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DLN: 93493022011586

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A F	or the	2014 ca	endar year, or tax year beginnin	g 07-01-2014 , and ending 06-	-30-2015				
		applicable	C Name of organization Feeding America San Diego				D Emplo	yer ide	ntification number
	dress cl	_					26-0	45747	7
∏ Na	ıme cha	ange	Doing business as						
☐ In	tıal retu	ım					E Teleph	one num	nber
FI		mınated	Number and street (or P O box if n 9455 Waples Street	mail is not delivered to street address)	Room/suite		•		
	nended			1770			(858)	452-3	3003
_		n pending	San Diego, CA 92121	intry, and ZIP or foreign postal code			G Gross	receipts	\$ 39,726,874
j Ap	plicatio	ii pending							
			F Name and address of pri	ncipal officer		i(a) Is th	ıs a group rdınates?		n for
			9455 Waples Street Suite 1	35		3000	ramates.		1 1651 110
			San Diego, CA 92121		+	i(b) Area		ınates	┌ Yes 🗸 No
T Ta	ax-exen	npt status	<u> </u>	(insert no)	27	ınclu If "N		n a list	(see instructions)
			w feedingamericasd org	(, , , ,, (, (, , ,		_			
					1	l(c) Grou	ıp exemp	tion nu	mber 🟲
		_	Corporation Trust Association	on Other 🕨		L Year of fo	mation 20	007 M	State of legal domicile CA
Pa	rt I	Sum	ımary						
Governance		Feeding prepared	escribe the organization's missi America San Diego provides on dness and Food Safety Courses IRE PEOPLE IN SAN DIEGO CO	-going SNAP(Cal Fresh) educat and gATHERs & DISTRIBUTEs	ion and enr				
ξ	_								
	2	Check t	his box দ if the organization di	iscontinued its operations or dis	posed of m	ore than 2	25% of its	net as	ssets
Activities &	3	Number	of voting members of the govern	ning body (Part VI, line 1a)				з	10
Ħ	1		of independent voting members					4	10
Į.	5	Total nu	mber of individuals employed in	calendar year 2014 (Part V, lin	e 2a) .			5	50
₫	6	Total nu	mber of volunteers (estimate if r	necessary)				6	18,197
			related business revenue from P					7a	0
	b	Net unre	elated business taxable income f	from Form 990-T, line 34	<u> </u>			7b	
					-	Pric	r Year		Current Year
a)	8		ibutions and grants (Part VIII, li		-		40,467,		38,914,342
Rayenue	9	=	am service revenue (Part VIII, I		—		316,		362,197
¥.	10		tment income (Part VIII, columi		F			134	705
	11		revenue (Part VIII, column (A), revenue—add lines 8 through 11		· -		76,	832	444,538
	12						40,863,	178	39,721,782
	13	Grant	s and sımılar amounts paıd (Part	t IX, column (A), lines 1-3) .					0
	14		its paid to or for members (Part 1		F				0
ø	15	Saları 5–10	es, other compensation, employ	ee benefits (Part IX, column (A)), lines		1,997,	646	2,051,894
Expenses	16a		, ssional fundraising fees (Part IX,	, column (A), line 11e)					281,826
⊕	Ь		ındraısıng expenses (Part IX, column (D		Ī				
Ð	17		expenses (Part IX, column (A),	·	 		39,515,	212	36,757,282
	18		expenses Add lines 13-17 (mu		—		41,512,		39,091,002
	19		nue less expenses Subtract line				-649,		630,780
Net Assets or Fund Balances			·				g of Curre ear	-	End of Year
ess. Bak	20	Total	assets (Part X, line 16)		[1,944,	453	5,647,332
<u> 2</u> 8	21		liabilities (Part X, line 26)		F		439,		3,511,753
	22		ssets or fund balances Subtract	line 21 from line 20			1,504,	799	2,135,579
Unde my k prep	nowle arer ha	alties of dge and as any k	perjury, I declare that I have ex belief, it is true, correct, and cor nowledge			officer) is			
Sig:		' '	ıslaın CEO						
			e or print name and title						
			Print/Type preparer's name Gary R Belz CPA	Preparer's signature Gary R Belz CPA	Date		eck 🗀 ıf	PTIN P0007	9703
Pai	d	<u> </u>	Jary R Beiz CPA Firm's name				-employed n's EIN 🟲	F0007	<i>7103</i>
	pare On	er	Firm's address > 2875 Michelle Drive Su				one no (714	l) 978-1	300

______ Irvine, CA 92606

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

✓ Yes ☐ No

orm 9	990 (2014)					Page 2
Part		_	ice Accomplishmen			
1	Briefly describe the	organization's mission				
Count nutriti	y by providing food a	nd other essentials dii San Diego provides oi	d and essentials to charr rectly to those in need, pi n-going SNAP(Cal Fresh)	omoting general awar	eness of hunger, and t	he value of proper
	Did the organization the prior Form 990 o		ant program services dur	ing the year which we	re not listed on	「Yes 「No
		ese new services on S				
	services?		nake significant changes	in how it conducts, ar	ny program · · · · · ·	┌ Yes ┌ No
4	Describe the organiz		e accomplishments for e			
) organizations are requieach program service re		int of grants and alloca	itions to others,
4a	(Code) (Expenses \$	23,024,848 including g	rants of \$) (Revenue \$)
	America San Diego work conducted by Feeding At Agencies Promoting sus throughout San Diego Coaccordance with state an program service enhance of community need in each of community need in each of community need in each program service to this farm percent of the household	is to provide healthy meals merica, we continue to lear itainability and capacity bur burly Our non-profit parting the dederal law Biennial site ements FASDs direct and pack service area Mobile Pack a high incidence of poveriers market style distribution	a million people, in San Diego to families across the county to more about the families we liding, FASD works with 150 pa ers are held to a strict set of givisits are conducted to monitoersonal relationships with each ntry. As the only program of it by and lack access to transport in at sites across the county on least one member who is server and their families.	hrough nonprofit partnersh serve and work to alleviate ritner agencies to provide fundelines and governing profits the operations, verify for agency ensure effective case kind in San Diego Countration, but experience relatice or twice per month. Militates	ips and direct-to-client districtions as truggles families are facilities and other hunger-relief occdures that ensure food is od safety compliancy, assessifistribution models and supply, the Mobile Pantry delivervely low levels of emergenitary Families. According to	ributions Through researching today Programs Partner resources to neighborhoods a distributed safely, in secapacity and recommend ont a deeper understanding to food to underserved by food assistance Families Hunger in America 2014, 27
4b	(Code) (Expenses \$	11,392,128 including g	rants of \$) (Revenue \$	362,197)
	pantries, FASD distributes Feeding Kids initiative paragraphics. Agencies FASD works of Feeding America, 26 per meet the nutritional neestaple items and two to alleviate child hunger in style are consistently in resources. When food is budget to put food on the goals of preventing the delementary schools in Saresources right where the federal, child-focused in snacks. FASD sponsors of meals. Kids Community	es nutritious food items dire airs critical food assistance losely with 150 partner age cent of those served by pa ds of food insecure childrer three pounds of fresh prod San Diego County by prov the same locations at each provided at locations a fan te table Meals for Minds Sconsequences of malnutrition an Diego, FASD provides me ey learn and play CACFP at strition programs that controduction CACFP at after school sites Pantries Kids Community	go County are at risk of hungactly into the hands of local stud with focused education on the noises to provide food and resortner agencies are under the a lover weekends and school house when leaving school on Thiding nutritious, healthy food to campus, have routine distribunity already visits, parents and special school pantries funded lon, setting a foundation for head of the stription of the setting and school pantries funded the stription of the setting and school pantries funded the setting and school pantries funded the stription of the setting and school pantries reach children outside in a convenient location while school provided the school pantries and school pantrie	lents through programs tai role of fresh fruits and vegurces to individuals and fai ge of 18 and 10 percent ai ilidays. Typically, each chill ursday or Friday afternoor blow-income students and zion schedules, and provide guardians do not have to by Target, called Meals for aithy eating habits and professible access to fresh for Care Food Program (CACF growth and development of during the summer to mee of the school setting.	lored to meet the needs of petables in a healthy, active milles across San Diego Accree under 5 BackPack The Id receives an easy-to-carry is School Pantry The Schoot their families Distributions e access to nutrition educating give up more of their valual Minds, provide nutritious for moting school preparedness and and staple items, nutritier) and the Summer Food Stricklindern and youth by protest increased need when chill inbutions at childcare facilities.	families with children. The lifestyle Programs Partner cording to research by SackPack program aims to bag filled with nutritious of Pantry program helps set up in a farmers market on and additional community ble time and transportation od at local schools with the Partnering with three on education and CalFresh service Program (SFSP) are widing healthy meals and dren are not receiving schools provide produce and
4c	(Code) (Expenses \$	3,035,537 including g	rants of \$) (Revenue \$)
-T-	FEEDING SENIORS INITI were food-insecure in 20 seniors in San Diego Co approximately 5,000 ind approximately 5,000 ind	ATIVE According to research 011, including 10 percent o unty through strategic partr ividuals each week, are ov	n conducted by Feeding Americ f seniors living in California FA lerships In San Diego, 10 perc er the age of 60 Programs Par er the age of 60 To best serv	a and the National Founda SD addresses this growing ent of those served by Fee tner Agencies Of those se	ntion to End Senior Hunger, need by providing healthy eding America San Diego pa rved by FASD partner agency	4 8 million seniors in America meals to food-insecure rtner agencies, or cies, 10 percent, or
4d	Other program serv	ıces (Describe in Sche	edule O)			
	(Expenses \$	•	luding grants of \$) (Rev	enue \$)

Total program service expenses ►

37,614,956

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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>	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νo
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>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N o
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
C	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	1 65	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
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		No
b	If "Yes," enter the name of the foreign country • See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		Νo
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
D	TELLES LIAS IL MEDIA COUNTZO IN TENNIT MESE NAVMENISZ IT "NO " DYOVIGE AN EXPLANAÇION IN SCREALIE ()	, jan i		

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

Check if Schedule O contains a response or note to any line in this Part VI														.[\tau
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

Se	ection A. Governing Body and Management								
			Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year								
	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								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
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? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did the organization have members or stockholders?	6		No					
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?	7a		No					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	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?	16a		No					
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?	16b							

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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, address, and telephone number of the person who possesses the organization's books and records ►Denise Gurule
 - 9455 Waples Street Suite 135

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

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

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

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

- 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, or 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	chenic of Highest compensated	ess er e)	(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
(1) Sandy McDonough	2 00	х						0	0	0
Board Member (2) Jodi Smith	0 00 2 00					<u> </u>	-			
Board Member	0 00	х						0	0	0
(3) Tom Taylor	2 00									
Board Member	0 00	X						0	0	0
(4) Denise Wheeler	2 00									
Board Member	0 00	X						0	0	0
(5) Gwendolyn Meyer	2 00									
Vice Chair	0 00	Х						0	0	0
(6) Larry Sly	2 00							0	0	0
Secretary	0 00	X							U	U
(7) Jason Paolini Board Member	2 00	х						0	0	0
(8) Allison Glader	2 00									
Board Member	0 00	x						0	0	0
(9) Susan Drescher-Mulzet	2 00									
Board Member	0 00	×						0	0	0
(10) Tony Costanzo Board Member	2 00	х						0	0	0
(11) Jan Lezny	2 00									
Board Member	0 00	х						0	0	0
(12) Al Brislain	50 00			,,				_	_	_
CEO	0 00			Х				0	0	0
(13) Denise Gurule Dir of Finance	50 00			х				7,692	0	0
(14) Jennıfer Gılmore	50 00			Х				122,528	0	0
Form Exec Dir	0 00									
										Form 990 (2014)

Part VII

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

(A)										
Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dii	one bot ecto	not box h ar or/tr	check, unlead of the control of the	ess er	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	ř	emplo}ee	lest compensated loyee	ner			organizations
(15) Karen Haren Inter Exec Dır	2 00			х				0	0	0

1b	Sub-Total	-		
c	Total from continuation sheets to Part VII, Section A	۰		
d	Total (add lines 1b and 1c)	۰	130,220	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			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 I for such individual	3		No
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 I for such			
	ındıvıdual	4		No
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 I for such person	5		No

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
Russ Reid PO Box 90125 Pasadena, CA 91109	Donor Solicitation	344,070

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 ►1

Form 99		`				Page S
Part V	/##1	Statement of Revenue Check if Schedule O contains a response or note to any lin	o in this Dort VIII			Г
		Check it Schedule O contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c 38,440				
ifts,	d	Related organizations 1d				
⊒.Ε	e	Government grants (contributions) 1e				
ons	f	All other contributions, gifts, grants, and 1f 38,875,902				
tributions, Giff; Other Similar	-	sımılar amounts not ıncluded above ————————————————————————————————————				ļ
즐	g	Noncash contributions included in lines 33,931,287 a-1f \$				
Con	h	Total. Add lines 1a-1f	38,914,342			
		Business Code				
Program Serwce Revenue	2a	Handling Fees	362,197	362,197		
æ	Ь					
≥ 0.0	C .					<u> </u>
Š	d					1
E	e f	All other program service revenue				
୍ଦୁ	•					
	g 3	Total. Add lines 2a-2f	362,197			
		Investment income (including dividends, interest, and other similar amounts)	705			705
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(1) Real (11) Personal Gross rents				
	ь	Less rental				
	С	expenses Rental income				
	d	or (loss) Net rental income or (loss)	0			
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	0			1
	8a	Gross income from fundraising				
Other Revenue		events (not including \$ 38,440				
⊕ >		of contributions reported on line 1c) See Part IV, line 18				
Ģ.		a 437,757				
the	ь	Less direct expenses b 5,092				
0	С	Net income or (loss) from fundraising events	432,665			432,665
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
		Less direct expenses b	0			
		Net income or (loss) from gaming activities	0			
		returns and allowances .				
		a				
	b	Less cost of goods sold b Net income or (loss) from sales of inventory p	o			
	<u> </u>	Miscellaneous Revenue Business Code				
	11a	O ther I ncome	11,873			11,873
	ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d	11,873			
	12	Total revenue. See Instructions	39,721,782	362,197		445,243

Part IX Statement of Functional Expenses

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

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			· ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	216,702	22,783	193,919	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,606,873	1,165,050		441,823
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			·
9	Other employee benefits	228,319	153,821	23,926	50,572
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
c	Accounting	148,571	77,796	41,587	29,188
d	Lobbying	0	,	,	
e	Professional fundraising services See Part IV, line 17	281,826			281,826
f	Investment management fees	0			201,020
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	109,444	155	4,742	104,547
13	Office expenses	21,745	20,615	 	129
14	Information technology	0	,	,	
15	Royalties	0			
16	Occupancy	415,844	401,366	7,839	6,639
17	Travel	29,427	18,950	7,116	3,361
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	10,530	7,110	3,301
19	Conferences, conventions, and meetings	2,474	1,992	384	98
20	Interest	1,017	,	1,017	
21	Payments to affiliates	0		,	
22	Depreciation, depletion, and amortization	139,412	139,412		
23	Insurance	35,100	28,979	5,810	311
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)			-,	
а	food Distributions	33,692,569	33,692,569		
b	Food Procurement	1,029,738	1,029,738		
С	Freight and Transportation	358,714	358,714		
d	Fundraising Expenses	130,889	22	133	130,734
e	All other expenses	642,338	502,994	88,707	50,637
25	Total functional expenses. Add lines 1 through 24e	39,091,002	37,614,956	376,181	1,099,865
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	ilis i aic	<u> </u>		<u> </u>	• • •
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			269,174	1	610,841
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net			311,500	3	3,324,195
	4	Accounts receivable, net			25,177	4	17,960
	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees Complete Paschedule L	rectors,	trustees, key		5	0
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and cand sponsoring organizations of section 501(c)(9) voluntary er organizations (see instructions) Complete Part II of Schedule I	ontribut nployees	ıng employers		6	0
% %	7	Notes and loans receivable, net				7	
Ť.	8	Inventories for sale or use			653,158	8	983,907
	_				30,086	9	100,828
	9	Prepaid expenses and deferred charges		•	30,066	9	100,828
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,353,760			
	b	·	10b	814,651	582,530	10c	539,109
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			72,828	15	70,492
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,944,453	16	5,647,332
	17	Accounts payable and accrued expenses			345,307	17	465,080
	18	Grants payable				18	
	19	Deferred revenue				19	3,000,000
	20	Tax-exempt bond liabilities				20	_
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualif	ors, trus				
Liabilit		persons Complete Part II of Schedule L				22	
ä	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 relat and other liabilities not included on lines 17-24) Complete Pai	ed third	parties,			
		D			94,347	25	46,673
	26	Total liabilities. Add lines 17 through 25			439,654	26	3,511,753
es		Organizations that follow SFAS 117 (ASC 958), check here ► Innes 27 through 29, and lines 33 and 34.					
anc S	27	Unrestricted net assets			1,090,010	27	1,428,438
<u> </u>	28	Temporarily restricted net assets			414,789	28	707,141
<u> </u>	29	Permanently restricted net assets			,	29	,
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he					
٥.		complete lines 30 through 34.	•				
Š.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ا د	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
~ I					<u> </u>		
Net A	33	Total net assets or fund balances			1,504,799	33	2,135,579

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				r
					•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,7	721,782
2	Total expenses (must equal Part IX, column (A), line 25)	2		39,0	091,002
3	Revenue less expenses Subtract line 2 from line 1	3			 530,780
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			504,799
5	Net unrealized gains (losses) on investments	5		- ,-	,,,,,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,1	135,579
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
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?	e	3a		No
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		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

		he organization erica San Diego					Employer identification	ation number
i ccuii	ig Airic	rica San Diego					26-0457477	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p	part.) See instruction	ons.
The	organı	zation is not a private fo	oundation bec	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	\sqcap	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	described in sec	tion 170(b)(1))(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(ii	i). Enter the
5	Γ	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)	(iv). (Complet	e Part II)				
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	1)(A)(v).	
7	굣	An organization that n described in section 1	•		• •	om a governme	ental unit or from the g	general public
8	\sqcap	A community trust de		• •	•	tII)		
9	\sqcap	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Ju	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10		An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio	n 509(a)(4).	
11	Γ	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s						
а	_	the box in lines 11a th Type I. A supporting of	-			_		
a	,	supported organization organization You mus	n(s) the power	to regularly appoint o	r elect a majori			
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or
		management of the su			same persons t	hat control or r	manage the supported	organization(s) You
	_	must complete Part I	•				16 1 11 1	
C	ı	Type III functionally is supported organization	_		•			grated with, its
d	Г	Type III non-function						janization(s) that is
		not functionally integr	ated The orga	anızatıon generally mu	st satisfy a dist	rıbutıon requir		
	_	(see instructions) Yo					T I T II T	
е	ı	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations						
f								
g		Provide the following i						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
organization			organization	listed in your	-	monetary support	other support (see	
			(described on lines 1-9 above or IRC	docume	int?	(see instructions)	ınstructions)	
				section (see				
				instructions))			-	
					Yes	No		

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 23,066,526 31,728,013 35,006,512 40,434,685 38,914,342 169,150,078 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 23,066,526 31,728,013 35,006,512 40,434,685 38,914,342 169,150,078 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 8,314,900 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 160,835,178 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 23,066,526 Amounts from line 4 31,728,013 35,006,512 40,434,685 38,914,342 169,150,078 Gross income from interest, dividends, payments received on 1,074 872 705 securities loans, rents, royalties 1,739 2,134 6,524 and income from similar sources Net income from unrelated business activities, whether or 426,766 67,535 432,665 926,966 not the business is regularly carried on Other income Do not include gain or loss from the sale of 19,838 9.297 11,873 41,008 capital assets (Explain in Part VI) 11 Total support Add lines 7 170,124,576 through 10 12 Gross receipts from related activities, etc (see instructions) 12 1,107,429 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) 13 14 15 16

	organization, check this box and stop here	•	· · ·
S	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	94 540 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	95 530 %
b	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% of and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop in Part VI how the organization meets the "facts-and-circumstances" test.	/3% or more, and line 14 op here. Expla	, check this
b 18	organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualisupported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this binstructions	17a, and line stop here. fies as a pub	•

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2013 Schedule A, Part III, line 17

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furthe excess of income from activity								
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	nured)							
6 Other distributions (describe in Part VI) See instru	ICTIONS							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide						
9 Distributable amount for 2014 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014					
1 Distributable amount for 2014 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2014								
a From 2009								
b From 2010								
c From 2011								
d From 2012								
e From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2014 from Section D, line 7 \$								
Applied to underdistributions of prior years								
b Applied to 2014 distributable amount			1					
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2015. Add lines 31 and 4c								
8 Breakdown of line 7								
a From 2010								
b From 2011								
c From 2012								
d From 2013								

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493022011586

OMB No 1545-0047

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization		Emp	oloyer identification number	
ccu	ing Afficiación Diego		26-	0457477	
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	Part IV, line 6.	r Funds	or Accounts. Complete	ıf the
		(a) Donor advised funds		(b) Funds and other accoun	ts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org			rsed Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or	for any othe	er purpose Yes	┌ No
ar	Conservation Easements. Complete if	the organization answered "Ye	es" to Forn	n 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation Preservation	of a certifie	d historic structure	
	easement on the last day of the tax year	qualified conservation contributio	ii iii tile loff	ii oi a conservation	
				Held at the End of the Y	'ear
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c		
	Number of conservation easements included in (c) acquisitoric structure listed in the National Register	uired after 8/17/06, and not on a	2d		
	Number of conservation easements modified, transferre	ed, released, extinguished, or term	inated by th	ne organization during	
	the tax year ►				
	Number of states where property subject to conservation	on easement is located be			
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		handling of	f violations, and	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation e	asements o	during the year	
	A mount of expenses incurred in monitoring, inspecting,	and onforcing concervation eacon	monte durin	a the year	
	►\$, and emorcing conservation easer	nents dum	g the year	
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements o	fsection 1	70(h)(4)(B)(ı) Yes	⊏ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easements.	footnote to the organization's fina			
П	Organizations Maintaining Collections Complete if the organization answered "Ye			her Similar Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, educat	tion, or rese	earch in furtherance of public	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its reve s held for public exhibition, educat	enue statem	nent and balance sheet	:
	(i) Revenue included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, histori following amounts required to be reported under SFAS:				
	Revenue included in Form 990, Part VIII, line 1			► \$	
)	Assets included in Form 990, Part X			► \$	
	~ 335€3 IIICIUUCU III I UIIII 330, Fail Λ			F P	

Part	TIT Organizations Maintaining Col	lections of Art,	, HIS	<u>tori</u>	caı ı	reasu	res, or c	tne	<u>r Similiar</u>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	ieck	any of	the follo	owing that	are a	significant	use of	its	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	v the	y furth	er the o	rganızatıoı	n's ex	cempt purpo	se in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t	be maintained as	part o	f the	organ	ızatıon':	s collectio	n?			Yes	┌ No
Par	Part IV, line 9, or reported an am						n answere	ed "Y	es" to Fori	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other interme	diary	for c	ontribi	utions o	or other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		-					
										Amou	ınt	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						Ĺ	1f				
2a b	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XII									·	Yes	Г №
	rt V Endowment Funds. Complete i										• •	•
	Endowniene i anas. complete i	(a)Current year		Prior					Three years ba)Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							\dagger				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a)) h	neld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ation t	that	are hel	d and a	dmınıstere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•		3a(i)		
b	(ii) related organizations							•	[3a(ii) 3b		
4	Describe in Part XIII the intended uses of th	•						•	[<u> </u>		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1	nt. Complete if t				n answ	vered 'Ye	s' to	Form 990,	Part	IV, lıı	ne
	Description of property	0.) Cost o	or other stment)	(b)Cost or basis (oth		(c) Accumu depreciat		(d) Bo	ook value
1a	Land											
b	Buildings		•									
	Leasehold improvements						35	7,741	1	03,057		254,684
	Equipment						84	2,870	5	97,173		245,697
								3,149		14,421		38,728 539,109
Tota	I. Add lines 1a through 1e (Column (d) must ed	Tual Form QQA Dart Y	/ aal						🕨			

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	narket value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Con	nplete if the organization	n answered 'Yes' to Fo	rm 990. Part IV. line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year r	narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See F	
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	.)		
Part X Other Liabilities. Complete if the organ			ne 11e or 11f. See
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Deferred Rent	21,673		
FA Athena Project Loan	25,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	46,673		

Par		evenue per Audited Financial Statements With Revenue powered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1	_	er support per audited financial statements	1	39,890,701
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains (losses)	on investments 2a		
ь	- '	acılıtıes		
С	Recoveries of prior year grant	s		
d				
e	Add lines 2a through 2d .		2e	168,919
3	Subtract line 2e from line 1 .		3	39,721,782
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII)	4b		
С			4c	
5		d 4c. (This must equal Form 990, Part I, line 12)	5	39,721,782
Part		xpenses per Audited Financial Statements With Expenses	per	
		swered 'Yes' to Form 990, Part IV, line 12a.		·
1	Total expenses and losses pe	r audited financial statements	1	39,259,921
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	2b		
C	Otherlosses	<u>2</u> c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	168,919
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	39,091,002
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	39,091,002
Part	XIII Supplemental In	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
Part X	FIN48 Footnote	The Organization accounts for the provisions of FASB ASC 740-10-25 (No 48, Accounting for Uncertainty in Income Taxes (FIN 48)) and under organization must recognize the tax benefit associated with tax taken for is more likely than not the position will be sustained. The Organization do material uncertain tax positions and, accordingly, it has not recognized a tax benefits or any related interest or penalties. The Organizations 2012 to review for federal tax purposes and 2011 to 2014 tax years are open to purposes.	these tax re ses no ny liat to 20	e provisions, an turn purposes when it t believe there are any pility for unrecognized 14 tax years are open
amour	I, Line 2d Other revenue its included in F/S but not ed on form 990	Special Event Expenses \$5092		
	II, Line 2d Other expenses sses per audited F/S	Special Event Expenses \$5092		

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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filers are not required to complete this part.

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

DLN: 93493022011586

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization Feeding America San Diego

SCHEDULE G

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

26-0457477

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

a b	Mail solicitations Internet and email so	licitations	J	f	Solicitation of non-	ernment grants	
c d	✓ Phone solicitations✓ In-person solicitation	ns		g	Special fundraising	g events	
2a	Did the organization have or key employees listed in	n Form 990, Part VII)) or entity i	n connec	tion with professional fu	indraising services?	▽ Yes □ N
b	If "Yes," list the ten highe to be compensated at leas			undraise	rs) pursuant to agreeme	nts under which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	Russ Reid PO Box 90125	Solicitation	Yes	No No	303,116	281,826	21,290
2	Pasadena, CA 91109						
3							
4							
5							
6							
7							
8							
9							
10							
Tota	al			.	303,116	281,826	21,290
3	List all states in which the registration or licensing	e organization is regis	tered or lic	ensed to	solicit contributions or	has been notified it is o	exempt from
CA							

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi					
		, <u>, , , , , , , , , , , , , , , , , , </u>	(a) Event #1 Sunset Soiree Gala	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
Φ			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	476,197	7		476,197		
Rev	2	Less Contributions	38,440)		38,440		
	3	Gross income (line 1 minus line 2)	437,757	,		437,757		
	4	Cash prizes						
မွာ	5	Noncash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages .						
Direct	8	Entertainment						
ā	9	Other direct expenses .	5,092	2		5,092		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(5,092)		
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		432,665		
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
		Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	┌ Yes	│ Yes			
		Direct expense summary Add line Net gaming income summary Subt						
9 a b	Ente Is t If "I	er the state(s) in which the organization licensed to conduction." No," explain	ation conducts gaming ac t gaming activities in eac	tivities h of these states?				
10a b	Wer	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No						

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3				
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity						
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No				
13	Indicate the percentage of gaming acti		1 1	,					
а	The organization's facility		13a		%				
b	An outside facility				%				
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records						
	Name ▶								
	Address ►								
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming						
154				┌ Yes 「	– _{No}				
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the						
С	If "Yes," enter name and address of the	e third party							
	Name ►								
	Address 🏲								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation 🕨 \$		······						
	Description of services provided								
	Director/officer	_ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?			Γ _{Yes} [Γ _{No}				
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent						
	ın the organization's own exempt activi		·						
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr						
	Return Reference		Explanation						

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DLN: 93493022011586

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ss Benefit Trarete if the organizate of disqualified pers	ion answer	ed "Yes" o Relationsh	n Form 990	, Part IV , line disqualified		(c)(29 or Form) orgaı 990-	EZ, Part	V, line		rected?		
ete if the organizat	ion answer	ed "Yes" o Relationsh	n Form 990 ıp between	, Part IV , line disqualified	25a or 25b, o	or Form	990-	EZ, Part	V, line	(d) Cor			
		Relationsh	ıp between	disqualified						(d) Cor			
or disqualified pers					(c) Desc		01 (14)						
	,			1									
									•				
mount of tax, if any d/or From Interest organization answer	on line 2,	above, reli Persons. on Form 9	 mbursed by 90-EZ, Pari	the organizati	on	. <u>.</u>	 	▶ \$		anızatıo			
(b) Relationship	(c)	(d) Loan	to :he	(e)Original principal amount	(f) Balance due	default? App				or		d agreement	
		То	From	1		Yes	No	Yes	No	Yes	No		
nts or Assistar				Form 990, Pa						I	sistance		
	d/or From Integration answers ount on Form 990, (b) Relationship with organization	d/or From Interested I organization answered "Yes" ount on Form 990, Part X, line (b) Relationship with organization Purpose of loan	d/or From Interested Persons. organization answered "Yes" on Form 9 ount on Form 990, Part X, line 5, 6, or 2 (b) Relationship with organization Purpose of loan or from torganization To	mount of tax, if any, on line 2, above, reimbursed by d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Partount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization (c) (d) Loan to or from the organization? To From	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, count on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan Principal amount To From To From	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan or from the organization? To From (e)Original due amount	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan To or from the organization? To From Yes Yes	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 2 ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan organization? To From (e)Original due default? To From Yes No	mount of tax, if any, on line 2, above, reimbursed by the organization	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the orgount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan or from the organization? (c) Purpose of loan organization? (e) Original principal amount due default? Approved by board or committee? To From Yes No Yes No	mount of tax, if any, on line 2, above, reimbursed by the organization		

Part IV Business Transactions Involving Interested	d Persons.
--	------------

Complete if the organization	e 28a. 28b. or 28c.				
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	: :ation's
				Yes	No
(1) FDG Consulting	Board Member	8,000	Consulting		No

Part V Supplemental Information

Provide additional informa	tion for responses to questions on Schedule L (see instructions)
Return Reference	Explanation

Return Reference	Explanation
Schedule L, Part V Supplemental	During the year ended June 30, 2015 the Organization paid \$8,000 to FDG Consulting, which is
Information	owned by board member Allison Glader for certain consulting services

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493022011586

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Name of the organization Feeding America San Diego

Employer identification number

26-0457477

Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		456	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	7	54,602	FMV			
	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—O ther							
18	Collectibles							
19	Food inventory	Х		33,865,389	\$1 70/p lb			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(X	1	1,185				
	ertainment)		4.0	0.655				
	Other►(tion)	X	18	9,655	FMV			
	Other ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by th for which the organization completed F				9			2
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr			, and which is not require	d to be used			
	for exempt purposes for the entire ho		,			30a		No
	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc					31	Yes	
32a	Does the organization hire or use thir contributions?	d parties oi	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
						l		

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Available

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DLN: 93493022011586

OMB No 1545-0047

Employer identification number

Open to Public

Inspection

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

eeding America San Diego	26-0457477
90 Schedule O, Supplemental Information	20-045/4//
Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	
Form 990, Part VI, Line 11b Form 990 Review Process	The 990 is presented to the audit committees for review it is then presented for review at a quarterly board meeting
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Feeding America San Diego reviews the conflict of interest policy in detail with each new hire. Anyone who feels they are witness to any conflicts are directed to any of the follow ing supervisor, human resources, or the executive director to discuss any concerns. A revulew of any topics are prepared by 2 key employees. Any findings are then addressed with the individual or the staff as a whole if the situation need. Policies may be developed or revised to ensure that conflicts are not repeated.
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Compensation of the Executive Director was reviewed as part of the budget process in May of 2015
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The board of directors is required to review the compensation, evaluate and document that it is just and reasonable
Form 990, Part VI, Line 19 Other Organization Documents Publicly	The organization makes it's governing documents, conflict of interest

policy, and financia

I statements available to the public upon request