



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2008

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific instructions**C** Name of organization**SAN FRANCISCO FOOD BANK**

Doing Business As

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 country, and ZIP + 4

SAN FRANCISCO, CA 94107**F** Name and address of principal officer **PAUL ASH****SAME AS C ABOVE****D** Employer identification number**94-3041517****E** Telephone number**415-282-1900****G** Gross receipts \$**54,601,318.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SFFOODBANK.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO END HUNGER IN SAN FRANCISCO AND MARIN COUNTY.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	103
	6	Total number of volunteers (estimate if necessary)	6	21000
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	48,752,996.	53,576,777.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,955.	349,917.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,375.	20,102.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,550,089.	205,742.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,803,415.	54,152,538.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,931,725.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,283,634.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	44,633,297.	48,345,152.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,565,022.	53,085,834.
	19	Revenue less expenses Subtract line 18 from line 12	2,238,393.	1,066,704.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	16,818,210.	17,649,313.
	22	Net assets or fund balances Subtract line 21 from line 20	1,031,652.	883,106.
			15,786,558.	16,766,207.

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

Date

PAUL ASH, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶

RANDY G. PETERSON

Date

05/03/10Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Firm's name (or yours if self-employed), address, and ZIP + 4

BERGER/LEWIS ACCOUNTANCY CORP.**55 ALMADEN BLVD., STE 600****SAN JOSE, CA 95113**Phone no. ▶ **(408) 494-1200**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

615

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO END HUNGER IN SAN FRANCISCO AND MARIN COUNTY 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 ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 37,430,429. including grants of \$ 0.) (Revenue \$ 0.)

PANTRY PROGRAMS:

929,532 INDIVIDUALS SERVED.

THE FOOD BANK HAS ESTABLISHED A VARIETY OF PANTRY PROGRAMS DESIGNED TO PROVIDE FOOD TO LOW-INCOME SENIOR CITIZENS, FAMILIES, CHILDREN, AND OTHER INDIVIDUALS, ENABLING THEM TO PLAN AND PREPARE MEALS IN THEIR OWN HOMES, PROMOTING GOOD HEALTH, NORMALCY AND DIGNITY. USING FOOD FROM THE SAN FRANCISCO FOOD BANK, PANTRIES PROVIDE A LIFELINE FOR PEOPLE WHO NEED HELP. RELYING LARGELY ON THE SUPPORT OF GRANTS AND CONTRIBUTIONS, THE FOOD BANK OPERATES THE FOLLOWING TYPES OF PANTRIES: HEALTHY CHILDREN PANTRIES, BROWN BAG PANTRIES SERVING SENIORS, AND NEIGHBORHOOD PANTRIES. (MORE DETAILED DESCRIPTIONS OF THESE PANTRIES CAN BE FOUND IN SCHEDULE O.)

4b (Code) (Expenses \$ 9,927,708. including grants of \$ 0.) (Revenue \$ 357,411.)

AGENCY DISTRIBUTION SHOPPING PROGRAM: APPROXIMATELY 400 OF THE FOOD BANK'S MEMBER AGENCIES, INCLUDING COMMUNITY CENTERS, RELIGIOUS ORGANIZATIONS, SOUP KITCHENS, SHELTERS, AFFORDABLE HOUSING, SENIOR PROGRAMS, AIDS SUPPORT PROGRAMS AND CHILD CARE CENTERS, VISIT THE WAREHOUSE ON A REGULAR BASIS TO SELECT BREAD, DRY GOODS, MEAT, AND FRESH PRODUCE FOR THEIR CLIENTS.

4c (Code) (Expenses \$ 3,779,923. including grants of \$ 0.) (Revenue \$ 0.)

SUPPLEMENTAL FOOD PROGRAM FOR SENIORS: THIS PROGRAM PROVIDES A MONTHLY BOX OF NUTRITIOUS USDA FOOD TO APPROXIMATELY 10,000 LOW-INCOME INDIVIDUALS, PREDOMINANTLY SENIOR CITIZENS, BUT ALSO PREGNANT WOMEN, WOMEN UP TO ONE YEAR POSTPARTUM, AND CHILDREN UNDER THE AGE OF SIX.

4d Other program services (Describe in Schedule O)

(Expenses \$ 356,061. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 51,494,121. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	18		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	103
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that 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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?		X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
PAUL ASH - 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
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
BRUCE MILLER CHAIRPERSON	1.00	X		X				0.	0.	0.
JOHN KOEPPPEL VICE-CHAIRPERSON	1.00	X		X				0.	0.	0.
SHARI FREEDMAN SECOND VICE-CHAIRPERSON	1.00	X		X				0.	0.	0.
HYUN PARK TREASURER	1.00	X		X				0.	0.	0.
LESLEY ECKSTEIN SECRETARY	1.00	X		X				0.	0.	0.
JACK BERTGES BOARD MEMBER	1.00	X						0.	0.	0.
JEFF BRAFF BOARD MEMBER	1.00	X						0.	0.	0.
ELIZE BROWN BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY GERAGHTY BOARD MEMBER	1.00	X						0.	0.	0.
GARY MAXWORTHY BOARD MEMBER	1.00	X						0.	0.	0.
TRICIA MCCARTHY BOARD MEMBER	1.00	X						0.	0.	0.
DEAN ORNISH BOARD MEMBER	1.00	X						0.	0.	0.
CURT SIGFSTEAD BOARD MEMBER	1.00	X						0.	0.	0.
DAVID STEINBERG BOARD MEMBER	1.00	X						0.	0.	0.
BERNICE WELLES BOARD MEMBER	1.00	X						0.	0.	0.
PAUL ASH EXECUTIVE DIRECTOR	40.00			X				232,730.	0.	19,239.
MICHAEL BRAUDE DIR OF FINANCE AND ADMIN	40.00			X				87,269.	0.	10,959.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
LESLIE HARLESS BACHO DEPUTY EXECUTIVE DIRECTOR	40.00					X		103,804.	0.	12,253.
CHRISTOPHER WILEY DIRECTOR OF DEVELOPMENT	40.00					X		127,414.	0.	11,864.
1b Total								551,217.	0.	54,315.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	30,960.				
	b Membership dues	1b					
	c Fundraising events	1c	85,416.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5191478.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48268923.				
	g Noncash contributions included in lines 1a-1f \$		44110735.				
	h Total. Add lines 1a-1f			53576777.			
Program Service Revenue		Business Code					
	2 a <u>SHARED MAINTENANCE FEE</u>	424000	317,742.	317,742.			
	b <u>WHOLESALE MARKET PLACE</u>	424000	32,175.	32,175.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		349,917.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		79,424.			79,424.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real (ii) Personal					
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	311,235.				
	b Less cost or other basis and sales expenses		370,557.				
	c Gain or (loss)		<59,322.>				
	d Net gain or (loss)		<59,322.>			<59,322.>	
	8 a Gross income from fundraising events (not including \$ 85,416. of contributions reported on line 1c) See Part IV, line 18	a	78,223.				
	b Less direct expenses	b	78,223.				
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11 a <u>SETTLEMENTS</u>	900099	156,859.	156,859.				
b <u>OTHER REVENUE</u>	900099	48,883.	48,883.				
c							
d All other revenue							
e Total. Add lines 11a-11d		205,742.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		54152538.	555,659.	0.	20,102.		

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	350,683.	286,427.	16,886.	47,370.
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	3,527,470.	2,881,317.	169,675.	476,478.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	159,850.	130,410.	7,839.	21,601.
9 Other employee benefits	404,206.	329,752.	19,832.	54,622.
10 Payroll taxes	298,473.	243,501.	14,637.	40,335.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	41,723.		41,723.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	530,143.	47,190.		482,953.
12 Advertising and promotion	95,499.	75,461.	4,349.	15,689.
13 Office expenses	112,058.	94,572.	4,612.	12,874.
14 Information technology	47,120.	41,291.	968.	4,861.
15 Royalties				
16 Occupancy	236,064.	227,472.	2,436.	6,156.
17 Travel	16,500.	13,533.	790.	2,177.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,174.	20,659.	1,202.	3,313.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	468,407.	387,664.	21,499.	59,244.
23 Insurance	76,863.	74,587.	646.	1,630.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DONATED FOOD	44,083,445.	44,083,445.		
b FOOD PROCUREMENT	1,341,615.	1,341,615.		
c FREIGHT AND STORAGE	619,561.	619,561.		
d WAREHOUSE SUPPLIES	209,824.	209,824.		
e VEHICLE EXPENSES	172,193.	172,193.		
f All other expenses	268,963.	213,647.	985.	54,331.
25 Total functional expenses Add lines 1 through 24f	53,085,834.	51,494,121.	308,079.	1,283,634.
26 Joint Costs Check here ☒ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	543,083.	12,393.		530,690.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,153,762.	1	494,458.
	2 Savings and temporary cash investments	3,050,182.	2	4,800,794.
	3 Pledges and grants receivable, net	468,729.	3	479,821.
	4 Accounts receivable, net	105,844.	4	180,946.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,696,821.	8	1,576,728.
	9 Prepaid expenses and deferred charges	72,837.	9	132,062.
	10a Land, buildings, and equipment cost basis	10a 11,510,143.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 3,295,107.	10c	8,215,036.
	11 Investments - publicly traded securities	1,787,047.	11	1,769,468.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,818,210.	16	17,649,313.	
Liabilities	17 Accounts payable and accrued expenses	954,547.	17	883,106.
	18 Grants payable		18	
	19 Deferred revenue	77,105.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,031,652.	26	883,106.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,776,558.	27	16,645,207.
	28 Temporarily restricted net assets	10,000.	28	121,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,786,558.	33	16,766,207.
	34 Total liabilities and net assets/fund balances	16,818,210.	34	17,649,313.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35752253.	36794936.	44775908.	48752996.	53565211.	219641304
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 - 3	35752253.	36794936.	44775908.	48752996.	53565211.	219641304
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						219641304

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	35752253.	36794936.	44775908.	48752996.	53565211.	219641304
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,043.	92,462.	130,360.	158,187.	79,424.	522,476.
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 IV.)						
11 Total support. Add lines 7 through 10						220163780
12 Gross receipts from related activities, etc. (see instructions)					12	6,027,135.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.76	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.48	%
16a 33 1/3% support test - 2008. 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 ▶ ☒			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ▶ ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008
Open to Public
Inspection

▶ **To be completed by organizations described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

- 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 of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A** Check ☐ if the filing organization belongs to an affiliated group
- 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			
If the amount on line 1e, column (a) or (b) is	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. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,031.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			8,031.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

OUR ADVOCACY NETWORK OF APPROXIMATELY 600 PEOPLE IS ENCOURAGED TO MAKE PHONE CALLS AND WRITE LETTERS ON BEHALF OF ANTI-HUNGER ISSUES.

SAN FRANCISCO FOOD BANK STAFF EDUCATES AND ADVOCATES ON THE LOCAL, STATE, AND FEDERAL LEVEL FOR BETTER POLICIES AND LEGISLATION THAT WILL

Part IV Supplemental Information (continued)

GUARANTEE ADEQUATE NUTRITION FOR EVERYONE. FOR EXAMPLE:

* WORKING ON THE LOCAL LEVEL TO MAKE SCHOOL MEALS HEALTHIER,

* GOING TO SACRAMENTO TO INFORM LAWMAKERS OF THE RED TAPE THAT PREVENTS
PEOPLE IN NEED FROM RECEIVING FOOD STAMPS,

* OR ENCOURAGING OUR ELECTED OFFICIALS IN WASHINGTON, DC TO PROVIDE
MORE FUNDING FOR KEY NUTRITION PROGRAMS.

EDUCATION AND ADVOCACY ACTIVITIES INCLUDE MAKING PHONE CALLS, WRITING
LETTERS, GETTING STORIES IN THE NEWS AND VISITING ELECTED OFFICIALS TO
EDUCATE THEM ABOUT THE PROBLEM OF HUNGER AND POLICIES THAT COULD
IMPROVE THE SITUATION AND THE GOVERNMENT NUTRITION PROGRAMS.

THESE ACTIVITIES REPRESENT LESS THAN A SUBSTANTIAL PART OF THE
ORGANIZATION'S ACTIVITIES.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
 e ☐ Other _____

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

- 1a Beginning of year balance
 b Contributions
 c Investment earnings or losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,328,645.		3,328,645.
b Buildings		5,403,731.	1,661,786.	3,741,945.
c Leasehold improvements		646,789.	210,975.	435,814.
d Equipment		654,915.	557,152.	97,763.
e Other		1,476,063.	865,194.	610,869.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				8,215,036.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	54,152,538.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,085,834.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,066,704.
4	Net unrealized gains (losses) on investments	4	<87,055.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<87,055.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	979,649.

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

1	Total revenue, gains, and other support per audited financial statements	1	54,607,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<87,055.>
b	Donated services and use of facilities	2b	533,896.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	8,517.
e	Add lines 2a through 2d	2e	455,358.
3	Subtract line 2e from line 1	3	54,152,538.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	54,152,538.

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

1	Total expenses and losses per audited financial statements	1	53,628,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	533,896.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	533,896.
3	Subtract line 2e from line 1	3	53,094,351.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<8,517.>
c	Add lines 4a and 4b	4c	<8,517.>
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	53,085,834.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS

BOARDS (FASB) ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, (FIN 48). FIN 48 PROVIDES GUIDANCE ON RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS BY PRESCRIBING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. ON DECEMBER 30, 2008 FASB STAFF POSITION (FSP) FIN 48-3 WAS ISSUED AND ALLOWS FOR THE

Part XIV Supplemental Information (continued)

DEFERRAL OF FIN 48 FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008.

IN ACCORDANCE WITH THIS PROVISION, THE ORGANIZATION ELECTED TO DEFER THE APPLICATION OF FIN 48. BASED ON MANAGEMENT'S ANALYSIS OF THE ORGANIZATION'S TAX POSITIONS, THE ACCOUNTING FOR ANY UNCERTAINTY IN ITS TAX POSITIONS IS NOT EXPECTED TO HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF CONTRA-REVENUE ACCOUNT TO EXPENSES: 8517.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF CONTRA-REVENUE ACCOUNT TO EXPENSES: -8517.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	--

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		CORP LEADERS LUNCH (event type)	ONE BIG TABLE (event type)	NONE (total number)	
Revenue	1 Gross receipts	75,264.	88,375.		163,639.
	2 Less Charitable contributions	3,018.	82,398.		85,416.
	3 Gross revenue (line 1 minus line 2)	72,246.	5,977.		78,223.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	72,246.	5,977.		78,223.
	8 Direct expense summary Add lines 4 through 7 in column (d)				(78,223)
	9 Net income summary Combine lines 3 and 8 in column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to 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				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," Explain _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," Explain _____**11** Does the organization operate gaming activities with nonmembers?**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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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?**15a****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 name and address

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?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

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

PART I, LINE 7: THE EXECUTIVE DIRECTOR IS ELIGIBLE FOR AN ANNUAL BONUS. THE BONUS RECOGNIZES THE EXECUTIVE DIRECTOR'S CONTRIBUTION TO THE FOOD BANK'S ORGANIZATIONAL ACHIEVEMENTS AND PROGRESS TOWARD REACHING SPECIFIC GOALS. THE BONUS AMOUNT IS CONSIDERED AS PART OF THE EXECUTIVE DIRECTOR'S TOTAL COMPENSATION. PLEASE SEE SCHEDULE O FOR A DESCRIPTION OF THE PROCESS FOR DETERMINING THIS COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008
Open to Public
Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	106,949.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	4,438	43,924,473.\$1.58/LB CALC BY FEEDI	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS)	X	30	68,466.FMV	
26 Other ► (MISCELLANEOUS)	X	3	10,847.FMV	
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 IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2008

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): - FOR PUBLICLY TRADED SECURITIES, A
NUMBER OF CONTRIBUTORS IS LISTED RATHER THAN THE NUMBER OF
CONTRIBUTIONS.

- THE FOOD BANK RECEIVES FOOD CONTRIBUTIONS FROM A NATIONWIDE NETWORK
OF SOURCES, INCLUDING LARGE MANUFACTURERS, SUPERMARKET CHAINS,
WHOLESALEERS, RESTAURANT SUPPLIERS, THE UNITED STATES DEPARTMENT OF
AGRICULTURE, GROWERS, AND INDIVIDUALS. ALL FOOD INVENTORY POUNDAGE IS
CAREFULLY TRACKED. THIS NUMBER DOES NOT INCLUDE THE HIGH VOLUME OF
ANONYMOUS CONTRIBUTIONS WE RECEIVE THROUGH THE LARGE NUMBER OF FOOD
DRIVES HELD EACH YEAR ON OUR BEHALF.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
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.

BROWN BAG PANTRIES SERVING SENIORS: THIS PROGRAM ENABLES THE FOOD BANK
TO HELP LOW-INCOME SENIOR CITIZENS SECURE IMMEDIATE ACCESS TO
NUTRITIOUS FOOD. THE FOOD BANK PROVIDES WEEKLY AND BI-WEEKLY BAGS OF
GROCERIES TO THOUSANDS OF SENIOR CITIZENS STRUGGLING TO MAINTAIN THEIR
HEALTH AND INDEPENDENCE.

NEIGHBORHOOD PANTRIES: THE FOOD BANK ESTABLISHED A NETWORK OF WEEKLY
PANTRIES TO REACH ECONOMICALLY DISTRESSED COMMUNITIES, REACHING TARGET
POPULATIONS IN NEED OF FOOD ASSISTANCE. THE IMMIGRANT FOOD ASSISTANCE
PANTRIES INITIATIVE FOCUSES ON LOW-INCOME IMMIGRANTS STRUGGLING WITH
LANGUAGE AND CULTURAL BARRIERS. 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.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

EMERGENCY FOOD BOX PROGRAM: THIS PROGRAM PROVIDES HUNGRY FAMILIES AND INDIVIDUALS FACING EMERGENCIES WITH AN IMMEDIATE THREE-DAY SUPPLY OF FOOD FROM THE FOOD BANK. THESE FOOD BOXES ARE DISTRIBUTED BY MEMBER AGENCIES.

ADVOCACY AND EDUCATION: FOOD BANK ADVOCACY EFFORTS FOCUS ON OPTIMIZING UNDER-UTILIZED GOVERNMENT FOOD ASSISTANCE PROGRAMS, ELIMINATING BUREAUCRACY AND RED TAPE THAT PREVENTS LOW-INCOME INDIVIDUALS FROM RECEIVING ASSISTANCE, AND OFFERING RECOMMENDATIONS TO ELECTED OFFICIALS AND COMMUNITY LEADERS TO REDUCE BARRIERS TO FOOD ASSISTANCE FOR QUALIFIED RECIPIENTS. FOOD BANK EDUCATION PROGRAMS RAISE PUBLIC AWARENESS ABOUT THE PROBLEM OF HUNGER AND HELP MOBILIZE SUPPORT FOR GOVERNMENT PROGRAMS AND POLICIES THAT PROVIDE ADEQUATE NUTRITION FOR LOW-INCOME PEOPLE.

EXPENSES \$ 356061. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number
94-3041517

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING EXECUTIVE
COMPENSATION

1) GOALS AND OBJECTIVES FOR THE EXECUTIVE DIRECTOR ARE ESTABLISHED EACH FISCAL YEAR IN A FACE-TO-FACE MEETING BETWEEN THE EXECUTIVE DIRECTOR, THE BOARD PRESIDENT, AND AN EXECUTIVE COMMITTEE MEMBER. THESE GOALS AND OBJECTIVES ARE THEN PRESENTED TO THE FULL BOARD FOR APPROVAL.

2) FOLLOWING THE CLOSE OF THE FISCAL YEAR, THESE APPROVED GOALS AND OBJECTIVES ARE REVIEWED BY THE BOARD PRESIDENT AND THE EXECUTIVE COMMITTEE MEMBER AND DISCUSSED WITH THE EXECUTIVE DIRECTOR IN A FACE-TO-FACE MEETING. THE RESULTS OF THIS REVIEW AND DISCUSSION ARE THEN PRESENTED TO THE FULL BOARD FOR THEIR APPROVAL.

3) 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 BOARD PRESIDENT AND THE EXECUTIVE COMMITTEE MEMBER REVIEW THE EXECUTIVE DIRECTOR SECTION OF THE NORTHERN CALIFORNIA COMPENSATION & BENEFITS SURVEY. THIS IS AN INDEPENDENT SURVEY PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT THAT COMPRISES DATA FROM CLOSE TO 300 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 100 OF WHICH ARE SOCIAL SERVICE ORGANIZATIONS. SIMILAR MATERIALS (E.G., COMPENSATION INFORMATION FOR OTHER FOOD BANK EXECUTIVES, OTHER INDEPENDENTLY PUBLISHED COMPENSATION SURVEYS) MAY BE CONSULTED AS WELL. AFTER REVIEWING COMPARATIVE DATA, THE EXECUTIVE DIRECTOR'S ANNUAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

SALARY AND BONUS ARE AGREED TO BY THE BOARD PRESIDENT AND THE EXECUTIVE
COMMITTEE MEMBER, THEN PRESENTED TO THE FULL BOARD FOR THEIR REVIEW AND
APPROVAL. ONCE APPROVED, THE BOARD PRESIDENT AND THE EXECUTIVE COMMITTEE
MEMBER DISCUSS THE ANNUAL SALARY AND BONUS DECISIONS WITH THE EXECUTIVE
DIRECTOR IN A FACE-TO-FACE MEETING.

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 DEPUTY EXECUTIVE
DIRECTOR).

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
(AND DEPUTY EXECUTIVE DIRECTOR IF THE OFFICER OR KEY EMPLOYEE IN QUESTION
REPORTS TO THIS PERSON) REVIEWS THE APPROPRIATE SECTION OF THE NORTHERN
CALIFORNIA COMPENSATION & BENEFITS SURVEY. THIS IS AN INDEPENDENT SURVEY
PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT THAT COMPRISES DATA FROM
CLOSE TO 300 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 100 OF WHICH
ARE SOCIAL SERVICE ORGANIZATIONS. SIMILAR MATERIALS (E.G., COMPENSATION
INFORMATION FOR OTHER FOOD BANKS, OTHER INDEPENDENTLY PUBLISHED

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number
94-3041517

COMPENSATION SURVEYS) MAY BE CONSULTED AS WELL. AFTER REVIEWING COMPARATIVE DATA, THE OFFICER OR KEY EMPLOYEE'S ANNUAL COMPENSATION ARE ESTABLISHED BY THE EXECUTIVE DIRECTOR (AND DEPUTY EXECUTIVE DIRECTOR IF THE OFFICER OR KEY EMPLOYEE IN QUESTION REPORTS TO THIS PERSON). THE DIRECT SUPERVISOR (EITHER THE EXECUTIVE DIRECTOR OR DEPUTY EXECUTIVE DIRECTOR) 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, CONFLICT OF INTEREST POLICY, AND 501(C)3 LETTER ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE REVIEW AND ACCEPTANCE OF THE ANNUAL AUDIT REPORT AND FOR THE SELECTION OF THE INDEPENDENT AUDITORS.

990, PART V, LINES 7G & 7H

COMPLIANCE WITH OTHER FILING REQUIREMENTS

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY NOR ANY CARS, BOATS, AIRPLANES, OR OTHER VEHICLES. AS SUCH, NO FORMS 8899 NOR 1098-C WERE REQUIRED TO BE FILED.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SAN FRANCISCO FOOD BANK	94-3041517
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	900 PENNSYLVANIA AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94107	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PAUL ASH

- The books are in the care of **▶ 900 PENNSYLVANIA AVENUE - SAN FRANCISCO, CA 94107**
 Telephone No. **▶ 415-282-1900** FAX No. **▶**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

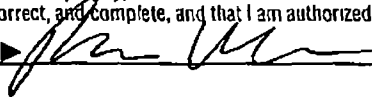
- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**  Title **▶ CPA** Date **▶ 2/8/10**