 30 20	SL	5.00	10,382.		10,382.		
	* 990 PAGE 10 TOTAL -				394,540.		394,540.		
	1987 FORD L7000 DIESEL 20' TRUCK	070107		5.00	4,000.		4,000.		0.
	2009 PETERBILT 384	072409		10.00	•		117,091.		0.
	2009 26' MORGAN REEFER VAN	082809		10.00			112,217.		0.
	48FT TRAILER	111511		5.00	38,577.		38,577.		0.
	36FT TRAILER	112911		5.00	37,496.		37,496.		0.
	2012 PETERBUILT 384	021512		5.00	140,027.		140,027.		0.
	2015 FORD TRANSIT	050815	SL	5.00	35,015.		35,015.		0.
	HINO TRUCK	062916		5.00	124,494.		124,494.		0.
	2017 KENWORTH TRUCK(SEMI)	092917		7.00	125,032.		125,032.		17,862.
	2019 KENWORTH TRUCK T270	042518		7.00	141,806.		141,806.		20,258.
	2019 TOYOTA SIENNA	052419	SL	5.00	36,401.		36,401.	15,167.	7,280.
	2020 KENWORTH T370 TRUCK FOR NORTH								
	COUNTY	072519		7.00	142,810.		142,810.		
242		09 30 19	SL	7.00	141,962.		141,962.		20,280.
	* 990 PAGE 10 TOTAL -				1,196,928.		1,196,928.		86,081.
	BOX CRUSHER	070107		10.00	•		3,800.		0.
	CROWN ELECTRIC JACK	070107		10.00			2,000.	•	0.
	CROWN FORKLIFTS	070107		10.00			10,500.		0.
	CROWN/DAEWOO JACK	070107		10.00			2,000.		0.
	DOCK PLATE LEVELER	070107		10.00			7,742.		0.
101	FLOOR SWEEPER	070107	SL	10.00	3,000.		3,000.	3,000.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FLOOR WASHER	070107		10.00	•		3,000.	•	0.
	KALAMAR AC	070107		10.00			1,000.		0.
	KALAMAR FORKLIFT	070107		10.00	•		10,800.		0.
	LARGE WEIGH SCALE	070107		10.00			3,000.		0.
	POWER CHARGERS - 2	070107		10.00	•		2,000.		0.
	REFRIGERATION CONTAINERS	070107		10.00	-		20,000.		0.
	REFRIGERATOR UNIT FOR 5 TON TRUCK	070107		10.00			6,034.		0.
	SHRINKWRAP MACHINE	070107		10.00			7,004.		0.
	WEIGH SCALE	070107		10.00	•		1,100.		0.
	YALE ELECTRIC JACK	070107		10.00	=		1,500.		0.
	YALE ELECTRIC JACK	070107		10.00			1,500.		0.
	200 RED BARRELS	110409		10.00			4,800.		0.
_	TENTS	121809		10.00			2,918.		0.
	JOHNSON ELECTRIC PALLET JACK	122909		10.00			3,556.		0.
	RED BARRELS	120110		10.00			13,546.		0.
	COMPRESSOR - C&L	022811		7.00	9,323.		9,323.		0.
	REPACK MACHINE	070112		10.00			65,763.		6,576.
	HYSTER E60XN FORKLIFT	022412		10.00			50,507.		3,364.
	HYSTER E30HSD FORKLIFT	022412		7.00	33,427.		33,427.		0.
	HYSTER FORKLIFT E30HSD2	032812		7.00	35,280.		35,280.		0.
	SCRUBBER	112612		7.00	28,599.		28,599.		0.
	FREEZER & COOLER CONTROL	060513	SL	5.00	9,109.		9,109.		0.
	SCALES	061113	SL	7.00	7,137.		7,137.		0.
	2 HYSTER FORKLIFTS	103113	SL	7.00	21,600.		21,600.		0.
	2 HYSTER MAT LIFTS	111313		7.00	5,400.		5,400.		0.
		082014		7.00	14,452.		14,452.		342.
	9" FORMER FOR REPACK	092414		5.00	3,116.		3,116.		0.
	2014 HYSTER CLASS ELECTRIC LIFT	111714		7.00	33,218.		33,218.		1,980.
	CASCADE ROTOR	112014		7.00	8,111.		8,111.		481.
	COOLER CONTROLS	121714		7.00	1,884.		1,884.		135.
	IN FEEDER	032615		7.00	16,828.		16,828.		1,803.
	TURBO SEPARATOR	032615		7.00	117,973.		117,973.		12,642.
		042115		7.00	4,099.		4,099.		485.
194	MARENT PROPAK 60	053115	SL	7.00	85,078.		85,078.	73,935.	11,143.

(D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
200	AC UNIT WESTSIDE	08 28 15		7.00	7,880.		7,880.	6,568.	1,126.
201	CSFP BOX ASSEMBLY LINE	083115	SL	7.00	14,502.		14,502.	12,086.	2,072.
202	DAEWOO FORKLIFT GC25TT-186	10 15 15	SL	5.00	2,000.		2,000.	2,000.	0.
203	RACKS - NORTH COUNTY	10 15 15		7.00	2,000.		2,000.	1,644.	286.
205	SCALE - NORTH COUNTY	10 15 15	SL	5.00	1,000.		1,000.	1,000.	0.
206	WALKIN FREEZER - NORTH COUNTY	101515	SL	7.00	18,000.		18,000.	14,784.	2,571.
207	CONDENSING UNIT WALK IN COOLER	022616	SL	7.00	49,855.		49,855.	37,984.	7,122.
208	RECYCLE ROOM BINS	03 16 16		7.00	9,945.		9,945.	7,579.	1,421.
209	DIGESTER COMPOSTING SYSTEM	040116	SL	10.00	258,952.		258,952.	135,949.	
213	GRATE MAGNET FOR TURBO SEPARATOR	07 12 16	SL	7.00	6,344.		6,344.	4,530.	906.
224	WALMART GRANT EQUIPMENT	09 19 17	SL	7.00	31,194.		31,194.	16,710.	4,456.
225	WALMART GRANT EQUIPMENT	09 19 17	SL	7.00	30,224.		30,224.	16,192.	4,318.
	VESTIL EPT-2547-30-SCL ELECTRIC								
226	PALLET TRUCK	092917		7.00	5,548.		5,548.	2,973.	793.
	STRETCH WRAPPER	05 15 18		7.00	11,648.		11,648.		1,664.
229	CROWN CHARGER	05 17 18	SL	7.00	5,226.		5,226.	2,303.	747.
232		08 14 18		7.00	11,648.		11,648.		1,664.
233		092818		7.00	34,423.		34,423.	13,523.	4,918.
234	FANS FOR WAREHOUSE AND INSTALLATION	03 19 19		7.00	30,177.		30,177.	9,699.	4,311.
235	CHARGER	022819		7.00	7,154.		7,154.		1,022.
236	SCISSOR LIFT	03 29 19	SL	7.00	19,283.		19,283.	6,198.	2,755.
237	WALK BEHIND SCRUBBER	042319		7.00	13,473.		13,473.	4,170.	1,925.
238		043019		7.00	6,090.		6,090.	1,885.	870.
247	RACKING SYSTEM FOR REFRIGERATOR	083119		7.00	23,929.		23,929.		3,418.
248	J40XN HYSTER	102419		7.00	37,156.		37,156.		5,308.
		102819	SL	7.00	19,802.		19,802.	4,715.	2,829.
	HYSTER W45ZHD SERIAL# C219N04508T -								
250		112219	SL	7.00	42,067.		42,067.	9,516.	6,010.
	FREEZER AND 2 DISPLAY CASE								
		11 25 19	SL	7.00	16,971.		16,971.	3,838.	2,424.
	PALLET WRAP MACHINE - TEFAP TRADE								
	MITIGATIO	123019	SL	7.00	13,484.		13,484.	2,889.	1,926.
	FRIDGE - WARNER SPRINGS - EFAP TRADE								
253	MITIGATI	013120	SL	7.00	10,338.		10,338.	10,338.	0.

⁽D) - Asset disposed

JACOBS & CUSHMAN SAN DIEGO FOOD BANK

Asset No.	Description	Date Acquire	d M	/lethod	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	J40XN HYSTER SERIAL K160NO9310T	0327			7.00	38,881.		38,881.	6,943.	5,554.
		0428	20 SI	<u>ت</u>	7.00	14,190.		14,190.	2,365.	2,027.
	POWER SCRUBBER - SERIAL T16-29553 -									
		0601			7.00	37,982.		37,982.		5,426.
	NEW BALER STEEL CANOPY	06 11	20 SI	<u>ا</u> ا	7.00	10,500.		10,500.	1,625.	1,500.
	OLYMPIC VERTICAL BALER MODEL				_	00 001		00 001		
	V63XHD-20HP	10 30	L9SI	_	7.00	23,091.		23,091.	5,498.	3,299.
	FREEZER AND COOLER CONSTRUCTION -				1 - 00	154 050		154 050	11 100	10 221
		0518			15.00			154,958.	11,192.	10,331.
	BAILER	0624	20 ST	J	7.00	14,894.		14,894.	2,128.	2,128.
	* 990 PAGE 10 TOTAL -	اء مام دار	2002		20 00	1,696,513.		1,696,513.		161,973.
		0226	DART	J	39.00			5,578,840.	1,764,246.	
	* 990 PAGE 10 TOTAL -	اء مام دار				5,578,840.		5,578,840.	1,764,246.	
		0226) Alt			4,378,000.		4,378,000.	•	0.
	* 990 PAGE 10 TOTAL -					4,378,000.		4,378,000.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					23,363,301.		23,363,301.	7,450,856.	1,209,776.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone