Form 990
(Return of Organization Exempt From Income Tax)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A  For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B  Check if applicable:
- [X] Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C  Name and address of principal officer:
- DANIEL SHEA

D  Employer identification number
- 26-0457477

E  Telephone number
- (858) 452-3663

F  Name and address of principal officer

G  Gross receipts
- $67,589,546

H  Is this a group return for subordinates?
- Yes

I  Tax-exempt status
- 501(c)(3)

J  Website:
- WWW.FEEDINGSANDIEGO.ORG

K  Form of organization
- Corporation

L  Year of formation
- 2007

M  State of legal domicile
- CA

Part I
Summary

1  Briefly describe the organization’s mission or most significant activities:

See Schedule O

2  Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3  Number of voting members of the governing body (Part VI, line 1a)
- 3

4  Number of independent voting members of the governing body (Part VI, line 1b)
- 4

5  Total number of individuals employed in calendar year 2019 (Part V, line 2a)
- 5

6  Total number of volunteers (estimate if necessary)
- 6

7  Total unrelated business revenue from Part VIII, column (C), line 12

a  Net unrelated business taxable income from Form 990-T, line 39
- 7b

Part II
Signature Block

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

Sign Here

[ ] Signature of officer
- DANIEL SHEA
- CEO

Date

Print/Type preparer’s name
- CANDACE M RAFFA, CPA

Preparer’s signature

Date

Check [ ] if self-employed
- [ ]

PTIN
- P00534157

Part III
Use Only

Paid Preparer

Firm’s name
- CLIFTONLARSONALLEN LLP

Firm’s EIN
- 41-0746749

Firm’s address
- 2875 MICHELLE STE 300

IRVINE, CA 92606

Phone no.
- (714) 978-1300

May the IRS discuss this return with the preparer shown above? (see instructions)
- [X] Yes

Form 990 (2019)
**Part III Statement of Program Service Accomplishments**

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

1. Briefly describe the organization's mission:

   **CONNECT EVERY PERSON FACING HUNGER WITH NUTRITIOUS MEALS BY MAXIMIZING FOOD RESCUE.**

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

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

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

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

4. Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $54,871,229, including grants of $445,395) (Revenue $122,937)

   SEE SCHEDULE O

4b (Code: ) (Expenses $, including grants of $) (Revenue $)

4c (Code: ) (Expenses $, including grants of $) (Revenue $)

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

   (Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $54,871,229.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</strong></td>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</strong></td>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</strong></td>
<td>3</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</strong></td>
<td>4</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</strong></td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</strong></td>
<td>6</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</strong></td>
<td>7</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</strong></td>
<td>8</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?</strong></td>
<td>9</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization obtain separate, independent audited financial statements for the tax year?</strong></td>
<td>10</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>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?</td>
<td>11b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>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?</td>
<td>11c</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>11d</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>11e</td>
<td>X</td>
</tr>
<tr>
<td><strong>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?</strong></td>
<td>11f</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization obtain separate, independent audited financial statements for the tax year?</strong></td>
<td>12a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Is the organization a school described in section 170(b)(1)(A)(ii)?</strong></td>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td><strong>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</strong></td>
<td>14b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td>15</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td>16</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td>17</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</strong></td>
<td>18</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</strong></td>
<td>19</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization operate one or more hospital facilities?</strong></td>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>20b</td>
<td></td>
</tr>
<tr>
<td><strong>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?</strong></td>
<td>21</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**FEEDING SAN DIEGO 26-0457477**
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td>22 X</td>
</tr>
<tr>
<td>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 Schedule J.</td>
<td></td>
<td>23 X</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If ‘Yes,’ answer lines 24b through 24d and complete Schedule K. If ‘No,’ go to line 25a.</td>
<td></td>
<td>24a X</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>24b</td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td>24c</td>
</tr>
<tr>
<td>d Did the organization act as an ‘on behalf of’ issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td>24d</td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I.</td>
<td></td>
<td>25a X</td>
</tr>
<tr>
<td>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 Schedule L, Part I.</td>
<td></td>
<td>25b X</td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If ‘Yes,’ complete Schedule L, Part II.</td>
<td></td>
<td>26 X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>27 X</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I instructions, for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ‘Yes,’ complete Schedule L, Part IV.</td>
<td></td>
<td>28a X</td>
</tr>
<tr>
<td>b A family member of any individual described in line 28a? If ‘Yes,’ complete Schedule L, Part IV.</td>
<td></td>
<td>28b X</td>
</tr>
<tr>
<td>c 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.</td>
<td></td>
<td>28c</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If ‘Yes,’ complete Schedule M.</td>
<td></td>
<td>29 X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ‘Yes,’ complete Schedule M.</td>
<td></td>
<td>30 X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If ‘Yes,’ complete Schedule N, Part I.</td>
<td></td>
<td>31 X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If ‘Yes,’ complete Schedule N, Part II.</td>
<td></td>
<td>32 X</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If ‘Yes,’ complete Schedule R, Part I.</td>
<td></td>
<td>33 X</td>
</tr>
<tr>
<td>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 I.</td>
<td></td>
<td>34 X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>35a X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>35b</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If ‘Yes,’ complete Schedule R, Part V, line 2.</td>
<td></td>
<td>36 X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If ‘Yes,’ complete Schedule R, Part VI.</td>
<td></td>
<td>37 X</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>38 X</td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td></td>
<td>1a</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td></td>
<td>1b</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td>1c X</td>
</tr>
</tbody>
</table>

Form 990 (2019) FEEDING SAN DIEGO 26-0457477 Page 4
**Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>2b</td>
</tr>
<tr>
<td><strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>3a</td>
</tr>
<tr>
<td>b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O</td>
<td></td>
<td>3b</td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, an account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td>4a</td>
</tr>
<tr>
<td>b If 'Yes,' enter the name of the foreign country.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>5a</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>5b</td>
</tr>
<tr>
<td>c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td>5c</td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td>6a</td>
</tr>
<tr>
<td>b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>6b</td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td></td>
<td>7a</td>
</tr>
<tr>
<td>b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td>7b</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>7c</td>
</tr>
<tr>
<td>d If 'Yes,' indicate the number of Forms 8282 filed during the year.</td>
<td></td>
<td>7d</td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>7e</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>7f</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>7g</td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td>7h</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td>9a</td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>9b</td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td></td>
<td>10b</td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders.</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>12a</td>
</tr>
<tr>
<td>b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.</td>
<td></td>
<td>12b</td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>13a</td>
</tr>
<tr>
<td><strong>Note:</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.</td>
<td></td>
<td>13b</td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand.</td>
<td></td>
<td>13c</td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>14a</td>
</tr>
<tr>
<td>b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.</td>
<td></td>
<td>14b</td>
</tr>
<tr>
<td>15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>If 'Yes,' see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>If 'Yes,' complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year.  
   a. Enter the number of voting members included on line 1a, above, who are independent.  
   1a 1b

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
   2

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  
   3

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  
   4

5. Did the organization become aware during the year of a significant diversion of the organization's assets?  
   5

6. Did the organization have members or stockholders?  
   6

7. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  
   7a
   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

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
   a. The governing body?  
   8a
   b. Each committee with authority to act on behalf of the governing body?  
   8b

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?  
   If 'Yes,' provide the names and addresses on Schedule O. See instructions.  
   9

Section B. Policies

10. Did the organization have local chapters, branches, or affiliates?  
   a. If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  
   10a
   b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
   10b

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
   11a

12. Did the organization have a written conflict of interest policy?  
   a. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
   12a
   b. Did the organization regularly and consistently monitor and enforce compliance with the policy?  
   12c

13. Did the organization have a written whistleblower policy?  
   13

14. Did the organization have a written document retention and destruction policy?  
   14

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
   a. The organization's CEO, Executive Director, or top management official?  
   15a
   b. Other officers or key employees of the organization?  
   15b

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
   a. If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  
   16a
   b. If 'Yes,' did the organization follow a written policy or procedure requiring the organization to participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  
   16b

Section C. Disclosure

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

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
   [X] Own website  [X] Other (explain on Schedule O)

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

20. State the name, address, and telephone number of the person who possesses the organization's books and records  
   HANEY HONG 9477 WAPLES STREET, SUITE 100 SAN DIEGO CA 92121 (858) 452-3663
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>VINCE HALL</td>
<td>50</td>
<td>CEO</td>
<td>0</td>
<td>221,748.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CMO</td>
<td>0</td>
<td>151,007.</td>
<td>0</td>
</tr>
<tr>
<td>(2)</td>
<td>GAVON MORRIS</td>
<td>50</td>
<td>CMO</td>
<td>0</td>
<td>125,754.</td>
<td>0</td>
</tr>
<tr>
<td>(3)</td>
<td>ALICIA ROSENBAUM</td>
<td></td>
<td>COO</td>
<td>0</td>
<td>103,606.</td>
<td>0</td>
</tr>
<tr>
<td>(4)</td>
<td>DENISE GURULE</td>
<td>2</td>
<td>CFO</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5)</td>
<td>SANDY MCDONOUGH</td>
<td></td>
<td>VICE CHAIR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6)</td>
<td>JODI SMITH</td>
<td>2</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7)</td>
<td>TOM TAYLOR</td>
<td>2</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8)</td>
<td>GWENDOLYN SONTHEIM</td>
<td></td>
<td>CHAIRMAN</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9)</td>
<td>EUGENE CHEN</td>
<td>2</td>
<td>SECRETARY</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10)</td>
<td>JON BUNETA</td>
<td>2</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11)</td>
<td>LUIS ESTRADA</td>
<td>2</td>
<td>DIRECTOR 1/2020</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12)</td>
<td>AMINDRA WIJAY</td>
<td>2</td>
<td>DIRECTOR 2/2020</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13)</td>
<td>KEVIN LIMBACH</td>
<td>2</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14)</td>
<td>HANEY HONG</td>
<td>2</td>
<td>TREASURER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVE NETZLEY</td>
<td>2</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>SHARI SAPP</td>
<td>2</td>
<td>DIRECTOR</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA ASSN OF FOOD BANKS 1624 FRANKLIN ST, SUITE 722 OAKLAND, CA</td>
<td>PRODUCE VENDOR</td>
<td>1,160,262.</td>
</tr>
<tr>
<td>CLPE - PACIFIC TECHNOLOGY PARK PO BOX 722 PASADENA, CA 91189</td>
<td>BUILDING LEASE</td>
<td>682,743.</td>
</tr>
<tr>
<td>THE FOOD EXCHANGE, LLC 5650 EL CAMINO REAL SUITE 235 CARLSBAD, CA 92</td>
<td>PURCHASED FOOD VENDOR</td>
<td>687,104.</td>
</tr>
<tr>
<td>TOP NOTCH CATERING 1655 BROADWAY, UNIT 12 CHULA VIST, CA 91911</td>
<td>SCHOOL MEAL VENDOR</td>
<td>878,488.</td>
</tr>
<tr>
<td>FEEDING AMERICA-CHICAGO 1601 PAYSHERE CIRCLE CHICAGO, IL 60674</td>
<td>FOOD NETWORK</td>
<td>541,369.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 17
### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII: [ ]

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td>908,431.</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td>66,551,914.</td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td>46,635,000.</td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td><strong>67,460,345.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a <strong>SHARED MAINTENANCE FEES</strong></td>
<td>122,937.</td>
</tr>
<tr>
<td></td>
<td>122,937.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b <strong>Total. Add lines 2a-2f</strong></td>
<td>122,937.</td>
</tr>
</tbody>
</table>

| 3 Investment income (including dividends, interest, and other similar amounts) | 2,454. |
| 4 Income from investment of tax-exempt bond proceeds      | 2,454. |
| 5 Royalties                                              | 2,454. |

| 6a Gross rents                                           | 6a             |
| 6b Less: rental expenses                                 | 6b             |
| 6c Rental income or (loss)                               | 6c             |
| **d Net rental income or (loss)**                        | **692,968.**   |

| 7a Gross amount from sales of assets other than inventory | 7a             |
| 7b Less: cost or other basis and sales expenses          | 7b             |
| 7c Gain or (loss)                                        | 7c             |
| **d Net gain or (loss)**                                 | **692,968.**   |

| 8a Gross income from fundraising events (not including $ of contributions reported on line 1c) | 8a             |
| 8b Less: direct expenses                                 | 8b             |
| **c Net income or (loss) from fundraising events**      | **692,968.**   |

| 9a Gross income from gaming activities.                  | 9a             |
| 9b Less: direct expenses                                 | 9b             |
| **c Net income or (loss) from gaming activities**        | **692,968.**   |

| 10a Gross sales of inventory, less returns and allowances | 10a            |
| 10b Less: cost of goods sold                              | 10b            |
| **c Net income or (loss) from sales of inventory**       | **692,968.**   |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a <strong>OTHER INCOME</strong></td>
<td>3,810.</td>
</tr>
<tr>
<td></td>
<td>3,810.</td>
</tr>
</tbody>
</table>

| **11b** | **11c** | **11d** | **11e** |

| 11b **Total. Add lines 11a-11d**                         | 3,810.        |

| 12 **Total revenue. See instructions**                   | 67,503,078.   |
|                                                           | 122,937.      |
|                                                           | 0.            |
|                                                           | **-80,204.**  |

**BAA**

**TEEA0109L  07/31/19**

**Form 990 (2019) **

**FEEDING SAN DIEGO 26-0457477**

**26-0457477**

**Page 9**
<table>
<thead>
<tr>
<th>Part IX</th>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members.</td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>629,129.</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B)).</td>
<td>0.</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>2,756,546.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).</td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>432,153.</td>
</tr>
<tr>
<td>10 Payroll taxes.</td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>306,848.</td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>37,436.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>785,970.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>100,626.</td>
</tr>
<tr>
<td>14 Information technology.</td>
<td></td>
</tr>
<tr>
<td>15 Royalties.</td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>612,736.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>40,833.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings.</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates.</td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>259,596.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>58,423.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
</tr>
<tr>
<td>a FOOD DISTRIBUTION</td>
<td>46,612,649.</td>
</tr>
<tr>
<td>c TRANSPORTATION AND FREIGHT</td>
<td>472,866.</td>
</tr>
<tr>
<td>d PROGRAMS</td>
<td>463,096.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>1,267,585.</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>Beginning of year</th>
<th></th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>1,928,240.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3,674,600.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>22,968.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>804,333.</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>194,393.</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis.</td>
<td>3,011,319.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,276,927.</td>
<td>10c</td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>60,670.</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>7,244,802.</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>532,812.</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>3,000,000.</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td>648,500.</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
<td>62,450.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>3,595,262.</td>
<td>26</td>
</tr>
</tbody>
</table>

**Assets**

**Liabilities**

**Net Assets or Fund Balances**

Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

<table>
<thead>
<tr>
<th></th>
<th>Net assets without donor restrictions</th>
<th>2,808,829.</th>
<th>27</th>
<th>12,160,794.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets with donor restrictions</td>
<td>840,711.</td>
<td>28</td>
<td>440,704.</td>
</tr>
<tr>
<td>28</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>3,649,540.</td>
<td>32</td>
<td>12,601,498.</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>7,244,802.</td>
<td>33</td>
<td>15,606,371.</td>
</tr>
</tbody>
</table>
Part XI  Reconciliation of Net Assets

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

1  Total revenue (must equal Part VIII, column (A), line 12) ................................................................. 1  67,503,078.
2  Total expenses (must equal Part IX, column (A), line 25) ................................................................. 2  58,551,120.
3  Revenue less expenses. Subtract line 2 from line 1 ................................................................. 3  8,951,958.
4  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ................................................................. 4  3,649,540.
5  Net unrealized gains (losses) on investments ........................................................................... 5
6  Donated services and use of facilities ......................................................................................... 6
7  Investment expenses ............................................................................................................... 7
8  Prior period adjustments ........................................................................................................ 8
9  Other changes in net assets or fund balances (explain on Schedule O) ................................................................. 9  0.
10  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ................................................................. 10  12,601,498.

Part XII  Financial Statements and Reporting

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

1  Accounting method used to prepare the Form 990:  [ ] Cash  [x] Accrual  [ ] Other ................................................................. Yes  No

   If the organization changed its method of accounting from a prior year or checked ‘Other,’ explain in Schedule O.

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 on a separate basis, consolidated basis, or both:
   [ ] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis

   X Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis

2b  Were the organization’s financial statements audited by an independent accountant? ................................................................. 2b  X

   If ‘Yes,’ check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   [ ] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis

   X Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis

2c  If ‘Yes’ to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ................................................................. 2c  X

   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ................................................................. 3a  X

   If ‘Yes,’ did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ................................. 3b
### Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of a public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)</td>
<td>42570926.</td>
<td>47592255.</td>
<td>53592487.</td>
<td>50789545.</td>
<td>67460345.</td>
<td>262005558.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>42570926.</td>
<td>47592255.</td>
<td>53592487.</td>
<td>50789545.</td>
<td>67460345.</td>
<td>262005558.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12,030,678.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>42570926.</td>
<td>47592255.</td>
<td>53592487.</td>
<td>50789545.</td>
<td>67460345.</td>
<td>262005558.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>81.</td>
<td>84.</td>
<td>892.</td>
<td>2,818.</td>
<td>2,454.</td>
<td>6,329.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE PART VI</td>
<td>10,380.</td>
<td>6,509.</td>
<td>4,767.</td>
<td>37,185.</td>
<td>3,810.</td>
<td>62,651.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>249974880.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>741,351.</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td>95.38 %</td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td>95.67 %</td>
<td></td>
</tr>
</tbody>
</table>

16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

16b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the ‘facts-and-circumstances’ test, check this box and stop here. Explain in Part VI how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization.

17b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the ‘facts-and-circumstances’ test, check this box and stop here. Explain in Part VI how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total.</strong> Add lines 1 through 5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support.</strong> (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Add lines 10a and 10b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support.</strong> (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2018 Schedule A, Part III, line 15.</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2018 Schedule A, Part III, line 17.</td>
</tr>
<tr>
<td>19a</td>
<td>33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
</tr>
<tr>
<td>19b</td>
<td>33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</td>
</tr>
</tbody>
</table>
**Part IV Supporting Organizations**

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

### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2 Did the organization have any supported organization that does not have an IRS determination of status under section 501(c)(3) and 509(a)(1) or (2)? If ‘Yes,’ explain in Part VI how the organization determined that the supported organization was described in section 501(c)(3) or (2).</td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If ‘Yes,’ answer (b) and (c) below.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (‘foreign supported organization’)? If ‘Yes’ and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If ‘Yes,’ answer (b) and (c) below (if applicable). Also, provide detail in 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).</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time of 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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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 10b below.</td>
</tr>
<tr>
<td>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.)</td>
</tr>
</tbody>
</table>
### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? **Yes** **No**

   a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? **Yes** **No**

   b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the supported organization(s) would have been engaged in? **Yes** **No**

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? **Yes** **No**

   a. Did substantially all of the organization's activities directly further the exempt purposes of the supported organization(s) to which the organization was responsive? **Yes** **No**

   b. Did the activities described in (a) constitute activities that for the organization's involvement, one or more of the supported organization(s) would have been engaged in? **Yes** **No**

### Section C. Type II Supporting Organizations

1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? **Yes** **No**

   a. Did the organization have the power to regulate the policies, programs, or activities of each of its supported organizations? **Yes** **No**

   b. If 'Yes,' describe how providing such control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s). **Yes** **No**

### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? **Yes** **No**

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? **Yes** **No**

   a. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? **Yes** **No**

### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **see instructions**.

   a. The organization satisfied the Activities Test. Complete line 2 below. **Yes** **No**

   b. The organization is the parent of each of its supported organizations. Complete line 3 below. **Yes** **No**

   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity **see instructions**. **Yes** **No**

2. Activities Test. **Answer (a) and (b) below.**

   a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? **Yes** **No**

   b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the supported organization(s) would have been engaged in? **Yes** **No**

3. Parent of Supported Organizations. **Answer (a) and (b) below.**

   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. **Yes** **No**

   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? **Yes** **No**

   c. If 'Yes,' describe in Part VI the role played by the organization in this regard. **Yes** **No**
**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**Part V**

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

### Section A — Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B — Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C — Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
**Part V**  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in <strong>Part VI</strong>). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in <strong>Part VI</strong>). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015 ......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016 ......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017 ......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018 ......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019 ......</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PART II, LINE 10 - OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>$3,810</td>
<td>$37,185</td>
<td>$4,767</td>
<td>$6,509</td>
<td>$10,380</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3,810</td>
<td>$37,185</td>
<td>$4,767</td>
<td>$6,509</td>
<td>$10,380</td>
</tr>
</tbody>
</table>

(See instructions.)
# Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

## Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

### Name of the organization

**FEEDING SAN DIEGO**

### Employer identification number

26-0457477

### Organization type (check one):

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

### Filers of:

Filers of: Section:

- **Form 990 or 990-EZ**
  - X 501(c)(3) (enter number) organization

### Special Rules

- For an organization described in section 501(c)(3) 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, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling $5,000 or more during the year.

### General Rule

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

### Check if your organization is covered by the General Rule or a Special Rule.

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

### Caution:

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

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AQUALIA FOUNDATION</td>
<td>$5,006,718</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>PO BOX 7157</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>RANCHO SANTA FE, CA 92067</td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
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</tr>
</tbody>
</table>

FEEDING SAN DIEGO 26-0457477

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)  BAA
### 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 information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

Use $ for less than $1,000, N/A for $0, and if none.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
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<th>Description of how gift is held</th>
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<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
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<tr>
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<th>Relationship of transferor to transferee</th>
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<th>Use of gift</th>
<th>Description of how gift is held</th>
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<th>Use of gift</th>
<th>Description of how gift is held</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
</table>

**FEEDING SAN DIEGO 26-0457477**

Name of organization

Employer identification number 26-0457477

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
**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 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**2019**

**G** Complete if the organization is described below.

**G** Attach to Form 990 or Form 990-EZ. Open to Public Inspection

**Department of the Treasury**

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

**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 organization**

**Employer identification number**

<table>
<thead>
<tr>
<th>Part I-A</th>
<th>Complete if the organization is exempt under section 501(c) or is a section 527 organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities')</td>
</tr>
<tr>
<td>2</td>
<td>Political campaign activity expenditures (see instructions)</td>
</tr>
<tr>
<td>3</td>
<td>Volunteer hours for political campaign activities (see instructions).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part I-B</th>
<th>Complete if the organization is exempt under section 501(c)(3).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount of any excise tax incurred by the organization under section 4955.</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of any excise tax incurred by organization managers under section 4955.</td>
</tr>
<tr>
<td>3</td>
<td>If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</td>
</tr>
<tr>
<td>4</td>
<td>a Was a correction made?</td>
</tr>
<tr>
<td>5</td>
<td>b If 'Yes,' describe in Part IV.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part I-C</th>
<th>Complete if the organization is exempt under section 501(c), except section 501(c)(3).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount directly expended by the filing organization for section 527 exempt function activities.</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.</td>
</tr>
<tr>
<td>3</td>
<td>Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.</td>
</tr>
<tr>
<td>4</td>
<td>Did the filing organization file Form 1120-POL for this year?</td>
</tr>
<tr>
<td>5</td>
<td>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter 0.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(4)</td>
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<tr>
<td>(5)</td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

B  Check □ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization's totals</td>
<td>Affiliated group totals</td>
</tr>
</tbody>
</table>

1. a  Total lobbying expenditures to influence public opinion (grassroots lobbying).
   b  Total lobbying expenditures to influence a legislative body (direct lobbying).
   c  Total lobbying expenditures (add lines 1a and 1b).
   d  Other exempt purpose expenditures.
   e  Total exempt purpose expenditures (add lines 1c and 1d).
   f  Lobbying nontaxable amount. Enter the amount from the following table in both columns.

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

| g  Grassroots nontaxable amount (enter 25% of line 1f). |
| h  Subtract line 1g from line 1a. If zero or less, enter -0-. |
| i  Subtract line 1f from line 1c. If zero or less, enter -0-. |

j  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? □ Yes □ No

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

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>28,942.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

### Part IV
Supplemental Information

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

---

### PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

MEETING WITH ELECTED OFFICIALS AND THEIR STAFF MEMBERS IN SAN DIEGO, SACRAMENTO, AND WASHINGTON, DC, TO DISCUSS HUNGER RELIEF EFFORTS AND RELATED ISSUES.

### PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

SALARY/BENEFIT EXPENSE FOR CEO AND DIRECTOR OF PROGRAMS, CONSULTANT COSTS FOR ADVOCACY, AND TRAVEL & ENTERTAINMENT COSTS FOR MEETINGS WITH ELECTED OFFICIALS.
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

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 funds are the organization's property, subject to the organization's exclusive legal control?
6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure
2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4. Number of states where property subject to conservation easement is located
5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2a. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange program
   e  Other

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

5  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

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

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
</table>
|注意：列2a、2b和2c的百分比之和应等于100%。

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

1a  Beginning of year balance.
1b  Contributions.
1c  Net investment earnings, gains, and losses.
1d  Grants or scholarships.
1e  Other expenditures for facilities and programs.
1f  Administrative expenses.
1g  End of year balance.

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a  Board designated or quasi-endowment
   b  Permanent endowment
   c  Term endowment

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

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

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

Part VI  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b  Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c  Leasehold improvements</td>
<td>374,580.</td>
<td>223,559.</td>
<td>151,021.</td>
<td></td>
</tr>
<tr>
<td>1d  Equipment</td>
<td>1,776,544.</td>
<td>927,899.</td>
<td>848,645.</td>
<td></td>
</tr>
<tr>
<td>1e  Other</td>
<td>860,195.</td>
<td>125,469.</td>
<td>734,726.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (A)                                                               |                |                                                          |
| (B)                                                               |                |                                                          |
| (C)                                                               |                |                                                          |
| (D)                                                               |                |                                                          |
| (E)                                                               |                |                                                          |
| (F)                                                               |                |                                                          |
| (G)                                                               |                |                                                          |
| (H)                                                               |                |                                                          |
| (I)                                                               |                |                                                          |

**Total.** (Column (b) must equal Form 990, Part X, column (B) line 12.)

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
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<tr>
<td>(7)</td>
<td></td>
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</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, column (B) line 13.)

**Part IX Other Assets.**
Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<td>(5)</td>
<td></td>
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<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, column (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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) DEFERRED RENT</td>
<td>20,070</td>
</tr>
</tbody>
</table>

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

See Part XIII. **[X]**
<table>
<thead>
<tr>
<th>Part XI</th>
<th>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII</th>
<th>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XIII</th>
<th>Supplemental Information.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART X - FASB ASC 740 FOOTNOTE**

The organization accounts for the provisions of FASB ASC 740-10-25 (formerly FASB Interpretation No. 48, “Accounting for Uncertainty in Income Taxes” (“FIN 48”)) and under these provisions, an organization must recognize the tax benefit associated with tax taken for tax return purposes when it is more likely than not the position will be sustained. The organization does not believe there are any material uncertain tax positions and, accordingly, it has not recognized any liability for unrecognized tax benefits or any related interest or penalties. The organization’s
PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

2016 TO 2018 TAX YEARS ARE OPEN TO REVIEW FOR FEDERAL TAX PURPOSES AND 2015 TO 2018 TAX YEARS ARE OPEN TO REVIEW FOR STATE INCOME TAX PURPOSES.

SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENTS........................................................................................................................................ $ 86,468.

TOTAL $ 86,468.

SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS........................................................................................................................................ $ 86,468.

TOTAL $ 86,468.
**Fundraising Activities.** Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. 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 [X] No 
   - 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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUESENSE</td>
<td>DIRECT MAIL</td>
<td>Yes</td>
<td>X</td>
<td>819,066.</td>
<td>306,848.</td>
</tr>
<tr>
<td>155 COMMERCE DRIVE FREEDOM PA 15042</td>
<td>DIRECT MAIL</td>
<td>Yes</td>
<td>X</td>
<td>819,066.</td>
<td>306,848.</td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
   - CA

   - Additional states listed...

---

**Name of the organization:** FEEDING SAN DIEGO

**Employer identification number:** 26-0457477

---

**OMB No. 1545-0047**

**Open to Public Inspection**
### Fundraising Events

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

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add column (a) through column (c))</td>
</tr>
</tbody>
</table>

- **Gross receipts**
- **Less: Contributions**
- **Gross income (line 1 minus line 2)**
- **Cash prizes**
- **Noncash prizes**
- **Rent/facility costs**
- **Food and beverages**
- **Entertainment**
- **Other direct expenses**

**Direct expense summary.** Add lines 4 through 9 in column (d).

**Net income summary.** Subtract line 10 from line 3, column (d).

### Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Volunteer labor.**

- **Yes**
- **No**

**Direct expense summary.** Add lines 2 through 5 in column (d).

**Net gaming income summary.** Subtract line 7 from line 1, column (d).

**Enter the state(s) in which the organization conducts gaming activities:**

- **Is the organization licensed to conduct gaming activities in each of these states?**
- **Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?**
Does the organization conduct gaming activities with nonmembers?  

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?

Indicate the percentage of gaming activity conducted in:

- The organization's facility
- An outside facility

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

- Name
- Address

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

If 'Yes,' enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party:

- Name
- Address

Gaming manager information:

- Name
- Gaming manager compensation
- Description of services provided

Mandatory distributions:

a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
### Part I General Information on Grants and Assistance

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

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

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SAN DIEGO RESCUE MISSION</td>
<td>95-1874073</td>
<td></td>
<td>27,317.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>120 ELM STREET SAN DIEGO, CA 92101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) STEPPING HIGHER</td>
<td>01-0819805</td>
<td></td>
<td>28,305.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>7313 UNIVERSITY AVE 201 LA MESA, CA 91942</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) JEWISH FAMILY SERVICES OF SD</td>
<td>95-1644024</td>
<td></td>
<td>26,436.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>8804 BALBOA AVE SAN DIEGO, CA 92123</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) RONALD MCDONALD HOUSE CHARITY</td>
<td>95-3251490</td>
<td></td>
<td>22,472.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>2929 CHILDREN'S WAY SAN DIEGO, CA 92123</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) TEBI CAMPUS OF LIFE</td>
<td>95-3532129</td>
<td></td>
<td>8,990.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>251 AIRPORT RD OCEANSIDE, CA 92058</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) COMMUNITY THROUGH HOPE</td>
<td>82-4406308</td>
<td></td>
<td>31,875.</td>
<td>0.</td>
<td></td>
<td>STARBUCKS FOOD SERVICE PILOT GRANT</td>
<td></td>
</tr>
<tr>
<td>145 C STREET CHULA VISTA, CA 91910</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) IMPERIAL VALLEY FOOD BANK</td>
<td>33-0633364</td>
<td></td>
<td>300,000.</td>
<td>0.</td>
<td></td>
<td>DISASTER RELIEF</td>
<td></td>
</tr>
<tr>
<td>486 W ATEN RD IMPERIAL, CA 92251</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **7**

3. Enter total number of other organizations listed in the line 1 table: **0**
### Grants and Other Assistance to Domestic Individuals

Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Supplemental Information

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

Questions Regarding Compensation

1. 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)

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

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

3. Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
   - [ ] Compensation committee
   - [ ] 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 organization or a related organization:
   - [ ] Receive a severance payment or change-of-control payment?
   - [ ] Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   - [ ] Participate in, or receive payment from, an equity-based compensation arrangement?

   If ‘Yes’ to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
   - [ ] The organization?
   - [ ] Any related organization?

   If ‘Yes’ on line 5a or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
   - [ ] The organization?
   - [ ] Any related organization?

   If ‘Yes’ on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2019
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINCE HALL CEO</td>
<td>(i) 203,708. (ii) 0. (iii) 18,040. 0. 0. 0. 221,748. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAVON MORRIS CDMO</td>
<td>(i) 141,987. (ii) 0. 0. 0. 0. 0. 151,007. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA
Part II, Line 3 - Methods Used by Related Org. to Establish CEO/Exec. Dir. Compensation

The position of Chief Executive Officer is determined by the Board of Directors by independent vote. The salary is recommended by the Executive Committee and approved by vote by the Board of Directors.
**SCHEDULE M (Form 990) 2019**

**Noncash Contributions**

- 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**: FEEDING SAN DIEGO

**Employer identification number**: 26-0457477

### Part I: Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art — Works of art.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art — Historical treasures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art — Fractional interests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities — Publicly traded.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities — Closely held stock.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities — Partnership, LLC, or trust interests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities — Miscellaneous.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution — Historic structures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution — Other.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate — Residential.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate — Commercial.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate — Other.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory.</td>
<td>X</td>
<td>46,635,000. $1.62/LB</td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30b If 'Yes,' describe the arrangement in Part II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32b If 'Yes,' describe in Part II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule M (Form 990) 2019
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

FEEDING SAN DIEGO IS ON A MISSION TO CONNECT EVERY PERSON FACING HUNGER WITH NUTRITIOUS MEALS BY MAXIMIZING FOOD RESCUE. THROUGH DIRECT SERVICE AND COMMUNITY PARTNERSHIPS, FEEDING SAN DIEGO PROVIDES MORE THAN 26 MILLION MEALS EACH YEAR TO CHILDREN, FAMILIES, AND SENIORS IN NEED.

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

PROGRAM SERVICES

FEEDING SAN DIEGO SERVES PEOPLE FACING HUNGER THROUGH MULTIPLE INITIATIVES AND PROGRAMS, EACH FOCUSING ON A DISTINCT POPULATION, TO SUPPORT AN OVERARCHING VISION OF A HUNGER-FREE AND HEALTHY SAN DIEGO.

FEEDING FAMILIES INITIATIVE:

THROUGH THE FEEDING FAMILIES INITIATIVE, FEEDING SAN DIEGO WORKS TO PROVIDE HEALTHY MEALS TO FAMILIES ACROSS THE COUNTY THROUGH PARTNER AGENCIES WHO OPERATE THEIR HUNGER-RELIEF PROGRAMS, AS WELL AS DIRECT-TO-CLIENT DISTRIBUTIONS IN RURAL AND URBAN AREAS.

PARTNER AGENCIES: FEEDING SAN DIEGO WORKS CLOSELY WITH MORE THAN 150 PARTNER AGENCIES TO PROVIDE FOOD AND RESOURCES TO INDIVIDUALS AND FAMILIES ACROSS SAN DIEGO. ACCORDING TO RESEARCH CONDUCTED BY FEEDING AMERICA, 26 PERCENT OF THOSE SERVED BY OUR PARTNER AGENCIES ARE UNDER THE AGE OF 18 AND 10 PERCENT ARE UNDER THE AGE OF FIVE. IN SAN DIEGO, 10 PERCENT OF THOSE SERVED BY OUR PARTNERS, OR APPROXIMATELY 5,000 INDIVIDUALS EACH WEEK, ARE OVER THE AGE OF 60.

PARTNER AGENCIES ARE HELD TO A STRICT SET OF GUIDELINES AND GOVERNING PROCEDURES THAT ENSURE FOOD IS DISTRIBUTED SAFELY IN ACCORDANCE WITH STATE AND FEDERAL LAWS. FEEDING SAN DIEGO WORKS TO BUILD THE CAPACITY OF OUR NETWORK IN THE AREAS OF SAFE AND EFFECTIVE DISTRIBUTION OF NUTRITIOUS FOODS, ADVOCACY, AND CALFRESH OUTREACH. THIS INCLUDES LIMITED CASH AND IN-KIND GRANTS TO PARTNER AGENCIES TO BUILD THEIR
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DISTRIBUTIONS AND ABILITY TO ADDRESS THE NEEDS OF MORE PEOPLE IN A DIGNIFIED AND FOOD-SAFE MANNER.

MOBILE PANTRY PROGRAM: THE MOBILE PANTRY PROGRAM REACHES PREDOMINANTLY RURAL AREAS, ESPECIALLY IN THE NORTH AND EAST COUNTY REGIONS, WHICH LACK ACCESS TO AFFORDABLE GROCERIES. THE MOBILE PANTRY PROGRAM DELIVERS FOOD TO UNDERSERVED NEIGHBORHOODS THAT HAVE A HIGH INCIDENCE OF POVERTY AND LACK CONSISTENT ACCESS TO FULL-SERVICE GROCERY STORES OR OTHER SOURCES OF FRESH, HEALTHY FOOD. THE FOOD DELIVERED BY THIS UNIQUE RESOURCE HELPS A WIDE VARIETY OF INDIVIDUALS - SENIORS, THOSE HOMEBOUND AND ISOLATED BY AGE OR ILLNESS, AND MIGRANT FARMWORKERS AND THEIR FAMILIES, AMONG MANY OTHERS.

COLLEGE PARTNERSHIPS PROGRAM: ACCORDING TO A RECENT STUDY AT 70 COMMUNITY COLLEGES, 56 PERCENT OF STUDENTS EXPERIENCED FOOD INSECURITY AND OTHER ECONOMIC HARDSHIPS. THROUGH THE COLLEGE PARTNERSHIPS PROGRAM, FEEDING SAN DIEGO PROVIDES HIGHER-EDUCATION CAMPUSES WITH AN ASSORTMENT OF FRESH FRUITS AND VEGETABLES FOR FREE MONTHLY FARMER’S MARKET DISTRIBUTIONS. THE PROGRAM BRINGS FOOD DIRECTLY TO CAMPUSES SO STUDENTS AND THEIR FAMILIES CAN STRETCH THEIR FOOD DOLLARS WHILE AVOIDING STOPS AT MULTIPLE LOCATIONS TO MEET THEIR FOOD NEEDS. CAMPUS PARTNERS ARE ALSO ELIGIBLE TO PARTICIPATE IN OUR FOOD RESCUE NETWORK, WHICH MATCHES PARTNERS WITH LOCAL STORES TO PICK UP AND DISTRIBUTE NUTRITIOUS FOOD.

FEEDING KIDS INITIATIVE:

FEEDING SAN DIEGO SERVES CHILDREN, YOUTH AND THEIR FAMILIES FACING HUNGER THROUGH A VARIETY OF DISTRIBUTIONS AT THEIR SCHOOLS, AFTERSCHOOL ACTIVITIES, AND SUMMER PROGRAMS.

SCHOOL PANTRY PROGRAM: FEEDING SAN DIEGO ADDRESSES THE PROBLEM OF CHILD HUNGER IN OUR COMMUNITY BY DISTRIBUTING FRESH, HEALTHY FOOD THROUGH OUR SCHOOL PANTRY PROGRAM. THIS PROGRAM SERVES MORE THAN 6,240 HOUSEHOLDS WITH CHILDREN AT 40 SCHOOL SITES ACROSS THE COUNTY, PROVIDING FRESH PRODUCE AND STAPLES IN A DIGNIFIED, FARMER’S MARKET-STYLE
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EXPERIENCE THAT ALLOWS FAMILIES TO CHOOSE THE BEST FOODS FOR THEIR DIETARY NEEDS AND CULTURAL PREFERENCES.

BACKPACK PROGRAM: FEEDING SAN DIEGO’S BACKPACK PROGRAM PROVIDES LOCAL STUDENTS WITH EASILY TRANSPORTED FOOD TO TAKE HOME FOR THE WEEKEND. THIS WEEKLY PROGRAM HELPS BRIDGE THE WEEKEND GAP BETWEEN SCHOOL MEALS, ENSURING CHILDREN ARE WELL-NOURISHED AND READY TO LEARN ON MONDAY. IT ALSO HELPS WHEN CIRCUMSTANCES LIKE TRANSITIONAL HOUSING OR RELIANCE ON PUBLIC TRANSPORTATION CREATE BARRIERS FOR PARENTS AND/OR GUARDIANS TO PICK UP FOOD DIRECTLY FROM A SCHOOL PANTRY.

AFTER SCHOOL AND SUMMER MEAL PROGRAMS: THE CHILD AND ADULT CARE FOOD PROGRAM (“CACFP”) AND SUMMER FOOD SERVICE PROGRAM (“SFSP”) PROVIDE FEDERALLY REIMBURSED MEALS AND SNACKS TO CHILDREN AFTER SCHOOL AND OVER THE SUMMER BREAK AT SAFE AND CONVENIENT LOCATIONS ACROSS THE COUNTY.

REGIONAL SCHOOL BREAK DISTRIBUTION PROGRAM: THE REGIONAL SCHOOL BREAK DISTRIBUTION PROGRAM PROVIDES FRESH PRODUCE AND HEALTHY SHELF-STABLE ITEMS TO HOUSEHOLDS WITH CHILDREN AT FARMER’S MARKET-STYLE PANTRIES HOSTED AT FOUR DISTRIBUTION PARTNERS DURING SCHOOL BREAKS. THESE DISTRIBUTIONS REACH CHILDREN WHEN SCHOOL IS OUT, OFTEN AT THE SAME SCHOOLS THAT OPERATE SCHOOL PANTRIES DURING THE SCHOOL YEAR.

FEEDING HEROES INITIATIVE:

FEEDING SAN DIEGO PROVIDES FREE, NUTRITIOUS MEALS TO FOOD-INSECURE MILITARY HOUSEHOLDS THROUGH COLLABORATIONS WITH MILITARY-FOCUSED COMMUNITY PARTNERS, AS WELL AS DIRECT SERVICES PROVIDED BY FEEDING SAN DIEGO. WE SUPPLY FOOD AT MILITARY-FOCUSED DISTRIBUTION SITES THROUGHOUT SAN DIEGO COUNTY. AS PART OF OUR SCHOOL PANTRY PROGRAM, WE HOLD DISTRIBUTIONS AT K-12 SCHOOLS IN AREAS WITH HIGH CONCENTRATIONS OF MILITARY FAMILIES. OUR MOBILE PANTRY PROGRAM HAS SITES THAT REACH MILITARY FAMILIES WITH DISTRIBUTIONS JUST OUTSIDE OF CAMP PENDLETON.

FEEDING SENIORS INITIATIVE:
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

TEN PERCENT OF ALL INDIVIDUALS SERVED BY FEEDING SAN DIEGO PARTNER AGENCIES ARE SENIORS. OUR PARTNER AGENCY NETWORK PROVIDES MORE THAN 1.8 MILLION MEALS TO SAN DIEGO SENIORS THROUGH THEIR SERVICES IN THE COMMUNITY. FOUR OF OUR MOBILE PANTRY SITES SERVE PARTICULARLY LARGE SENIOR POPULATIONS IN RURAL AREAS, INCLUDING BOULEVARD, GUATAY, JACUMBA, AND JULIAN. FEEDING SAN DIEGO’S DIRECT-SERVICE DISTRIBUTIONS FOR SENIORS PROVIDE 380 HOUSEHOLDS WITH 6-12 POUNDS OF PRODUCE AND/OR HEALTHY SHELF-STABLE ITEMS THROUGH MONTHLY DISTRIBUTIONS AT TWO SENIOR LIVING FACILITIES AND ONE SENIOR RESOURCE CENTER. WE ALSO PROVIDE PRODUCE THAT IS DELIVERED TWICE-MONTHLY TO SENIOR HOUSEHOLDS THROUGH A MEALS ON WHEELS PARTNERSHIP.

OUTREACH PROGRAMS:

BEYOND DIRECT SERVICE AND COMMUNITY PARTNERSHIPS, FEEDING SAN DIEGO OPERATES OUTREACH PROGRAMS TO HELP VULNERABLE PEOPLE FACING HUNGER TO ACCESS FOOD ASSISTANCE AND OTHER PUBLIC BENEFITS.

CALFRESH OUTREACH PROGRAM: FEEDING SAN DIEGO’S CALFRESH TEAM ENROLLS ELIGIBLE CLIENTS, DISPELS MYTHS ABOUT CALFRESH ASSISTANCE AND HELPS ELIMINATE THE STIGMA SURROUNDING THE PROGRAM. THE OUTREACH MODEL IS DESIGNED TO MOVE CLIENTS TOWARD SELF-SUFFICIENCY AND PROVIDE SUPPORT THROUGHOUT THE COMPLEX APPLICATION PROCESS. THE CALFRESH TEAM CONDUCTS OUTREACH AT LARGE-SCALE FOOD DISTRIBUTION SITES, HEALTH CLINICS, COMMUNITY COLLEGES, AND OTHER LOCATIONS.

HEALTHCARE PARTNERSHIPS PROGRAM: WITH THE GROWING UNDERSTANDING OF THE LINK BETWEEN HUNGER AND HEALTH, FEEDING SAN DIEGO DEVELOPED STRATEGIC PARTNERSHIPS WITH HEALTH-CARE PROVIDERS TO IMPROVE THE HEALTH OF THE COMMUNITY. THE LATEST COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED JOINTLY BY HOSPITALS THROUGHOUT SAN DIEGO COUNTY IDENTIFIED FOOD SECURITY AND ACCESS TO FOOD AS THE NUMBER ONE SOCIAL DETERMINANT OF HEALTH FOR SAN DIEGANS.

BY SCREENING PATIENTS FOR FOOD INSECURITY AND INTEGRATING FOOD ASSISTANCE AND
**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

Nutrition education into healthcare, Feeding San Diego’s health-care partners increase food access to those in need and reduce the health implications of food insecurity. Partnerships with health-care organizations have resulted in on-site food pantries, food security screenings, nutrition education, and nutritious food for patients.

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

The 990 is presented to the audit committees for review. It is then presented for review by the board.

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

Feeding America San Diego reviews the conflict of interest policy in detail with each new hire. Anyone who feels they are witness to any conflicts are directed to any of the following: supervisor, human resources, or the executive director to discuss any concerns. A review of any topics are prepared by 2 key employees. Any findings are then addressed with the individual or the staff as a whole if the situation need. Policies may be developed or revised to ensure that conflicts are not repeated.

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

The position of CEO is determined by the board of directors by independent vote. The salary is recommended by the compensation committee and approved by vote by the board of directors.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

The board of directors is required to review the compensation, evaluate and document that it is just and reasonable.

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

The organization makes it’s governing documents, conflict of interest policy, and financial statements available to the public upon request.

**PART IV LINE 12A**
THE AUDIT FINANCIAL STATEMENTS WERE NOT ISSUED BY THE TIME OF THE FILING DEADLINE FOR THE TAX RETURN.