

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ADVISORY LLC

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN FRANCISCO FOOD BANK Doing business as SF-MARIN FOOD BANK Number and street (or P.O. box if mail is not delivered to street address) Room/suite 900 PENNSYLVANIA AVENUE City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94107 F Name and address of principal officer: TANIS CROSBY SAME AS C ABOVE	D Employer identification number 94-3041517 E Telephone number 415-282-1900 G Gross receipts \$ 175,959,487. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SFMFOODBANK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1987
		M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO END HUNGER IN SAN FRANCISCO AND MARIN COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	277
	6 Total number of volunteers (estimate if necessary)	6	55000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		179,707,822.	164,303,929.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		204,478.	251,636.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,891,176.	2,617,448.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-196,554.	-88,250.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		181,606,922.	167,084,763.
14 Benefits paid to or for members (Part IX, column (A), line 4)		117,720,985.	115,631,129.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,948,350.	27,492,989.
	b Total fundraising expenses (Part IX, column (D), line 25)	307,702.	333,453.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,468,906.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,203,701.	26,400,065.
	19 Revenue less expenses. Subtract line 18 from line 12	173,180,738.	169,857,636.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,426,184.	-2,772,873.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	135,738,782.	132,905,868.
		12,962,849.	11,358,862.
		122,775,933.	121,547,006.

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 TANIS CROSBY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI
	Date 04/27/26	Check if self-employed <input type="checkbox"/> PTIN P00853132
	Firm's name ARMANINO ADVISORY LLC	Firm's EIN 94-6214841
	Firm's address 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113	Phone no. 408-200-6400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO END HUNGER IN SAN FRANCISCO AND MARIN COUNTIES BY SOLICITING FOOD DONATIONS NATIONALLY, DISTRIBUTING THIS FOOD TO QUALIFYING PUBLIC SERVICE AGENCIES AND NEIGHBORHOOD PANTRIES, ADVOCATING FOR IMPROVED GOVERNMENT FOOD PROGRAMS, AND RAISING PUBLIC AWARENESS.

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 [X] 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 [X] 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 \$ 137,722,547. including grants of \$ 102,399,711.) (Revenue \$ 183,404.) PANTRY PROGRAMS: 2,165,844 INDIVIDUALS SERVED.

ONGOING PANTRY PROGRAMS

THE FOOD BANK HAS A VARIETY OF ONGOING FOOD PANTRY PROGRAMS DESIGNED TO PROVIDE A LIFELINE FOR PEOPLE WHO NEED HELP. OVER 225 PANTRIES PROVIDE FOOD TO LOW INCOME SENIORS, FAMILIES, CHILDREN AND OTHER INDIVIDUALS, ENABLING THEM TO PLAN AND PREPARE MEALS IN THEIR OWN HOMES, AN ESSENTIAL ASPECT OF PROMOTING GOOD HEALTH, NORMALCY AND DIGNITY. RELYING LARGELY ON THE SUPPORT OF GRANTS AND CONTRIBUTIONS, THE FOOD BANK OPERATES THE FOLLOWING TYPES OF PANTRIES: (PROGRAM DESCRIPTION CONTINUES IN SCHEDULE O)

4b (Code:) (Expenses \$ 8,703,653. including grants of \$ 6,863,785.) (Revenue \$ 229,474.) AGENCY DISTRIBUTION SHOPPING PROGRAM: MORE THAN 225 OF THE FOOD BANK'S MEMBER AGENCIES, INCLUDING COMMUNITY CENTERS, RELIGIOUS ORGANIZATIONS, SOUP KITCHENS, SHELTERS, AFFORDABLE HOUSING, SENIOR PROGRAMS, AIDS SUPPORT PROGRAMS AND CHILDCARE CENTERS, VISIT THE WAREHOUSE ON A REGULAR BASIS TO SELECT BREAD, DRY GOODS, MEAT AND FRESH PRODUCE FOR THEIR CLIENTS.

4c (Code:) (Expenses \$ 8,036,987. including grants of \$ 6,287,633.) (Revenue \$) SUPPLEMENTAL FOOD PROGRAM FOR SENIORS: THIS PROGRAM PROVIDES A MONTHLY BOX OF NUTRITIOUS USDA FOOD TO MORE THAN 10,500 LOW-INCOME SENIOR CITIZENS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,827,888. including grants of \$ 80,000.) (Revenue \$)

4e Total program service expenses 158,291,075.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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 with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

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 [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TANIS CROSBY - 415-282-1900
900 PENNSYLVANIA AVENUE, SAN FRANCISCO, CA 94107

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TANIS CROSBY EXECUTIVE DIRECTOR	40.00			X			374,252.	0.	36,365.	
(2) MICHAEL WIRKKALA CHIEF OPERATING OFFICER	40.00			X			283,337.	0.	31,908.	
(3) CHRIS PADULA CHIEF PHILANTHROPY AND ENG	40.00				X		239,344.	0.	27,257.	
(4) SEAN BROOKS CHIEF PROGRAMS OFFICER	40.00				X		237,666.	0.	21,097.	
(5) SHARON JAMILA BUCKNER CHIEF PEOPLE OFFICER (THRU 1/25)	40.00				X		228,894.	0.	27,695.	
(6) BARBARA ABBOTT CHIEF SUPPLY CHAIN OFFICER	40.00				X		228,275.	0.	26,686.	
(7) MICHAEL BRAUDE CHIEF FINANCIAL OFFICER	40.00			X			226,614.	0.	28,193.	
(8) MAXWELL TITSWORTH DIR. OF DATA/DIG PLATFORMS	40.00					X	198,244.	0.	24,718.	
(9) HENRY RANDOLPH SR. SHOP FLOOR MANAGER (THRU 6/24)	40.00					X	210,649.	0.	8,925.	
(10) SUSAN SIMON DIRECTOR OF FINANCE	40.00					X	196,744.	0.	16,967.	
(11) IRIS FLUELLEN DIR. OF INST. GIVING (THRU 9/24)	40.00					X	198,669.	0.	10,115.	
(12) ALLEN C. WHITE SR. RECEIVING MANAGER (THRU 3/24)	40.00					X	204,992.	0.	1,387.	
(13) JONATHAN WALKER BOARD CHAIRPERSON	3.00	X		X			0.	0.	0.	
(14) PEPE GONZALEZ VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(15) ALOK AGRAWAL BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JESSICA BERG BOARD MEMBER	1.00	X					0.	0.	0.	
(17) NOELLE BONNER BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANNA CAVAGNARO BOARD MEMBER	1.00	X						0.	0.	0.
(19) CYNTHIA GAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(20) CIGDEM GENCER BOARD MEMBER	1.00	X						0.	0.	0.
(21) RANDY GOTTFRIED BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARY HERALD BOARD MEMBER	1.00	X						0.	0.	0.
(23) BETH ROY JENKYN BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANSAF KAREEM BOARD MEMBER	1.00	X						0.	0.	0.
(25) HORACE L. MONTGOMERY JR. BOARD MEMBER	1.00	X						0.	0.	0.
(26) GRACE PARK BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								2,827,680.	0.	261,313.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,827,680.	0.	261,313.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 63

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UIS TECHNOLOGY PARTNERS, 548 MARKET ST PMB 96653, SAN FRANCISCO, CA 94104-5401	IT CONSULTING AND SOFTWARE SERVICES	760,703.
CHAPMAN CUBINE ALLEN AMP; HUSSEY, LLC, 1146 19TH STREET NW, WASHINGTON DC, DC	MARKETING SERVICES	681,603.
QCT PRODUCTIONS, 650 MASSACHUSETTS AVE SUITE 505, WASHINGTON DC, DC 20001	DEVELOPMENT SERVICES	382,970.
UNE FETE COMPLETE INC. 1350 PARK AVENUE, EMERYVILLE, CA 94608	OBT CATERING SERVICES	281,244.
ALMADEN (MASHITA ARSHAD) 2549 SCOTT BOULEVARD, SANTA CLARA, CA 95050	CONSULTING SERVICES	240,383.

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 15

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	622,173.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	39,521,426.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	124,160,330.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 114,354,558.				
	h	Total. Add lines 1a-1f		164,303,929.				
Program Service Revenue	2 a	SHARED MAINTENANCE FEE	Business Code	424000	251,636.	251,636.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			251,636.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,699,264.		2,699,264.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					7,749,928.	577,588.		
	b	Less: cost or other basis and sales expenses	7b	7,846,744.	562,588.			
	c	Gain or (loss)	7c	-96,816.	15,000.			
d	Net gain or (loss)			-81,816.		-81,816.		
8 a	Gross income from fundraising events (not including \$ 622,173. of contributions reported on line 1c). See Part IV, line 18	8a		40,800.				
				363,294.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-322,494.		-322,494.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		148,508.				
				102,098.				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			46,410.	46,410.			
Miscellaneous Revenue	11 a	FOOD PANTRY STAFFING S	Business Code	900099	114,832.	114,832.		
	b	OTHER REVENUE		900099	52,802.		52,802.	
	c	CLEAN ENERGY INCENTIVE		900099	13,422.		13,422.	
	d	All other revenue		900099	6,778.		6,778.	
	e	Total. Add lines 11a-11d			187,834.			
12	Total revenue. See instructions			167,084,763.	412,878.	0.	2,367,956.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,943,785.	6,943,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	108,687,344.	108,687,344.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,251,703.	952,662.	882,991.	416,050.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,121,457.	14,486,837.	1,415,255.	3,219,365.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	999,359.	752,981.	80,529.	165,849.
9 Other employee benefits	3,409,356.	2,508,499.	333,144.	567,713.
10 Payroll taxes	1,711,114.	1,245,023.	181,610.	284,481.
11 Fees for services (nonemployees):				
a Management				
b Legal	193,812.		193,812.	
c Accounting	160,289.		160,289.	
d Lobbying	39,010.			39,010.
e Professional fundraising services. See Part IV, line 17	333,453.			333,453.
f Investment management fees	93,885.		93,885.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,401,003.	1,509,347.	115,406.	776,250.
12 Advertising and promotion	955,754.	591,836.	3,892.	360,026.
13 Office expenses	528,351.	403,651.	24,259.	100,441.
14 Information technology	1,100,198.	516,091.	143,364.	440,743.
15 Royalties				
16 Occupancy	1,715,319.	1,381,572.	121,632.	212,115.
17 Travel	816,185.	792,478.	9,237.	14,470.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	99,198.	72,178.	10,528.	16,492.
20 Interest	91,475.	71,370.	7,236.	12,869.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,482,373.	1,806,199.	263,468.	412,706.
23 Insurance	364,215.	320,740.	15,869.	27,606.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD PROCUREMENT	12,624,974.	12,600,667.		24,307.
b FREIGHT AND STORAGE	1,901,349.	1,901,349.		
c WAREHOUSE SUPPLIES	514,856.	514,856.		
d MISCELLANEOUS	317,819.	231,610.	41,249.	44,960.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	169,857,636.	158,291,075.	4,097,655.	7,468,906.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,972,543.	1	4,924,808.
	2 Savings and temporary cash investments	31,835,258.	2	31,167,168.
	3 Pledges and grants receivable, net	5,891,126.	3	5,570,116.
	4 Accounts receivable, net	69,185.	4	155,937.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,271,736.	8	3,890,725.
	9 Prepaid expenses and deferred charges	919,165.	9	831,424.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 69,102,126.		
	b Less: accumulated depreciation	10b 14,769,506.		
	11 Investments - publicly traded securities	54,556,432.	10c	54,332,620.
	12 Investments - other securities. See Part IV, line 11	30,670,691.	11	30,890,442.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,552,646.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	135,738,782.	15	1,142,628.	
		16	132,905,868.	
Liabilities	17 Accounts payable and accrued expenses	5,507,069.	17	4,196,215.
	18 Grants payable		18	
	19 Deferred revenue	179,153.	19	253,260.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,717,178.	23	5,717,178.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,559,449.	25	1,192,209.
	26 Total liabilities. Add lines 17 through 25	12,962,849.	26	11,358,862.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	117,982,971.	27	114,374,991.
	28 Net assets with donor restrictions	4,792,962.	28	7,172,015.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	122,775,933.	32	121,547,006.
33 Total liabilities and net assets/fund balances	135,738,782.	33	132,905,868.	

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	167,084,763.
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,857,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,772,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122,775,933.
5	Net unrealized gains (losses) on investments	5	1,543,946.
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	121,547,006.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,273,294.	155,900,450.	164,688,031.	179,707,822.	164,303,929.	862,873,526.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	198,273,294.	155,900,450.	164,688,031.	179,707,822.	164,303,929.	862,873,526.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						862,873,526.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	198,273,294.	155,900,450.	164,688,031.	179,707,822.	164,303,929.	862,873,526.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	184,898.	731,711.	1,434,068.	2,089,701.	2,699,264.	7,139,642.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		91,401.	70,000.	2,108.	73,002.	236,511.
11 Total support. Add lines 7 through 10						870,249,679.
12 Gross receipts from related activities, etc. (see instructions)					12	2,454,250.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.15 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.44 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

Schedule A (Form 990) 2024

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

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

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

Schedule A (Form 990) 2024

Part VI

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

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>74,461,147.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>4,755,805.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,300,827.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD COMMODITIES RECEIVED THROUGHOUT THE FISCAL YEAR VALUED AT \$1.90/LB PER FEEDING AMERICA COST STUDY _____ _____	\$ 74,336,282.	06/30/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization SAN FRANCISCO FOOD BANK	Employer identification number (EIN) 94-3041517
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SF-MARIN FOOD BANK STAFF EDUCATE ABOUT THE PROBLEM OF HUNGER, FOOD INSECURITY, SYSTEMIC ISSUES CONTRIBUTING TO HUNGER, AND FOOD ASSISTANCE PROGRAMS. STAFF ADVOCATE AT ALL GOVERNMENT LEVELS FOR POLICY REFORM, PROGRAM IMPROVEMENT AND BUDGET INVESTMENTS THAT WILL INCREASE FOOD SECURITY FOR LOW-INCOME RESIDENTS. ACTIVITIES INCLUDE SPEAKING WITH ELECTED AND APPOINTED OFFICIALS, EDUCATING THE ORGANIZATION'S SUPPORTERS, AND URGING THEM TO CONTACT REPRESENTATIVES, AND EDUCATING THE PUBLIC.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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?

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation 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.

b 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

2 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:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

LHA 432051 01-02-25

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? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,353,645.		5,353,645.
b Buildings		54,139,509.	10,072,263.	44,067,246.
c Leasehold improvements				
d Equipment		4,163,981.	2,095,004.	2,068,977.
e Other		5,444,991.	2,602,239.	2,842,752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				54,332,620.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	1,192,209.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,192,209.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	169,753,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 1,543,946.		
	b Donated services and use of facilities	2b 1,218,858.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	2,762,804.
3	Subtract line 2e from line 1		3	166,990,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 93,885.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	93,885.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	167,084,763.

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

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

1	Total expenses and losses per audited financial statements		1	170,982,609.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 1,218,858.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	1,218,858.
3	Subtract line 2e from line 1		3	169,763,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 93,885.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	93,885.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	169,857,636.

Part XIII Supplemental Information

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

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE FOOD BANK IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE FOOD BANK'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2025, 2024, AND 2023 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE FOOD BANK'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2025, 2024, 2023 AND 2021 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ONE BIG TABLE- SEPT 2024 (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	662,973.		662,973.
	2	Less: Contributions	622,173.		622,173.
	3	Gross income (line 1 minus line 2)	40,800.		40,800.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,417.		2,417.
	6	Rent/facility costs			
	7	Food and beverages	201,837.		201,837.
	8	Entertainment	1,000.		1,000.
	9	Other direct expenses	158,040.		158,040.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-322,494.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MISSIONWIRED (DBA CCAH)

(I) ADDRESS OF FUNDRAISER: 1146 19TH ST NW SUITE 600, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: CAR DONATION SERVICES

(I) ADDRESS OF FUNDRAISER: 4971 PACHECO BLVD, MARTINEZ, CA 94553

(I) NAME OF FUNDRAISER: CARS

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON ROAD STE 200, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: GSI

(I) ADDRESS OF FUNDRAISER:

20300 S. VERMONT AVE, SUITE 210, TORRANCE, CA 90502

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS INC.

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON CT., PORTLAND, OR 97230

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SAN FRANCISCO FOOD BANK** Employer identification number **94-3041517**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VARIOUS FOOD BANK MEMBER AGENCIES		501(C)(3)	0.	6,863,785.	\$1.90 AND \$1.72 PER POUND; FEEDING AMERICA COST	FOOD	SEE AGENCY DISTRIBUTION PROGRAM DESCRIPTION IN PART III
LA RAZA COMMUNITY RESOURCE CENTER 474 VALENCIA STREET, #100 SAN FRANCISCO, CA 94103	94-2238257	501(C)(3)	50,000.	0.			PANTRY PROGRAMS
NORTH MARIN COMMUNITY SERVICES 680 WILSON AVE NOVATO, CA 94947	94-1735064	501(C)(3)	30,000.	0.			PANTRY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 231.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DONATED FOOD	2291844	0.	108,687,344.	\$1.90 AND \$1.72 PER POUND; FEEDING AMERICA COST STUDY	FOOD; SEE PANTRY PROGRAMS AND SUPPLEMENTAL FOOD PROGRAM FOR SENIORS DESCRIPTION IN PART III FOR MORE DETAIL

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

PART I, LINE 2:

MEMBER AGENCY'S COMPLIANCE WITH THE ORGANIZATION'S FOOD DISTRIBUTION POLICIES AND PROCEDURES IS MONITORED ON A PERIODIC BASIS.

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
--	---

Part I Questions Regarding Compensation

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TANIS CROSBY EXECUTIVE DIRECTOR	(i)	314,252.	60,000.	0.	22,939.	13,426.	410,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL WIRKKALA CHIEF OPERATING OFFICER	(i)	283,337.	0.	0.	17,181.	14,727.	315,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS PADULA CHIEF PHILANTHROPY AND ENG	(i)	239,344.	0.	0.	14,394.	12,863.	266,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SEAN BROOKS CHIEF PROGRAMS OFFICER	(i)	237,666.	0.	0.	14,260.	6,837.	258,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON JAMILA BUCKNER CHIEF PEOPLE OFFICER (THRU 1/25)	(i)	228,894.	0.	0.	14,487.	13,208.	256,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BARBARA ABBOTT CHIEF SUPPLY CHAIN OFFICER	(i)	228,275.	0.	0.	14,007.	12,679.	254,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL BRAUDE CHIEF FINANCIAL OFFICER	(i)	226,614.	0.	0.	14,262.	13,931.	254,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAXWELL TITSWORTH DIR. OF DATA/DIG PLATFORMS	(i)	198,244.	0.	0.	12,005.	12,713.	222,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HENRY RANDOLPH SR. SHOP FLOOR MANAGER (THRU 6/24)	(i)	57,321.	0.	153,328.	1,789.	7,136.	219,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN SIMON DIRECTOR OF FINANCE	(i)	196,744.	0.	0.	12,105.	4,862.	213,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IRIS FLUELLEN DIR. OF INST. GIVING (THRU 9/24)	(i)	131,244.	0.	67,425.	4,003.	6,112.	208,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALLEN C. WHITE SR. RECEIVING MANAGER (THRU 3/24)	(i)	36,274.	0.	168,718.	1,106.	281.	206,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

HENRY RANDOLPH, ALLEN WHITE, AND IRIS FLUELLEN RECEIVED SEVERANCE INCLUDED IN THEIR 2024 CALENDAR YEAR COMPENSATION, IN THE AMOUNTS OF \$153,328.14, \$168,717.98, AND \$67,424.70 RESPECTIVELY.

PART I, LINE 7:

THE EXECUTIVE DIRECTOR IS ELIGIBLE FOR AN ANNUAL BONUS. THE BONUS RECOGNIZES THIS INDIVIDUAL'S CONTRIBUTIONS TO THE FOOD BANK'S ORGANIZATIONAL ACHIEVEMENTS AND PROGRESS TOWARDS REACHING SPECIFIC GOALS. THE BONUS AMOUNT IS CONSIDERED PART OF THIS INDIVIDUAL'S COMPENSATION. PLEASE SEE SCHEDULE O FOR A DESCRIPTION OF THE PROCESS FOR DETERMINING THIS COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	37	136,275.	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	99	950,401.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	63029833	113,267,882.	FA \$1.90 & \$1.72 PER LB
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 6

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
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.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B:

THE SAN FRANCISCO FOOD BANK ACCEPTS CAR DONATIONS THROUGH AGREEMENTS WITH THIRD PARTIES. THESE COMPANIES PROCESS AND SELL THE CARS AND PROVIDE THE FOOD BANK WITH THE NET PROCEEDS AS WELL AS A BREAKDOWN OF COSTS ASSOCIATED WITH THE PROCESSING OF EACH DONATION. AND SAN FRANCISCO FOOD BANK UTILIZES A FINANCIAL INSTITUTION TO LIQUIDATE GIFTS OF STOCK.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

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

-HEALTHY CHILDREN PANTRIES--THIS PROGRAM COMBATS CHILD HUNGER BY
DISTRIBUTING NUTRITIOUS FOODS EVERY WEEK IN FAMILY FRIENDLY
ENVIRONMENTS SUCH AS PUBLIC SCHOOLS, CHILDCARE CENTERS, PARENTING
SUPPORT CENTERS AND OTHER CHILD FOCUSED LOCATIONS.

-SENIOR PANTRIES AND HOME DELIVERED GROCERIES--THESE PROGRAMS ENABLE
THE FOOD BANK TO HELP LOW INCOME SENIORS AND ADULTS WITH DISABILITIES
SECURE IMMEDIATE ACCESS TO NUTRITIOUS FOOD. THE FOOD BANK PROVIDES
WEEKLY GROCERIES TO THOUSANDS OF OLDER ADULTS STRUGGLING TO MAINTAIN
THEIR HEALTH AND INDEPENDENCE.

-NEIGHBORHOOD PANTRIES--THE FOOD BANK ESTABLISHED A NETWORK OF WEEKLY
PANTRIES TO SERVE ECONOMICALLY DISTRESSED COMMUNITIES AND REACH TARGET
POPULATIONS IN NEED OF FOOD ASSISTANCE. THE COMMUNITY FOOD PARTNERS
PANTRIES DISTRIBUTE FOOD TO FAMILIES LIVING IN PUBLIC HOUSING
DEVELOPMENTS. THE SUPPORTIVE HOUSING PANTRIES DISTRIBUTE EASILY
PREPARED FRESH AND PACKAGED PRODUCTS TO FORMERLY HOMELESS INDIVIDUALS
LIVING IN PERMANENT HOUSING WITH SUPPORTIVE SERVICES. THE NEIGHBORHOOD
GROCERY NETWORK PANTRIES DISTRIBUTES SUPPLEMENTAL WEEKLY GROCERIES TO
WORKING POOR FAMILIES AND LOW INCOME INDIVIDUALS. POP-UP PANTRIES
PROVIDED WEEKLY GROCERIES THROUGH 15 LARGE SCALE PANTRIES ORIGINALLY
ESTABLISHED AT THE ONSET OF THE PANDEMIC FOR THOSE WHO LOST ACCESS TO
FOOD OR FOUND THEMSELVES IN NEED OF FOOD ASSISTANCE FOR ECONOMIC
REASONS. THESE PANTRIES CLOSED IN JUNE 2025 AS BOTH FEDERAL AND LOCAL
SUPPORT FOR THIS PROGRAM (BOTH FOOD AND FINANCIAL) HAD ENDED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALL OTHER PROGRAMS: STRATEGIC PARTNERSHIPS, ADVOCACY, AND VOICE
THE STRATEGIC PARTNERSHIP, ADVOCACY, AND VOICE (SPAV) DEPARTMENT
COLLABORATES WITH OUR COMMUNITIES, PARTNERS, AND PARTICIPANTS TO
DEVELOP STRATEGIES, ACTIONS, AND SOLUTIONS AIMED AT REDUCING BARRIERS
AND IMPROVING ACCESS TO FOOD AND IMPROVE FOOD SECURITY SYSTEMS.
ADDITIONALLY, IT ADVOCATES WITH COMMUNITY AND PARTICIPANTS FOR POLICY
CHANGES AIMED AT ADDRESSING THE UNDERLYING CAUSES OF HUNGER.

THE FOOD BANK IS LEADING EFFORTS TO ADDRESS ROOT CAUSES OF HUNGER
THROUGH MULTIPLE INNOVATION PILOTS THAT WILL CHANGE THE FOOD BANKING
INDUSTRY. IN COLLABORATION WITH COMMUNITY PARTNERS, HERE ARE THE
INNOVATION PILOTS THAT ARE UNDERWAY:

-COMMUNITY MARKETS: THE FOOD BANK IS PILOTING COMMUNITY MARKETS, WHICH
ARE DESIGNED TO PROVIDE NUTRITIOUS AND CULTURALLY CENTERED FOODS TO
ADDRESS ACCESS TO HEALTHY AND CULTURAL FOOD WITHIN OUR COMMUNITIES,
PAIRED WITH COORDINATED SERVICES TO ADDRESS THE ROOT CAUSES OF FOOD
INSECURITY. COMMUNITY MARKETS ARE A TRANSFORMATIVE VISION OF GOING FROM
A TRADITIONAL 'PANTRY' MODEL THAT IS TRANSACTIONAL AND OPEN LIMITED
HOURS WITH NO WRAP-AROUND SERVICES, TO LARGER MARKET-STYLE AGENCIES
THAT ARE OPEN MULTIPLE DAYS AND/OR EXTENDED HOURS TO BE MORE CONVENIENT
AND RELATIONAL. COMMUNITY MARKETS ARE DESIGNED TO BE EQUITY-CENTERED
AND COMMUNITY-LED.

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

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

LHA 432211 01-15-25

Name of the organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

-CAPACITY SEED FUNDING: CAPACITY SEED FUNDING IS AN OPPORTUNITY FOR ORGANIZATIONS TO ACCELERATE THEIR EXISTING EFFORTS IN FOOD PROGRAMMING AND INCREASE THE NUMBER OF INDIVIDUALS THEY ARE ABLE TO SERVE THROUGH ONE-TIME FUNDING AWARDS.

THE FOOD BANK RECOGNIZES THAT TO ADDRESS ROOT CAUSES OF HUNGER, POLICY CHANGES ON LOCAL, STATE AND FEDERAL LEVELS MUST GIVE ACCESS TO HEALTHY FOODS AND ADDRESS GOVERNMENT BARRIERS IN ACCESSING BENEFIT PROGRAMS. ADVOCACY EFFORTS INCLUDE OPTIMIZING GOVERNMENT FOOD ASSISTANCE PROGRAMS (E.G., CALFRESH, THE STATE'S FOOD STAMP PROGRAM, AND SAN FRANCISCO'S PUBLIC SCHOOL MEALS PROGRAM), ELIMINATING BUREAUCRACY AND BARRIERS THAT PREVENTS LOW-INCOME INDIVIDUALS FROM RECEIVING ASSISTANCE, IMPROVING PROGRAM QUALITY AND PARTICIPATION, AND OFFERING RECOMMENDATIONS TO ELECTED OFFICIALS AND COMMUNITY LEADERS TO REDUCE BARRIERS TO FOOD FOR LOW-INCOME RESIDENTS OF SAN FRANCISCO AND MARIN. THE SF MARIN FOOD BANK'S ADVOCACY EFFORTS, IN COLLABORATION WITH COALITION PARTNERS, HAVE RESULTED IN REDUCING FOOD INSECURITY AND ADDRESSING CRITICAL GAPS WITHIN STATEWIDE PROGRAMS. HERE IS SOME OF WHAT IS INCLUDED FROM OUR FOOD EQUITY AGENDA IN THE STATE'S BUDGET FOR FY 25-26:

- \$60 MILLION TO SUSTAIN CALFOOD FUNDING, WHICH SUPPORTS FOOD BANKS IN PURCHASING CALIFORNIA GROWN OR PRODUCED FOOD.

- \$35 MILLION FOR THE CALIFORNIA NUTRITION INCENTIVES PROGRAM (CNIP), WHICH ENCOURAGES THE PURCHASE AND CONSUMPTION OF HEALTHY, CALIFORNIA-GROWN FRESH FRUITS, VEGETABLES, AND NUTS BY NUTRITION BENEFIT CLIENTS.

- ADDITIONAL \$90.7 MILLION FOR SCHOOL MEALS FOR ALL AND \$160 MILLION FOR KITCHEN UPGRADES AT SCHOOLS.

- \$40 MILLION FOR SUN BUCKS, WHICH PROVIDES FUNDING TO FAMILIES DURING THE SUMMER WHEN SCHOOL LUNCHES ARE NOT AVAILABLE. EXPENSES \$ 3,827,888. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD FOR ACCURACY AND COMPLETENESS. ALL QUESTIONS ARISING DURING THIS REVIEW PROCESS ARE RESOLVED PRIOR TO THE FILING OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:
A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY AND SIGNED BY ANY INDIVIDUAL PRESENTLY SERVING ON THE BOARD AND THOSE WHO MAY THEREAFTER BECOME A MEMBER OF THE BOARD. THE ORGANIZATION'S EXECUTIVE ASSISTANT IS RESPONSIBLE FOR INSURING THAT ALL FORMS ARE COMPLETED AND RETURNED IN A TIMELY MANNER.

FORM 990, PART VI, SECTION B, LINE 15:
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION:
THE AUTHORITY TO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION HAS BEEN DELEGATED BY THE BOARD OF DIRECTORS TO THE BOARD'S COMPENSATION COMMITTEE, WHICH IS LED BY THE BOARD CHAIR. THE PROCESS FOR REVIEW AND APPROVAL BEGINS WITH A THOROUGH EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THIS EVALUATION IS INFORMED BY MATERIALS AND TOOLS CREATED BY BOARDSOURCE, A RECOGNIZED LEADER IN NONPROFIT BOARD LEADERSHIP SUPPORT.

THE COMPENSATION COMMITTEE HAS ESTABLISHED FOUR COMPONENTS TO THE EXECUTIVE

Name of the organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

DIRECTOR'S EVALUATION:

- 1) ANNUAL PERFORMANCE GOALS
- 2) CORE COMPETENCIES
- 3) LEADERSHIP QUALITIES
- 4) ACCOMPLISHMENTS AND CHALLENGES

THE COMMITTEE MEMBERS REVIEW THE FOLLOWING BACKGROUND MATERIALS TO ASSIST IN THEIR EVALUATION OF THESE COMPONENTS:

- EXECUTIVE DIRECTOR JOB DESCRIPTION
- MISSION FRAMEWORK AND STRATEGY ROADMAP
- ANNUAL WORKPLAN FOR SFMFB AND YEAR-END REPORT AGAINST PLAN
- EXECUTIVE DIRECTOR INDIVIDUAL PERFORMANCE GOALS AND DEVELOPMENT PLAN AND FINAL REPORT AGAINST PLAN
- EXECUTIVE DIRECTOR ACCOUNTABILITY REPORT

COMMITTEE MEMBERS ALSO REVIEW THESE ADDITIONAL DATA SOURCES:

- AUDITED FINANCIAL STATEMENTS
- EXECUTIVE DIRECTOR SELF-ASSESSMENT (PROVIDED BY BOARDSOURCE)
- CONFIDENTIAL SURVEY OF THE BOARD, SLT AND DIRECT REPORTS (ALSO PROVIDED BY BOARDSOURCE)

AS WITH OTHER ORGANIZATION STAFF, COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR ARE BASED ON PERFORMANCE (THE REVIEW OF WHICH IS DESCRIBED ABOVE). TO FURTHER GUIDE THESE DECISIONS, THE COMPENSATION COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT TO IDENTIFY COMPARATIVE MARKET DATA. THIS MAY INCLUDE THE NORTHERN CALIFORNIA COMPENSATION & BENEFITS SURVEY (AN INDEPENDENT SURVEY PUBLISHED BY NONPROFIT COMPENSATION ASSOCIATES THAT COMPRISES DATA FROM CLOSE TO 600 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 150 OF WHICH ARE SOCIAL SERVICE ORGANIZATIONS), COMPENSATION INFORMATION FOR OTHER FOOD BANK AND SOCIAL SERVICE EXECUTIVES, AND OTHER INDEPENDENTLY PUBLISHED COMPENSATION SURVEYS. AFTER REVIEWING THIS COMPARATIVE DATA, THE EXECUTIVE DIRECTOR'S ANNUAL SALARY AND BONUS ARE AGREED TO BY THE COMPENSATION COMMITTEE. THE COMMITTEE THEN SHARES THE RESULTS OF THE EVALUATION ALONG WITH THE COMPENSATION DECISION WITH THE FULL BOARD. THE BOARD CHAIR THEN REVIEWS THE EVALUATION RESULTS AND SHARES THE COMPENSATION DECISION WITH THE EXECUTIVE DIRECTOR.

PROCESS FOR DETERMINING OFFICERS' AND KEY EMPLOYEES' COMPENSATION:

- 1) GOALS AND OBJECTIVES FOR OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED EACH FISCAL YEAR VERBALLY AND IN WRITING BETWEEN THE OFFICER OR KEY EMPLOYEE AND THEIR DIRECT SUPERVISOR (EITHER THE EXECUTIVE DIRECTOR OR CHIEF OPERATING OFFICER).
- 2) AT THE CLOSE OF THE FISCAL YEAR, THESE GOALS AND OBJECTIVES ARE REVIEWED VERBALLY AND IN WRITING BY THE DIRECT SUPERVISOR AND THE OFFICER OR KEY EMPLOYEE.
- 3) AS WITH OTHER ORGANIZATION STAFF, COMPENSATION DECISIONS FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON PERFORMANCE (THE REVIEW OF WHICH IS DESCRIBED ABOVE). TO FURTHER GUIDE THESE DECISIONS, THE EXECUTIVE DIRECTOR CONSULTS WITH THE COMPENSATION COMMITTEE ON APPROPRIATE PEER SELECTION, THEN REVIEWS COMPARATIVE MARKET DATA FOR THESE PEERS. THIS MARKET DATA MAY INCLUDE THE NORTHERN CALIFORNIA COMPENSATION & BENEFITS SURVEY (AN INDEPENDENT SURVEY PUBLISHED BY NONPROFIT COMPENSATION ASSOCIATES THAT COMPRISES DATA FROM CLOSE TO 600 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 150 OF WHICH ARE SOCIAL SERVICE ORGANIZATIONS),

Name of the organization SAN FRANCISCO FOOD BANK	Employer identification number 94-3041517
---	--

COMPENSATION INFORMATION FOR OTHER FOOD BANK EXECUTIVES, AND OTHER INDEPENDENTLY PUBLISHED COMPENSATION SURVEYS. AFTER REVIEWING COMPARATIVE DATA, THE OFFICER OR KEY EMPLOYEE'S ANNUAL COMPENSATION IS ESTABLISHED BY THE EXECUTIVE DIRECTOR. THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE ANNUAL COMPENSATION OF THE CHIEF FINANCIAL OFFICER. ONCE FINALIZED, THE DIRECT SUPERVISOR (EITHER THE EXECUTIVE DIRECTOR OR CHIEF OPERATING OFFICER) THEN INFORMS THE OFFICER OR KEY EMPLOYEE OF THE ANNUAL COMPENSATION DECISION. THE EXECUTIVE DIRECTOR ALSO SHARES COMPENSATION INFORMATION OF ORGANIZATION OFFICERS AND KEY EMPLOYEES WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND THE ORGANIZATION'S 501(C)(3) LETTER ALSO ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">SAN FRANCISCO FOOD BANK</p>	Employer identification number <p align="center">94-3041517</p>
---	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
END HUNGER, LLC - 94-3041517 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	REAL ESTATE AND PROPERTY OWNERSHIP	CALIFORNIA		9,940,038.	SAN FRANCISCO FOOD BANK

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

