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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)

OMB No. 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	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	D Employer identification number 94-3041517 E Telephone number 415-282-1900 G Gross receipts \$ 89,501,440. 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) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.SFFOODBANK.ORG		
K Form 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 net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 160 6 Total number of volunteers (estimate if necessary) 6 25000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34. 7b 0.															
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">74,516,519.</td> <td style="text-align: right;">82,016,823.</td> </tr> <tr> <td style="text-align: right;">286,569.</td> <td style="text-align: right;">319,462.</td> </tr> <tr> <td style="text-align: right;">124,740.</td> <td style="text-align: right;">125,540.</td> </tr> <tr> <td style="text-align: right;">38,523.</td> <td style="text-align: right;">303,222.</td> </tr> <tr> <td style="text-align: right;">74,966,351.</td> <td style="text-align: right;">82,765,047.</td> </tr> </tbody> </table>	Prior Year	Current Year	74,516,519.	82,016,823.	286,569.	319,462.	124,740.	125,540.	38,523.	303,222.	74,966,351.	82,765,047.		
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286,569.	319,462.															
124,740.	125,540.															
38,523.	303,222.															
74,966,351.	82,765,047.															
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,411,545. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-12e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">66,894,475.</td> </tr> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">6,721,481.</td> <td style="text-align: right;">7,858,999.</td> </tr> <tr> <td style="text-align: right;">12,778.</td> <td style="text-align: right;">10,636.</td> </tr> <tr> <td style="text-align: right;">69,423,808.</td> <td style="text-align: right;">8,036,914.</td> </tr> <tr> <td style="text-align: right;">76,158,067.</td> <td style="text-align: right;">82,801,024.</td> </tr> <tr> <td style="text-align: right;"><1,191,716.></td> <td style="text-align: right;"><35,977.></td> </tr> </tbody> </table>	0.	66,894,475.	0.	0.	6,721,481.	7,858,999.	12,778.	10,636.	69,423,808.	8,036,914.	76,158,067.	82,801,024.	<1,191,716.>	<35,977.>
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">21,631,880.</td> <td style="text-align: right;">21,831,289.</td> </tr> <tr> <td style="text-align: right;">1,274,827.</td> <td style="text-align: right;">1,609,163.</td> </tr> <tr> <td style="text-align: right;">20,357,053.</td> <td style="text-align: right;">20,222,126.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	21,631,880.	21,831,289.	1,274,827.	1,609,163.	20,357,053.	20,222,126.						
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21,631,880.	21,831,289.															
1,274,827.	1,609,163.															
20,357,053.	20,222,126.															

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 PAUL ASH, EXECUTIVE DIRECTOR Type or print name and title	Date 3.18.13
Paid Preparer Use Only	Print/Type preparer's name RANDY G. PETERSON Preparer's signature RANDY G. PETERSON Date 03/08/13 Check if self-employed ☐ PTIN P01300203 Firm's name ▶ BERGER LEWIS ACCOUNTANCY CORP. Firm's address ▶ 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113 Firm's EIN ▶ 94-2763139 Phone no. (408) 494-1200	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.**4a** (Code) (Expenses \$ 58,167,025. including grants of \$) (Revenue \$)**PANTRY PROGRAMS:**

1,313,557 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 \$ 12,840,378. including grants of \$) (Revenue \$ 319,462.)

AGENCY DISTRIBUTION SHOPPING PROGRAM: APPROXIMATELY 320 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 \$ 8,094,234. including grants of \$) (Revenue \$)

SUPPLEMENTAL FOOD PROGRAM FOR SENIORS: THIS PROGRAM PROVIDES A MONTHLY BOX OF NUTRITIOUS USDA FOOD TO APPROXIMATELY 11,200 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 \$ 577,036. including grants of \$) (Revenue \$)

4e Total program service expenses 79,678,673.

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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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school 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 United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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, Parts II and IV.</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, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 160		
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 (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
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:			
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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		17												
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 governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														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				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?							X								
14 Did 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								
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) SHARI FREEDMAN CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) TIM GERAGHTY VICE-CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) BERNICE WELLES TREASURER	1.00	X		X				0.	0.	0.
(4) JACK BERTGES SECRETARY	1.00	X		X				0.	0.	0.
(5) BILL HANSELL BOARD MEMBER	1.00	X						0.	0.	0.
(6) CURT SIGFSTEAD BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAVID STEINBERG BOARD MEMBER	1.00	X						0.	0.	0.
(8) DEAN ORNISH BOARD MEMBER	1.00	X						0.	0.	0.
(9) HAROLD SOGARD BOARD MEMBER	1.00	X						0.	0.	0.
(10) HYUN PARK BOARD MEMBER	1.00	X						0.	0.	0.
(11) AARON BORTEL BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOHN KOEPPPEL BOARD MEMBER	1.00	X						0.	0.	0.
(13) MATT TADDEI BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL TERRIS BOARD MEMBER	1.00	X						0.	0.	0.
(15) SUSAN MEYER BOARD MEMBER	1.00	X						0.	0.	0.
(16) DAVE WEBER BOARD MEMBER	1.00	X						0.	0.	0.
(17) TRICIA MCCARTHY BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) GARY MAXWORTHY (SEE SCH O) BOARD MEMB/FOOD RESOURCE D	21.00	X						39,404.	0.	6,016.
(19) PAUL ASH EXECUTIVE DIRECTOR	40.00			X				249,744.	0.	20,720.
(20) MICHAEL BRAUDE DIR OF FINANCE AND ADMINIS	40.00			X				120,512.	0.	13,385.
(21) LESLIE HARLESS BACHO DEPUTY EXECUTIVE DIRECTOR	32.00					X		154,082.	0.	17,301.
(22) SEAN BROOKS DIRECTOR OF PROGRAMS	32.00					X		122,613.	0.	14,767.
(23) CLAIRE AXELRAD DIRECTOR OF DEVELOPMENT	32.00					X		133,168.	0.	8,020.
1b Sub-total								819,523.	0.	80,209.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								819,523.	0.	80,209.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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					
	b Membership dues	1b					
	c Fundraising events	1c	162,206.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13586335.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	68268282.				
	g Noncash contributions included in lines 1a-1f \$		66,877,577.				
	h Total. Add lines 1a-1f			82016823.			
	Program Service Revenue	2 a <u>SHARED MAINTENANCE FEE</u>	Business Code 424000		240,697.	240,697.	
b <u>WHOLESALE MARKET PLACE</u>		424000		78,765.	78,765.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				319,462.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			145,421.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	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	6703590.				
	b Less: cost or other basis and sales expenses		6723471.				
	c Gain or (loss)		<19,881.>				
	d Net gain or (loss)			<19,881.>			<19,881.>
	8 a Gross income from fundraising events (not including \$ 162,206. of contributions reported on line 1c). See Part IV, line 18	a	12,902.				
	b Less: direct expenses	b	12,902.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities See Part IV, line 19	a	17,260.				
	b Less: direct expenses	b	20.				
	c Net income or (loss) from gaming activities			17,240.			17,240.
	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>SETTLEMENT FUNDS</u>	900099		223,045.	223,045.			
b <u>OTHER REVENUE</u>	900099		62,937.	62,937.			
c							
d All other revenue							
e Total. Add lines 11a-11d			285,982.				
12 Total revenue. See instructions.			82765047.	605,444.	0.	142,780.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,796,997.	10,796,997.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	56,097,478.	56,097,478.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	447,142.	260,273.	134,387.	52,482.
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	5,770,617.	4,196,865.	290,181.	1,283,571.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	227,040.	171,595.	7,485.	47,960.
9 Other employee benefits	902,410.	667,800.	50,825.	183,785.
10 Payroll taxes	511,790.	377,886.	31,683.	102,221.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	81,780.		81,780.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,636.			10,636.
f Investment management fees				
g Other	497,797.	75,733.	16,121.	405,943.
12 Advertising and promotion	145,718.	129,564.	3,599.	12,555.
13 Office expenses	172,919.	130,787.	10,711.	31,421.
14 Information technology	44,642.	34,364.	2,475.	7,803.
15 Royalties				
16 Occupancy	541,903.	475,082.	32,843.	33,978.
17 Travel	38,706.	30,359.	2,871.	5,476.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,692.	13,171.	8,747.	10,774.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	560,023.	410,373.	30,818.	118,832.
23 Insurance	66,666.	58,389.	3,009.	5,268.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PROCUREMENT	3,917,190.	3,917,190.		
b FREIGHT AND STORAGE	853,243.	853,243.		
c VEHICLE EXPENSES	411,479.	411,479.		
d WAREHOUSE SUPPLIES	329,433.	329,433.		
e All other expenses	342,723.	240,612.	3,271.	98,840.
25 Total functional expenses Add lines 1 through 24e	82,801,024.	79,678,673.	710,806.	2,411,545.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ☒ if following SOP 98-2 (ASC 958-720)	433,448.	9,353.	0.	424,095.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	941,842.	1	1,180,272.
	2 Savings and temporary cash investments	1,426,608.	2	1,401,242.
	3 Pledges and grants receivable, net	612,949.	3	841,929.
	4 Accounts receivable, net	218,243.	4	96,560.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,477,872.	8	3,339,915.
	9 Prepaid expenses and deferred charges	72,427.	9	112,831.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,567,995.		
	b Less: accumulated depreciation	10b 4,772,403.		
		7,947,122.	10c	7,795,592.
	11 Investments - publicly traded securities	6,934,817.	11	7,062,948.
	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)	21,631,880.	16	21,831,289.	
Liabilities	17 Accounts payable and accrued expenses	1,166,827.	17	1,305,563.
	18 Grants payable		18	
	19 Deferred revenue	108,000.	19	303,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,274,827.	26	1,609,163.
	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		20,111,070.	27	20,148,954.
28 Temporarily restricted net assets		245,983.	28	73,172.
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		20,357,053.	33	20,222,126.
34 Total liabilities and net assets/fund balances		21,631,880.	34	21,831,289.

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,765,047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,801,024.
3	Revenue less expenses. Subtract line 2 from line 1	3	<35,977.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,357,053.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<98,950.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,222,126.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, conference of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48752996.	53565211.	62445389.	74516519.	82016823.	321296938
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	48752996.	53565211.	62445389.	74516519.	82016823.	321296938
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						321296938

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	48752996.	53565211.	62445389.	74516519.	82016823.	321296938
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,187.	79,424.	92,336.	128,305.	145,421.	603,673.
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						321900611
12 Gross receipts from related activities, etc. (see instructions)					12	4,236,860.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.81	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.79	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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 the organization answered "Yes" to Form 990, Part IV, line 10

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Temporarily restricted endowment ☐ _____ %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,328,645.		3,328,645.
b Buildings		5,403,731.	2,076,917.	3,326,814.
c Leasehold improvements		712,605.	497,618.	214,987.
d Equipment		825,562.	660,937.	164,625.
e Other		2,297,452.	1,536,931.	760,521.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,795,592.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740)

132053
01-23-12

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	82,765,047.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	82,801,024.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<35,977.>
4	Net unrealized gains (losses) on investments	4	<98,950.>
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 through 8	9	<98,950.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<134,927.>

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	82,786,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	<98,950.>
b	Donated services and use of facilities	2b	120,192.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	21,242.
3	Subtract line 2e from line 1	3	82,765,047.
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 must equal Form 990, Part I, line 12.)	5	82,765,047.

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

1	Total expenses and losses per audited financial statements	1	82,921,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	120,192.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	120,192.
3	Subtract line 2e from line 1	3	82,801,024.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	82,801,024.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE

ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN

ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS

CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN

BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010

AND 2009 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES,

Part XIV Supplemental Information (continued)

GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE ORGANIZATION'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010, 2009 AND 2008 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

SAN FRANCISCO FOOD BANK

Employer identification number

94-3041517

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
b ☐ Internet and 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.

(i) Name and address 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 contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 CORP LEADERS LUNCH	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	175,108.		175,108.
	2	Less: Charitable contributions	162,206.		162,206.
	3	Gross income (line 1 minus line 2)	12,902.		12,902.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	12,902.		12,902.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			12,902.
	11	Net income summary. Combine line 3, column (d), and line 10			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		17,260.	17,260.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		20.	20.
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d)			20.
	8	Net gaming income summary. Combine line 1, column d, and line 7			17,240.

9 Enter the state(s) in which the organization operates gaming activities. **CA**

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain:

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

☐ Yes ☒ No

b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► **SEE PART IV**

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party.

Name ►

Address ►

- 16** Gaming manager information:

Name ► **SEE PART IV**

Gaming manager compensation ► \$ _____

Description of services provided ►

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINES 14, 16, AND 17

THE SAN FRANCISCO FOOD BANK APPLIED FOR THE RAFFLE LICENSE ON BEHALF OF MET LIFE, WHO HELD THE RAFFLE FOR THE ORGANIZATION'S BENEFIT. THE SAN FRANCISCO FOOD BANK RECEIVED ALL PROCEEDS FROM THE RAFFLE.

29

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DONATED FOOD	1324757	0.	56,097,478.	\$1.66 PER POUND; FEEDING AMERICA COST STUDY	FOOD; SEE PANTRY PROGRAMS AND SUPPLEMENTAL FOOD PROGRAM FOR SENIORS DESCRIPTION IN PART III FOR MORE DETAIL

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: MEMBER AGENCY'S COMPLIANCE WITH THE

ORGANIZATION'S FOOD DISTRIBUTION POLICIES AND PROCEDURES IS MONITORED ON A

PERIODIC BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| ☒ 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, with respect to the filing
organization or a related organization:

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL ASH	(i)	207,819.	41,925.	0.	14,985.	270,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 LESLIE HARLESS BACHO	(i)	135,332.	18,750.	0.	9,245.	171,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 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

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

OMB No 1545-0047

2011

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	43	56,291.	AUCTION PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	121,707.	MARKET VALUE
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	40180469	66,699,579.	\$1.66/LB PER FEED AM
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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 an amount 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	

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

Schedule M (Form 990) (2011)

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

SCHEDULE M, PART I, COLUMN (B): PUBLICLY TRADED SECURITIES - A NUMBER OF CONTRIBUTORS IS LISTED RATHER THAN THE NUMBER OF CONTRIBUTIONS. FOOD INVENTORY - THE FOOD BANK RECEIVES FOOD CONTRIBUTIONS FROM A NATIONWIDE NETWORK OF SOURCES, INCLUDING LARGE MANUFACTURERS, SUPERMARKET CHAINS, WHOLESALERS, 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 M, LINE 32B: THE SAN FRANCISCO FOOD BANK ACCEPTS CAR DONATIONS THROUGH AGREEMENTS WITH THIRD PARTIES. THESE COMPANIES PROCESS AND SELL THE CARS AND PROVIDE THE FOOD BANK WITH THE NET PROCEEDS AS WELL AS A BREAKDOWN OF COSTS ASSOCIATED WITH THE PROCESSING OF EACH DONATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

SAN FRANCISCO FOOD BANK

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ADVOCACY AND EDUCATION: FOOD BANK ADVOCACY EFFORTS FOCUS ON OPTIMIZING UNDER-UTILIZED GOVERNMENT FOOD ASSISTANCE PROGRAMS (E.G., CALFRESH, THE STATE'S FOOD STAMP PROGRAM, AND SAN FRANCISCO'S PUBLIC SCHOOL MEALS PROGRAM), ELIMINATING BUREAUCRACY AND RED TAPE THAT PREVENTS LOW-INCOME INDIVIDUALS FROM RECEIVING ASSISTANCE, IMPROVING PROGRAM QUALITY AND PARTICIPATION, AND OFFERING RECOMMENDATIONS TO ELECTED OFFICIALS AND COMMUNITY LEADERS TO REDUCE BARRIERS TO FOOD FOR LOW-INCOME RESIDENTS OF SAN FRANCISCO AND MARIN. FOOD BANK EDUCATION PROGRAMS RAISE PUBLIC AWARENESS ABOUT THE PROBLEM OF HUNGER, HELP MOBILIZE SUPPORT FOR GOVERNMENT PROGRAMS AND POLICIES THAT PROVIDE ADEQUATE NUTRITION FOR LOW-INCOME PEOPLE, INFORM AND ASSIST LOW-INCOME HOUSEHOLDS TO APPLY FOR CALFRESH AND PROMOTE HEALTHY EATING AND NUTRITION BASICS.

IN FISCAL YEAR 2011-2012, OUR STAFF WORKED AT THE GRASSROOTS LEVEL ON HUNGER-RELATED ISSUES FOR WHICH NO LEGISLATION WAS PENDING. AS SUCH THERE WERE NO LOBBYING ACTIVITIES THAT ARE REQUIRED TO BE REPORTED ON SCHEDULE C.

EXPENSES \$ 577,036. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: 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

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

TIMELY MANNER.

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 SALARY AND BONUS ARE AGREED TO BY THE BOARD PRESIDENT AND THE EXECUTIVE

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

Name of the organization

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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 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -98,950.

FORM 990, PART VII

BOARD MEMBER COMPENSATION

THE COMPENSATION REPORTED FOR GARY MAXWORTHY IN PART VII WAS EARNED IN
HIS ROLE AS AN EMPLOYEE, NOT AS A BOARD MEMBER. HIS HOURS REPORTED IN
PART VII INCLUDE 20 HOURS WORKED AS AN EMPLOYEE.

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

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).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions SAN FRANCISCO FOOD BANK	Employer identification number (EIN) or ☒ 94-3041517
Number, street, and room or suite no. If a P.O. box, see instructions 900 PENNSYLVANIA AVENUE	Social security number (SSN) ☐
City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN FRANCISCO, CA 94107	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2013**.

5 For calendar year ☐, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

6 If the tax year entered in line 5 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	\$	0.
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	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 ☐

Form 8868 (Rev. 1-2012)