EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for Instructions and the latest information.

Open to Public Inspection

| A F | or the | 2020 calendar year, or tax year beginning and | ending | _ | |
|---------------------------|---|---|--------------|-------------------------------------|---------------------------------|
| Вс | heck if pplicable | C Name of organization | | D Employer identific | cation number |
| | _Addres | IMPERIAL VALLEY FOOD BANK | | | |
| | _Name _chang | Doing business as | | 33-06333 | 64 |
| | _initial _return _Final _return/ | Number and street (or P.O. box if mall is not delivered to street address) 486 ATEN ROAD | Room/suite | E Telephone number 760-370- | |
| | termin ated | | | G Gross receipts \$ | 14,047,207. |
| | Ameno return | ied IMPERIAL, CA 92251 | | H(a) Is this a group re | |
| | ☐Applic | | | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | empt status: X 501(c)(3) | or 527 | , | list. See instructions |
| | | e: ► N/A | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1993 N | State of legal domicile; CA |
| Pŧ | irt I | Summary | ODC ANT | TO MITONIC MT | COTON TO MO |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: $\overline{	ext{THE}}$ ACQUIRE, STORE AND DISTRIBUTE FOOD TO TH | E LOW- | -INCOME POPU | LATION |
| Ē | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispo | sed of more | than 25% of its net as | |
| oVe | | Number of voting members of the governing body (Part VI, line 1a) | iλ | 3 | 12 |
| S S | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 12 |
| Activities & | | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 17 |
| ¥ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 570 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part File 11 | ······ | | 0. |
| | | | <u> </u> | Prior Year 7,569,158. | Current Year 13,760,351. |
| Ę | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | ····· | 69,838. | 72,292. |
| Revenue | | | ····· | -8,809. | 181,806 |
| æ | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 10,145. | 19,682. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 7,640,332. | 14,034,131. |
| _ | _ | Grants and similar amounts paid (Part IX, column (A), lines 13) | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ç | 1 | | | 534,352. | 691,655. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. |
| ž Š | b | Total fundraising expenses (Part IX, column (D), line 25) | 78. | | |
| Ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,827,861. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,362,213. | 11,205,727. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 2,278,119. | 2,828,404. |
| S or | | | Be | eginning of Current Year | End of Year |
| Net Assets Fund Baland | 20 | Total assets (Part X, line 16) | | 7,698,847. 1,756,764. | 9,520,562. 750,075. |
| et A | 21 | Total liabilities (Part X, line 26) | | 5,942,083. | 8,770,487. |
| | <u>22</u> | Net assets or fund balances. Subtract line 21 from line 20 | | 3,342,003. | 0,770,407. |
| 17 - | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | e and statem | ents, and to the best of m | v knowledge and helief it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of w | | | y kilosticago alla bollolj k lo |
| 400 | , 001100 | y and definition become and it is properly (and a finitely in based and at morning to the | | | |
| Sig | n | Signature of officer | | Date | |
| Her | | SARA GRIFFEN, EXECUTIVE DIRECTOR | | | |
| | | Type or print name and title | | _ | |
| | _ | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | | RICHARD HOTZ | | L1/10/21 if self-employ | P00452784 |
| | parer | Firm's name CONSIDINE & CONSIDINE | | Firm's EIN | 95-2694444 |
| Use | Only | Firm's address 8989 RIO SAN DIEGO DRIVE, SUITE | 250 | | 0 004 4077 |
| _ | • | SAN DIEGO, CA 92108 | | Phone no.61 | 9.231.1977 |
| Mar | v the II | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Form | 1990 (2020) IMPERIAL VALLEY FOOD BANK 33-0633364 Page 2 |
|----------|--|
| | rt III Statement of Program Service Accomplishments |
| J. 1979 | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: FIGHTING HUNGER - BRINGING HEALTH AND HOPE TO THE IMPERIAL VALLEY |
| | COMMUNITY. |
| | COMPONITI: |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| _ | If "Yes," describe these changes on Schedule O. |
| 4 | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 5,223,560 • Including grants of \$) (Revenue \$) |
| | USDA COMMODITIES PROGRAM - ADMINISTER PROGRAM, DISTRIBUTED COMMODITY |
| | ITEMS TO DISTRIBUTION SITES IN ORDER TO PROVIDE FOOD TO APPROXIMATELY |
| | 5000 FAMILIES ON A MONTHLY BASIS. |
| | 5000 PARTED ON IT MONTHED BIRDED. |
| | |
| | |
| | programme and a second |
| | Constitution of the consti |
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| | |
| | |
| | F 000 004 |
| 4b | (Code:) (Expenses \$ 5,802,024 · Including grants of \$) (Revenue \$ 55,042 ·) |
| | FOOD DISTRIBUTION TO THE NEEDY DISTRIBUTED FOOD DONATED IN OUR COUNTY |
| | TO NEEDY MEN, CHILDREN, ELDERLY AND FAMILIES ALSO LIVING IN OUR COUNTY. |
| | |
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| | |
| 4c | (Code:) (Expenses \$ 51,845 · Including grants of \$) (Revenue \$) |
| 40 | (Code:) (Expenses \$ |
| | |
| | DEPENDENT ON SCHOOL MEALS FOR MAJORITY OF FOOD. FOOD IS ADDED TO THEIR |
| | BACKPACKS EVERY FRIDAY FOR WEEKEND CONSUMPTION. 680 CHILDREN ARE SERVED |
| | |
| | WEEKLY. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | WEEKLY. |
| 4d | WEEKLY . Contact the services (Describe on Schedule O.) |
| 4d | WEEKLY. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4d 4e | WEEKLY . Contact the services (Describe on Schedule O.) |

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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II_______ Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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

10 Did the organization, directly or through a related organization, hold assets in donor estricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X Х 10 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI

b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total 11a assets reported in Part X, line 16? If "Yes," complete Schedule D; Part VII

c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11¢ 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11d X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х

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Form 990 (2020)

| | 1990 (2020) IMPERIALI VALLET FOUD BANK 33-003 | 3304 | P | age 4 |
|------|---|-------------|--|-----------|
| Pai | rt IV Checklist of Required Schedules (continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 169 | 140 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | |
| | Schedule J | 23 | <u> </u> | Х |
| 24 a | 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 | | | l |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | - | | |
| | any tax-exempt bonds? | . 24c | <u> </u> | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | . 24d | <u> </u> | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | _ 25a | - | X |
| 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 | | | х |
| | Schedule L, Part I | . 25b | ├── | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from on payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 100 | | X |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | . 26 | | |
| 27 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 18914 | 02000 | W. W. |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | Assett Yo | Admin and | a Dalw |
| - | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?# | | | |
| | "Yes," complete Schedule L, Part IV | _ 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | . 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | . 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | . 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | l |
| | sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I | . 33 | Ь— | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | ١ | |
| | Part V, line 1 | | X | ļ <u></u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . 35a | ├ | X |
| 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 | | ├─ | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | ₩ | |
| | If "Yes," complete Schedule R, Part V, line 2 | . 36 | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | Х |
| ~~ | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | . 37 | ┼─ | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | . 38 | x | |
| Par | Note: All Form 990 filers are required to complete Schedule O | . 38 | | |
| .A | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Silvertia distributio di despende di mate te diriy line in talle i dit i | *********** | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | 163 | |
| b | | ਗੋ | 1.00 | Tarage I |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | \exists | | |
| • | (gambling) winnings to prize winners? | 1c | х | |
| _ | | | | |

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| 2,000 | | - 48 | | Yes | No | | | | | |
|-------|---|------------------------------|--|---|-----------------------|--|--|--|--|--|
| 29 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 1 | | 169 | INO | | | | | |
| 20 | filed for the calendar year ending with or within the year covered by this return | _{2a} 17 | | er Neder Ayrola | | | | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | X | , b.K.skii | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | A (A) | YOME | 2.55 1974. 3.1474. | | | | | |
| За | | , | 3a | 122223 | X | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | Y | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | · · | 4a | i | Х | | | | | |
| b | If "Yes," enter the name of the foreign country | | 71.47 | | Justin. | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR), | | | The fact | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | 1 | Х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | X | | | | | |
| С | If "Yes" to line 5a or 5b, dld 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? | | | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | | | | | |
| | were not tax deductible? | | 6b | | 1 | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 0.61.6 12.074 | | 1000 m | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7 b | X | | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | | | | | | |
| | to file Form 8282? | | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | All (v. 1) | 4.5 | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract? | 7e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | 7f | <u>.</u> | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | ļ | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | 1 | 7 32 3 | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | - <u>- </u> | 1237 | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | 130 J | | | | | |
| a | | | 9a | | - | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | #3.850 | termin Talah | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ا مدا | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 旗头 | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 440 | | | | | | | | |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | \$459 \$459 | | | | | | |
| D | amounts due or received from them.) | 11b | | | | | | | | |
| 129 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | 357. No | TO SEA | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 12.0 | 75 N.W | . 1575.2° | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | 943 | 200 A 184 | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | a. skyle | 1868-0,000 | | | | | |
| • | Note: See the instructions for additional information the organization must report on Schedule O. | ••••••••••• | Cilota | 34.3 | A 184 | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| - | organization is licensed to issue qualified health plans | 13b | 1975 | | 3.5% | | | | | |
| С | Enter the amount of reserves on hand | 13c | 44 | | 1.76 | | | | | |
| 14a | | | 14a | · · · · | Х | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | <u> </u> | X | | | | | |
| | If "Yes," see Instructions and file Form 4720, Schedule N. | | | 107-33 | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t income? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | N. | | | | | |
| | | - | Гоин | 000 | (0000 | | | | | |

IMPERIAL VALLEY FOOD BANK 33-0633364 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions, X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a 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 on Schedule O. 12 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policles 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 filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No" go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12¢ X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ection 501(c)(3)s only) available

| 17 | List the states with which a copy of this Form 990 is required to be filed CA |
|----|--|
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se |
| | for public inspection. Indicate how you made these available. Check all that apply. |

X Upon request Other (explain on Schedule O) Another's website

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

State the name, address, and telephone number of the person who possesses the organization's books and records BRIDGET FAJARDO - (760) 370-0966

486 ATEN ROAD, IMPERIAL, CA 92251

Form 990 (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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| (A) | (B) | l | | | | | Ioui | (D) | (E) | (F) |
|------------------------------|------------------------|--------------------------------|-----------------------|-------------------|--------------|----------------------------------|------------|--|------------------------------|------------------------------|
| Name and title | Average | (do | not a | (0 Pos heck | more | than | one | Reportable | Reportable | Estimated |
| | hours per week | box, | unle | ss pe | rson | is bot or/trus | h an | compensation from | compensation from related | amount of other |
| | (list any | cto | | | | | | ▲ the | organizations | compensation |
| | hours for | Individual trustee or director | as a | | | 重 | | organization | (W-2/1099-MISC) | from the |
| | related | nstee | truste | | * | bells | erroe an e | (W-2/1099-MISC) | | organization |
| | organizations below | lual tr | tional | ١. ١ | ploge | yee ye | | | | and related organizations |
| | line) | Indivîc | Institutional trustee | Officer | Key employee | Highest compensated employee. | Former 🚑 | | | organization to |
| (1) SARA GRIFFEN | 40.00 | | | | Acc | 7 | 1 | | . " | |
| EXECUTIVE DIRECTOR | | | | X | -6/4 | 1 | 1 | 114,391. | 0. | 0. |
| (2) JAMES ABATTI | 2.00 | | Ą | 1XE | 750 | 1 | 1 | _ | | _ |
| PRESIDENT | | X | É. | X | 1 | À | *** | 0. | 0. | 0. |
| (3) SHELLY WILKINSON | 1.00 | | | | | | | | | _ |
| VICE PRESIDENT | | X | A. Same | | الميني | 1 | | 0. | 0. | 0. |
| (4) ROBERT BARROS | 2.00 | 133 | | | | ľ | | | | • |
| CFO | 1 1 00 | X | 4 | X | | ╙ | | 0. | 0. | 0. |
| (5) ELVIRA GONZALEZ | 1.00 | | 1 | 1 | | | | | _ | • |
| SECRETARY | 0 50 | X | | x | | ┡ | _ | 0. | 0. | 0. |
| (6) JOHN LEVADA | 0.50 | | | | | | | | | • |
| IMMEDIATE PAST-PRESIDENT | 0 50 | X | | <u> </u> | | <u> </u> | | 0. | 0. | 0. |
| (7) KRIS BECKER | 0.50 | x | | | | | | 0. | 0. | ^ |
| MEMBER (8) LIZANDRO ESCOBOSA | 0.50 | ₽ | _ | <u> </u> | | ┝ | <u> </u> | U . | U+ | 0. |
| MEMBER | 0.50 | x | | | | | | 0. | 0. | 0. |
| (9) ED MCGREW | 0.50 | ^ | | ⊢ | | ⊢ | | 0. | · · | <u> </u> |
| MEMBER | 0.50 | $ _{\mathbf{x}} $ | | | | | | 0. | 0. | 0. |
| (10) TOM MULLER | 0.50 | | | | | ╁ | | <u> </u> | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (11) STEVEN NICKUS | 0.50 | ┤ | | | | \vdash | | | - | |
| MEMBER | | x | | | | | | l 0. | 0. | 0. |
| (12) JEAN OSWALT | 0.50 | | | | | | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (13) SHARON STEGMULLER | 0.50 | | | | | | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (14) WILLIAM THOMAS | 0.50 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | \vdash | _ | <u> </u> | _ | ⊢ | _ | <u> </u> | | |
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032007 12-23-20

| Part VII Section A. Officers, Directors, Trus | (B) | Ţ, | | (C | | | | (D) | (E) | (F) |
|---|-------------------|--------------------------------|-----------------------|------------------|--------------|------------------------------|----------------|--------------------------------|--------------------|---------------------|
| Name and title | Average | | | Posi | ition | 1 | | Reportable | Reportable | Estimated |
| | hours per | (do box | not d , unles | heck r ss per | more rson | than is bot | one h an | compensation | compensation | amount of |
| | week | offi | cer an | d a di | recto | or/trus | tee) | from | from related | other |
| | (list any | į | | | | | | the | organizations | compensatio |
| | hours for | æ | 1 | | | ·g | | organization | (W-2/1099-MISC | |
| | related | eg. | nstee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | Ĕ | nal tr | | oyee | ding. | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organization |
| , , , | in ic) | ᄩ | SU. | 8 | Ke | 宝 昌 | Ē | | | |
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| - Marie Platers of time | | 1 | \Box | | <u> </u> | | | | | |
| | | ┝ | \vdash | Н | | e, | 9370 105.22 | | | |
| | | 1_ | | Ш | | | 1 | **** | | |
| | | - | | | | | 1 | | | |
| | | 1 | ah | | | N. O. | | ; } | | · · · · · · |
| o Subtotal | | <u></u> | | | | A Val | | 114,391. | | 0. |
| b Subtotal C Total from continuation sheets to Part V | | | | A | | | | 0. | | 0. |
| d Total (add lines 1b and 1c) | , | 085°40 | Ž. | | | · · · · · | – | 114,391. | | 0. |
| Total number of individuals (including but r | not limited to th | nose | liste | d al | bove | e) wl | no re | 1 | ,000 of reportable | |
| compensation from the organization | <i>[]</i> | | 1 | | | | | | <u> </u> | |
| | ٠٤ | 20. 14 | | • | | | | | | Yes N |
| Did the organization list any former officer. | | , | key e | əmpl | loye | e, o | r hig | phest compensated emp | oloyee on | |
| line 1a? If "Yes," complete Schedule J for s | such individual | | | . | | . | | | | |
| For any individual listed on line 1a, is the s | | | | | | | | | | výs stíle |
| and related organizations greater than \$15 | | | | | | | | | | 4 |
| Did any person listed on line 1a receive or | | | | | | | | | | |
| rendered to the organization? If "Yes," conction B, Independent Contractors | nplete Schedui | e J 1 | for s | uch | pers | son | | | | 5 |
| Complete this table for your five highest co | mpensated in | den | ende | ent c | onti | racto | ore t | that received more than | \$100,000 of comp | ensation from |
| the organization. Report compensation for | | | | | | | | | | JOHOGGOTT II OFF |
| (A) Name and business | address | ከ ፐ/ | יזגר | 31 | | | | (B) Description of s | earvices | (C) Compensation |
| Name and pushiess | i addivəə | 74/ | ІИС | <u> </u> | | | ┥ | DOSORPHOR OF S | 70, 11000 | Componsation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | · | | |
| | | | | | | | 4 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independent contractors (| | not li | mite | d to | | _ | stec | d above) who received n | nore than | |
| \$100,000 of compensation from the organ | ization > | | | | | 0 | | | | |
| | | | | | | | | | | Form 990 (20 |

IMPERIAL VALLEY FOOD BANK 33-0633364 Form 990 (2020) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 ts, Grants Amounts 1 a Federated campaigns 1a **b** Membership dues _____ 1b c Fundraising events _____ 54,200. 10 Giffs, ğ d Related organizations 1d Contributions, and Other Simi 7,373,737. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 6,332,414 similar amounts not included above 1f 8,386,807 g Noncash contributions included in lines 1a-1f 13,760,351 h Total. Add lines 1a-1f **Business Code** 2 a BOX OF BASICS 624210 Program Service 37,572 37,572 h SHARED MAINTENANCE/AGENCY 624210 16,271 16,271 14,909 OTHER 624210 14,909 GOOD NEIGHBOOR BAG 624210 3,540 3,540. f All other program service revenue 72.292 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 179,281 179,281 Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 1,000 6 a Gross rents 6a b Less: rental expenses ... 6b 1,000 c Rental income or (loss) 1,000 1,000. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities /(ii) Other 2,525 assets other than inventory **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) 2,525 d Net gain or (loss) 2,525 2,525 8 a Gross income from fundraising events (not 54,200. of including \$ contributions reported on line 1c). See 31,758 Part IV, line 18 b Less: direct expenses _____ 13,076 18,682 18 682. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code Miscellaneous** 11 a d All other revenue e Total. Add lines 11a-11d

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21 207.

14,034,131,

252,573

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members _____ Compensation of current officers, directors, 114,391. 73,643. 28,598. trustees, and key employees 12,150. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 515,282. 441,056. 19,494. 54,732. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 61,982. 52,121. 4,328. 5,533. Payroll taxes _____ 10 Fees for services (nonemployees): 11 Management b Legal ____ c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 34,836 34,836 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 ~7:/916 7,916. Office expenses 13 Information technology 14 Royalties 15 237,590. 237,590. 16 Occupancy 13,179. 13,179. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 62,904. 62,904. 20 Payments to affiliates _____ 21 64,253 61,396. 2,857. Depreciation, depletion, and amortization 22 85,389. 85,389. 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) DISTRIBUTION EXPENSE 9,887,548 9,887,548 32,294. MISCELLANEOUS 31,688. 606. 23,497. 23,497. DUES AND SUBSCRIPTIONS 21,902. 21,902. d AUTOMOBILE 42,764. 42,764. e All other expenses 11,205,727. 11,077,429. 52.420 75,878. Total functional expenses. Add lines 1 through 24e 25 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) 032010 12-23-20

| Part > | X | Balance Sheet | | | |
|--|----------|--|---|------------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X \dots | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | 1 | Cash · non-interest-bearing | 773,978. | 1 | 950,492 |
| 2 | 2 | Savings and temporary cash investments | | 2 | |
| 3 | 3 | Pledges and grants receivable, net | 752,358. | 3 | 1,361,569 |
| 4 | | Accounts receivable, net | 14,415. | 4 | 1,309 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| € | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| g 7 | 7 | Notes and loans receivable, net | 4,602,950. | 7 | 4,602,950 |
| Assets | В | Inventories for sale or use | 1,369,147. | 8 | 1,994,662 |
| ۶ ۲ | 9 | Prepaid expenses and deferred charges | | 9 | |
| 10 | Da | Land, buildings, and equipment: cost or other | | 100 | |
| | | basis. Complete Part VI of Schedule D 10a 628, 589 | | | |
| | b | Less: accumulated depreciation 10b 260,515 | 141,636. | 10c | 368,074 |
| 11 | 1 | Investments - publicly traded securities | | 11 | |
| 12 | 2 | Investments - other securities. See Part IV, line 11 | 27,934. | 12 | 227,934 |
| 13 | 3 | Investments - program-related. See Part IV, line 11 | (<u>)</u> | 13 | |
| 14 | 4 | Intangible assets | 16,429. | 14 | 13,572 |
| 15 | 5 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | 6 | Total assets. Add lines 1 through 15 (must equal line 33) | 7,698,847. | 16 | 9,520,562 |
| 17 | 7 | Accounts payable and accrued expenses Grants payable | 123,603. | 17 | 111,483 |
| 18 | 8 | | | 18 | |
| 19 | 9 | Deferred revenue | | 19 | |
| 20 | | Tax-exempt bond liabilities | | 20 | |
| 21 | | Escrow or custodial account liability. Complete Part IV of Schedule D | 1. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | 21 | |
| စ္က 22 | 2 | Loans and other payables to any current or former officer, director, | | | |
| <u> </u> | | trustee, key employee, creator or founder, substantial contributor, or 35% | | NAIA. | |
| Liabilities | | controlled entity or family member of any of these persons | 1 (14 1704 | 22 | <u> </u> |
| 7 23 | 3 | Secured mortgages and notes payable to unrelated third parties | 1,614,794. | 23 | 511,803 |
| 24 | | Unsecured notes and loans payable to unrelated third parties | | 24 | <u> </u> |
| 25 | 5 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 10 267 | | 106 700 |
| | | of Schedule D | 18,367. | 25 | 126,789 |
| 26 | 6 | Total liabilities. Add lines 17 through 25 | 1,756,764. | 26 | 750,075 |
| g l | | Organizations that follow FASB ASC 958, check here ▶ X | | Kai | |
| [] | _ | and complete lines 27, 28, 32, and 33. | 1 026 020 | -variation | 0 615 007 |
| 명 27 명 | | Net assets without donor restrictions | 4,836,038. 1,106,045. | 27 | 8,615,007 155,480 |
| 28 | 8 | Net assets with donor restrictions | 1,100,045. | 28 | 133,460 |
| 5 | | Organizations that do not follow FASB ASC 958, check here | | (3%) | The second second |
| - - | | and complete lines 29 through 33. | | 1.45. | PARTANASAFINASA |
| <u>s</u> 29 | | Capital stock or trust principal, or current funds | | 29 | |
| ဖ္တို 30 | | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | | Retained earnings, endowment, accumulated income, or other funds | E 042 002 | 31 | 0 770 407 |
| | | Total net assets or fund balances | 5,942,083. | 32 | 8,770,487 |
| 33 | 3 | Total liabilities and net assets/fund balances | 7,698,847. | 33 | 9,520,562 |

Form **990** (2020)

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

3a | X