

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: UNITED FOOD BANK  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): 245 S NINA DRIVE Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: MESA, AZ 852108490

**D** Employer identification number: 86-0505273  
**E** Telephone number: (480) 926-4897  
**G** Gross receipts \$ 41,530,116

**F** Name and address of principal officer:  
 DAVID RICHINS  
 245 S NINA DRIVE  
 MESA, AZ 852108490

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.UNITEDFOODBANK.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1985 **M** State of legal domicile: AZ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 OUR MISSION IS TO DIMINISH HUNGER IN ARIZONA BY PROVIDING ACCESS TO NUTRITIOUS FOOD THROUGH COMMUNITY PARTNERSHIPS, FOOD DISTRIBUTION AND EDUCATION IN EASTERN MARICOPA, GILA, PINAL AND SOUTHERN NAVAJO AND APACHE COUNTIES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	24
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	24
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	57
<b>6</b> Total number of volunteers (estimate if necessary)	6	17,806
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	32,712,565	40,448,123
<b>9</b> Program service revenue (Part VIII, line 2g)	329,294	94,790
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,517	307,828
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,090	54,647
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,172,286	40,905,388
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	30,390,457
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,282,844	2,405,849
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	55,752	85,705
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶826,562		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,015,823	2,287,985
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	32,354,419	35,169,996
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	817,867	5,735,392

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	7,667,362	13,950,455
<b>21</b> Total liabilities (Part X, line 26)	2,651,654	3,273,635
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,015,708	10,676,820

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2021-05-04  
 RAVEEN ARORA BOARD CHAIR  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date: 2021-05-04	Check <input type="checkbox"/> if self-employed	PTIN: P01300648
Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
Firm's address ▶ 20 EAST THOMAS ROAD SUITE 2300 PHOENIX, AZ 85012	Phone no. (602) 266-2248			

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

OUR MISSION IS TO STABILIZE THE LIVES OF HUNGRY, LOW-INCOME PEOPLE WITHIN EASTERN MARICOPA, GILA AND PINAL, AND SOUTHERN NAVAJO AND APACHE COUNTIES OF ARIZONA BY ACTIVELY ACQUIRING, STORING AND DISTRIBUTING LARGE QUANTITIES OF WHOLESOME AND NUTRITIOUS FOODS TO OUR NETWORK OF COMMUNITY AND STRATEGIC PARTNERS, COMBINED WITH ADVOCACY AND EDUCATIONAL INITIATIVES THAT ENHANCE LIVES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  **Yes**  **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  **Yes**  **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 33,535,603 including grants of \$ 30,327,395 ) (Revenue \$ 94,790 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 90,590 including grants of \$ 63,062 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 33,626,193

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	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	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)	Yes	
<b>18</b>	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	Yes	
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b>	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> . . . . .	<b>23</b>	No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	No
<b>32</b>	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> . . . . .	<b>32</b>	No
<b>33</b>	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> . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	15
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

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

<b>2a</b> 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>2a</b>	57			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .			<b>3b</b>		
<b>4a</b> 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)? . . . . .			<b>4a</b>		No
<b>b</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).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>		
<b>6a</b> 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>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .			<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		No

Part VI 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							254,602	0	31,697	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	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
12NEWSCOM PO BOX 637386 CINCINNATI, OH 45263	ADVERTISING	107,049

**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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	108,516					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	57,417					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	17,677,249					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	22,604,941					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	32,068,045					
	<b>h Total.</b> Add lines 1a-1f . . . . .			40,448,123				
<b>Program Service Revenue</b>	<b>2a</b> SHARED MAINTENANCE	Business Code 900099	94,790	94,790				
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue.							
	<b>g Total.</b> Add lines 2a-2f. . . . .		94,790					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		40,382			40,382		
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	849,646	22,419			
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	601,408	3,211		
			<b>c</b> Gain or (loss)	<b>7c</b>	248,238	19,208		
	<b>d</b> Net gain or (loss) . . . . .			267,446		267,446		
	<b>8a</b> Gross income from fundraising events (not including \$ 57,417 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	20,109			
<b>c</b> Net income or (loss) from fundraising events . . . . .					-20,109		-20,109	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code							
<b>11a</b> MANAGEMENT FEES	900099	63,031			63,031			
<b>b</b> OTHER INCOME	900099	11,725			11,725			
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			74,756					
<b>12 Total revenue.</b> See instructions . . . . .			40,905,388	94,790	0	362,475		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	30,390,457	30,390,457		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	293,896		293,896	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,599,140	1,082,884	167,772	348,484
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	348,999	226,328	56,361	66,310
<b>10</b> Payroll taxes . . . . .	163,814	96,709	38,771	28,334
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	28,038		28,038	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	85,705			85,705
<b>f</b> Investment management fees . . . . .	570		570	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,248	24,535	26,924	12,789
<b>12</b> Advertising and promotion . . . . .	199,125			199,125
<b>13</b> Office expenses . . . . .	206,775	113,291	45,696	47,788
<b>14</b> Information technology . . . . .	11,576		10,026	1,550
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	135,722	124,126	5,354	6,242
<b>17</b> Travel . . . . .	10,036	8,638	228	1,170
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	8,189	1,463	4,897	1,829
<b>20</b> Interest . . . . .	92,657	80,811	5,466	6,380
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	309,528	284,450	11,346	13,732
<b>23</b> Insurance . . . . .	61,434	43,662	14,318	3,454
<b>24</b> 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.)				
<b>a</b> VEHICLE EXPENSE	400,295	400,122	81	92
<b>b</b> PURCHASED FOOD AND SUPP	290,439	290,439		
<b>c</b> WAREHOUSE EXPENSE	256,202	251,595	2,912	1,695
<b>d</b> UNUSABLE SALVAGE	190,454	190,454		
<b>e</b> All other expenses	22,697	16,229	4,585	1,883
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,169,996	33,626,193	717,241	826,562
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	95,249	<b>1</b>	1,144,602
	<b>2</b> Savings and temporary cash investments . . . . .	136,526	<b>2</b>	2,890,832
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	408,067	<b>4</b>	471,492
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,359,498	<b>8</b>	2,963,176
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,925	<b>9</b>	3,981
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,754,907		
	<b>b</b> Less: accumulated depreciation	2,192,696		
	<b>11</b> Investments—publicly traded securities . . . . .	1,687,715	<b>11</b>	1,914,161
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,667,362	<b>16</b>	13,950,455	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	514,817	<b>17</b>	255,352
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	947,164
	<b>20</b> Tax-exempt bond liabilities . . . . .	2,022,272	<b>20</b>	1,938,374
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	114,565	<b>25</b>	132,745
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,651,654	<b>26</b>	3,273,635
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,099,801	<b>27</b>	9,529,473
	<b>28</b> Net assets with donor restrictions . . . . .	915,907	<b>28</b>	1,147,347
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	5,015,708	<b>32</b>	10,676,820	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,667,362	<b>33</b>	13,950,455	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	40,905,388
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,169,996
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,735,392
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,015,708
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-56,100
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-18,180
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,676,820

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0505273

**Name:** UNITED FOOD BANK

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM - SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

KIDS LIFE PROGRAM: ONE IN FOUR KIDS IN ARIZONA ARE AT RISK FOR HUNGER. UNITED FOOD BANK PARTNERS WITH AFTER-SCHOOL PROGRAMS TO PROVIDE AT-RISK CHILDREN WITH FREE NUTRITIOUS MEALS AND SNACKS. OUR EFFORTS INCLUDE KIDS CAFE, BACKPACK AND SCHOOL PANTRY PROGRAMS. UNITED FOOD BANK PROVIDES A MENU OF SHELF STABLE PRODUCT, WHICH FULFILLS PRESCRIBED NUTRITIONAL CRITERIA AS ESTABLISHED BY FEEDING AMERICA.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID RICHINS ..... PRESIDENT & CEO	35.00 ..... 5.00			X				107,120	0	24,301
MARTIN TERRIEN ..... CFO (RESIGNED 12/19)	40.00 ..... 0.00			X				81,150	0	0
MEGAN NAGLE ..... CFO	35.00 ..... 5.00			X				66,332	0	7,396
MARIANN WARD ..... CHAIR	1.50 ..... 0.50	X		X				0	0	0
CHRISTOPHER WODARCYK ..... FORMER CHAIR	1.00 ..... 0.50	X		X				0	0	0
RAVEEN ARORA ..... VICE CHAIR	1.10 ..... 0.00	X		X				0	0	0
DAVE PLUMB ..... TREASURER	1.10 ..... 0.00	X		X				0	0	0
MIKE SURIANO ..... ASSISTANT TREASURER	1.10 ..... 0.00	X		X				0	0	0
BILL WARREN ..... SECRETARY	1.10 ..... 0.00	X		X				0	0	0
KATIE ARRINGTON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLIE DONELY-WILLIAMS ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JILL NORGAARD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
SONIA MARTINEZ ..... DIRECTOR	1.10 ..... 0.00	X						0	0	0
JASON PORTER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
CATHY CHLARSON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MARTY RIOS ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MICHAEL SOELBERG ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
KEVIN THOMPSON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
SCOTT KOOIMAN ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
TREVOR HANSEN ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY EDUOARD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JOSEPH SHELLEY ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JENNIFER RIVERA ..... DIRECTOR	1.00 ..... 0.50	X						0	0	0
JENNIFER HOLSMAN TETREULT ..... DIRECTOR	1.00 ..... 0.50	X						0	0	0
RUSTYN SHERER ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
LINDE HARNED ..... DIRECTOR	1.00 ..... 0.50	X						0	0	0
CHRISTINA LA PORTE ..... DIRECTOR	0.50 ..... 0.50	X						0	0	0
JAMES CHRISTENSEN ..... DIRECTOR (RESIGNED 9/19)	1.00 ..... 0.00	X						0	0	0
NICOLE WASHINGTON ..... DIRECTOR (RESIGNED 12/19)	0.50 ..... 0.00	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
UNITED FOOD BANK

**Employer identification number**  
86-0505273

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  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.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	41,186,572	41,866,915	34,465,988	32,712,565	40,448,123	190,680,163
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..					447,733	447,733
<b>4</b>	<b>Total.</b> Add lines 1 through 3	41,186,572	41,866,915	34,465,988	32,712,565	40,895,856	191,127,896
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						29,391,000
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						161,736,896

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	41,186,572	41,866,915	34,465,988	32,712,565	40,895,856	191,127,896
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	29,083	38,499	42,779	36,662	40,382	187,405
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	6,016	1,115	2,391	4,819	74,756	89,097
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						191,404,398
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,765,994

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	84.500 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	81.030 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			



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

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 5:	<p>IT WAS DETERMINED IN THE FISCAL YEAR 6/30/2016 THAT THE ORGANIZATION SHOULD AGGREGATE THE FOOD COMMODITY DONATIONS THAT ARE RECEIVED FROM ONE CORPORATE DONOR EVEN THOUGH NUMEROUS INDIVIDUAL GROCERY STORES ARE INVOLVED. AS A RESULT, AN ESTIMATE WAS MADE OF THE DONATIONS RECEIVED FROM THESE CORPORATE DONORS IN THE FIRST YEAR OF THE 4-YEAR LOOKBACK PERIOD INCLUDED IN THIS SCHEDULE A. TO THE EXTENT THESE AMOUNTS EXCEEDED THE 2% THRESHOLD, THEY ARE INCLUDED IN THE CURRENT SCHEDULE A ON LINE 5, THIS HAS REDUCED THE PUBLIC SUPPORT PERCENTAGE IN THE CURRENT YEAR DOWN TO 81.03% THAT IS STILL SIGNIFICANTLY ABOVE THE MINIMUM 33 1/3% REQUIRED. IF THESE DONATIONS WERE NOT AGGREGATED BUT WERE RECORDED ON A PER STORE BASIS, THERE WOULD BE NO EXCESS CONTRIBUTIONS REPORTED ON LINE 5 AS IN PRIOR YEARS.</p>

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
UNITED FOOD BANK

**Employer identification number**  
86-0505273

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,687,614	1,685,339	1,828,060	1,685,021	1,855,203
<b>b</b> Contributions . . . . .	451,000	100,000			
<b>c</b> Net investment earnings, gains, and losses	226,447	233,275	152,279	143,039	-20,182
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		331,000	295,000		150,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,365,061	1,687,614	1,685,339	1,828,060	1,685,021

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 68.490 %
  - b** Permanent endowment ▶ 12.720 %
  - c** Temporarily restricted endowment ▶ 18.790 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		850,000		850,000
<b>b</b> Buildings . . . . .		1,750,000	617,361	1,132,639
<b>c</b> Leasehold improvements		2,166,456	733,144	1,433,312
<b>d</b> Equipment . . . . .		1,904,983	825,792	1,079,191
<b>e</b> Other . . . . .		83,468	16,399	67,069
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,562,211

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP	132,745
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	132,745

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0505273

**Name:** UNITED FOOD BANK

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION HAS DONOR RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR THE PURPOSE OF PROVIDING FUTURE INCOME TO FURTHER THE MISSION OF THE UNITED FOOD BANK. IN ADDITION, THE BOARD OF DIRECTORS HAS DESIGNATED A PORTION OF THE UNRESTRICTED AMOUNT OF THE ENDOWMENT FOR LONG-TERM PURPOSES.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED. IN ADDITION , THE ORGANIZATION QUALIFIES FOR CHARITABLE DEDUCTIONS UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.



**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
UNITED FOOD BANK

**Employer identification number**  
86-0505273

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RESOLUTE NONPROFIT CONSULTING 9456 WEST POTTER DRIVE  PEORIA, AZ 85382	GRANT WRITER		No	2,819,591	39,000	2,780,591
THE MARKETBUILDER 5135 EAST INGRAM STREET  MESA, AZ 85205	DIRECT MAIL		No	1,482,653	46,705	1,435,948
<b>Total</b>				4,302,244	85,705	4,216,539

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

AZ

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>JAVELINA OPEN HOUSE</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	57,417			57,417
<b>2</b>	Less: Contributions . . . . .	57,417			57,417
<b>3</b>	Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	6,653			6,653
	<b>8</b> Entertainment . . . . .	2,820			2,820
	<b>9</b> Other direct expenses . . . . .	10,636			10,636
	<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-20,109

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

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

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization UNITED FOOD BANK

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 86-0505273

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 138
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	EMPLOYEES MAKE ANNUAL SITE VISITS TO ENSURE THAT THE AGENCIES ARE OPERATING AS INTENDED. AGENCIES THAT ARE ALLOWED TO MAKE FOOD PURCHASES OR RECEIVE FOOD OR COMMODITIES UNDER THE GOVERNMENTAL PROGRAMS ARE REVIEWED ANNUALLY TO ENSURE ELIGIBILITY. SITE VISITS ARE PERFORMED ON A RANDOM BASIS TO ENSURE THAT THE AGENCY IS IN COMPLIANCE WITH FOOD STORAGE REQUIREMENTS AND TO SEE THAT THE FOOD IS BEING USED APPROPRIATELY. ADDITIONALLY, ALL DISTRIBUTIONS ARE VERIFIED MONTHLY TO ENSURE THAT THE DISTRIBUTIONS ARE APPROPRIATE FOR THE TYPE OF AGENCY OPERATIONS. AGENCIES THAT DO NOT MEET THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO LONGER BE ABLE TO RECEIVE DISTRIBUTIONS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0505273  
**Name:** UNITED FOOD BANK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW LEAF 868 EAST UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	730	155,983	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
AGAINST ABUSE - LA CASA DE PAZ 119 N FLORENCE STREET CASA GRANDE, AZ 85122	94-2856310	501(C)(3)	1,100	30,102	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APACHE JUNCTION SALVATION ARMY 605 EAST BROADWAY AVENUE APACHE JUNCTION, AZ 85119	94-1156347	501(C)(3)	1,035	320,819	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
APACHE JUNCTION UNIFIED SCHOOL DISTRICT 1575 WEST SOUTHERN AVE STE 5 APACHE JUNCTION, AZ 85210	86-0951340	GOVERNMENT	0	15,022	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA BRAINFOOD 143 SOUTH ALMA SCHOOL ROAD MESA, AZ 85210	26-3946158	501(C)(3)	0	25,652	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ASTER AGING 247 NORTH MACDONALD STREET MESA, AZ 85201	94-2596075	501(C)(3)	0	34,033	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AZCEND FOOD PANTRY 345 SOUTH CALIFORNIA STREET CHANDLER, AZ 85224	86-0428780	501(C)(3)	1,000	1,272,431	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
BOYS & GIRLS CLUB - EV - AJSUPERSTITIION MTN 1755 N IDAHO ROAD APACHE JUNCTION, AZ 85119	86-0550646	501(C)(3)	0	15,179	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUDDHIST TZU-CHI FOUNDATION 2145 WEST ELLIOT ROAD CHANDLER, AZ 85224	94-2952782	501(C)(3)	0	154,974	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CALVARY CHAPEL OF QUEEN CREEK 19248 EAST SAN TAN BOULEVARD QUEEN CREEK, AZ 85142	51-0445629	501(C)(3)	0	39,438	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANYON DAY ASSEMBLY OF GOD FOOD PANTRY PO BOX 537 FORT APACHE, AZ 85926	20-4595770	501(C)(3)	253	104,155	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CARING HANDS OF PINAL COUNTY 1451 N PINAL AVE 76 CASA GRANDE, AZ 85122	47-5417759	501(C)(3)	36	251,945	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA GRANDE FOOD BANK 235 EAST 4TH STREET CASA GRANDE, AZ 85122	94-2525394	501(C)(3)	0	79,386	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CASA GRANDE SALVATION ARMY 1333 NORTH CENTER AVENUE CASA GRANDE, AZ 85122	94-1156347	501(C)(3)	225	23,275	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA GRANDE SVDP 405 EAST 2ND STREET CASA GRANDE, AZ 85122	86-0570967	501(C)(3)	1,000	108,920	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER CARE CENTER 777 EAST GALVESTON STREET CHANDLER, AZ 85225	81-5402137	501(C)(3)	1,000	248,908	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHANDLER GILBERT COMMUNITY COLLEGE 2626 EAST PECOS ROAD CHANDLER, AZ 85225	86-0185552	GOVERNMENT	0	24,166	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER SALVATION ARMY PO BOX 250 CHANDLER, AZ 85224	94-1156347	501(C)(3)	998	251,003	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD CRISIS ARIZONA 817 NORTH COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	0	8,956	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHRIST THE VICTOR LUTHERAN CHURCH 6175 EAST ARIZONA FARMS ROAD FLORENCE, AZ 85132	41-1991463	501(C)(3)	1,137	336,119	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN ASSISTANCE NETWORK 6659 EAST UNIVERSITY DRIVE MESA, AZ 85205	27-2196285	501(C)(3)	47	36,754	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CIBECUE MOBILE PANTRY 6 WEST 3RD STREET CIBECUE, AZ 85911	86-0505273	501(C)(3)	0	107,011	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COBRE VALLEY YOUTH CLUB 1435 SOUTH HAGEN ROAD GLOBE, AZ 85501	26-1219058	501(C)(3)	0	17,938	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY ACTION HUMAN RESOURCES AGENCY 109 NORTH SUNSHINE BOULEVARD ELOY, AZ 85131	86-0397693	501(C)(3)	1,179	184,365	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE 879 NORTH PLAZA DRIVE APACHE JUNCTION, AZ 85120	86-0912044	501(C)(3)	1,195	30,988	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY PRESBYTERIAN DEACON'S PANTRY 800 WEST MAIN STREET PAYSON, AZ 85541	86-0441745	501(C)(3)	1,270	173,232	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COMPASSION IN ACTION 4525 SOUTH MCCLINTOCK DRIVE TEMPE, AZ 85282	36-2225484	501(C)(3)	0	24,347	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COOLIDGE UNIFIED SCHOOL DISTRICT 450 NORTH ARIZONA BLVD COOLIDGE, AZ 85128	23-2999060	GOVERNMENT	0	5,031	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COPA HEALTH 422 WEST IVY GLEN MESA, AZ 85201	86-0137109	501(C)(3)	114	42,865	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
DESERT MANNA FOOD PANTRY 590 NORTH 96TH STREET MESA, AZ 85207	45-4513048	501(C)(3)	120	1,775,845	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EISENHOWER CENTER FOR INNOVATION 848 NORTH MESA DRIVE MESA, AZ 85201	86-6000481	GOVERNMENT	0	56,331	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ELOY FOOD PANTRY 605 NORTH SANTA CRUZ AVENUE ELOY, AZ 85131	86-0469348	501(C)(3)	1,000	319,710	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELOY PARKS & RECREATION DEPARTMENT 100 EAST 7TH STREET ELOY, AZ 85131	86-0397693	GOVERNMENT	235	8,509	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
EMPOWERMENT SYSTEMS (UFB) 2066 W APACHE TRIAL STE 116 APACHE JUNCTION, AZ 85120	86-0664708	501(C)(3)	1,000	69,908	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENCOUNTER AZ CHURCH OF GOD 1718 NORTH MESA DRIVE MESA, AZ 85201	62-0484177	501(C)(3)	1,000	13,455	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FOR MARICOPA 44625 WEST GARVEY AVENUE MARICOPA, AZ 85238	26-0527262	501(C)(3)	0	109,786	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

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FAITH WITH ACTION PO BOX 174 SHOW LOW, AZ 85902	94-2576517	501(C)(3)	1,340	91,456	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FATHER MCGIVNEY FOOD BANK 29050 NORTH TAYLOR TRAIL SAN TAN VALLEY, AZ 85113	86-0096789	501(C)(3)	894	1,340,627	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



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FIRE & WATER INTERNATIONAL CHURCH 1937 EAST DIAMOND STREET PHOENIX, AZ 85006	86-0928650	501(C)(3)	0	2,399	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST BAPTIST CHURCH OF CASA GRANDE 6395 EAST MONITOR STREET PICACHO, AZ 85141	86-0123683	501(C)(3)	1,000	180,873	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FIRST BAPTIST CHURCH OF STANFIELD PO BOX 250 STANFIELD, AZ 85172	86-0123683	501(C)(3)	1,029	362,371	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST EVANGELICAL LUTHERAN CHURCH 142 NORTH DATE STREET MESA, AZ 85201	41-1568278	501(C)(3)	48	171,215	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FIRST PRESBYTERIAN CHURCH - DEACON'S PANTRY 161 NORTH MESA DRIVE MESA, AZ 85201	23-6393377	501(C)(3)	154	24,615	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FORT APACHE FOOD PANTRY ROUTE 22 TESSLER ROAD FORT APACHE, AZ 85926	84-1608050	501(C)(3)	0	104,620	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FOUR PEAKS ELEMENTARY SCHOOL 1785 NORTH IDAHO ROAD APACHE JUNCTION, AZ 85119	11-0243102	501(C)(3)	0	11,075	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GATEWAY BIBLE CHURCH 1621 NORTH PASADENA MESA, AZ 85201	86-0623192	501(C)(3)	1,107	176,916	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

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GENESIS PROJECT PO BOX 5156 APACHE JUNCTION, AZ 85178	27-3994457	501(C)(3)	1,166	168,082	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GILA COMMUNITY FOOD BANK PO BOX 1410 GLOBE, AZ 85501	86-0340833	501(C)(3)	1,149	668,295	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GILA RIVER D6 MP 5230 WEST ST JOHNS ROAD LAVEEN, AZ 85339	86-0505273	501(C)(3)	0	187,848	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GILA RIVER D7 MP 8035 SOUTH 83RD AVENUE LAVEEN, AZ 85339	86-0505273	501(C)(3)	0	174,039	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GILA RIVER NUTRITION ASSISTANCE PROGRAM PO BOX 1539 SACATON, AZ 85147	86-0505273	501(C)(3)	0	58,585	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GOLD CANYON UNITED METHODIST CHURCH FOOD BANK 8330 EAST SUNRISE SKY DRIVE GOLD CANYON, AZ 85118	86-0621002	501(C)(3)	219	317,232	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CAP 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283	86-0297728	501(C)(3)	1,000	337,561	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOPE OUTREACH - CHRIST THE KING 1551 EAST DANA AVENUE MESA, AZ 85204	86-0096789	501(C)(3)	1,943	397,763	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARVEST COMPASSION CENTER EAST VALLEY 1120 SOUTH GILBERT ROAD GILBERT, AZ 85296	47-3437813	501(C)(3)	188	59,864	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HAYDEN SENIOR CENTER 520 VELASCO AVENUE HAYDEN, AZ 85135	86-0289725	501(C)(3)	60	23,489	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEBER-OVERGAARD COMMUNITY FOOD BANK PO BOX 3058 OVERGAARD, AZ 85933	86-0674184	501(C)(3)	0	26,858	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HELPING HANDS HEALTH SERVICES 1330 W AUTO DRIVE 201 TEMPE, AZ 85284	47-2000510	501(C)(3)	345	46,373	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLBROOK SEVENTH DAY ADVENTIST INDIAN SCHOOL 2001 MCLAWS ROAD HOLBROOK, AZ 86025	86-0505273	501(C)(3)	118	33,509	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOLBROOK UNIFIED SCHOOL DISTRICT NO 3 600 WEST BUFFALO STREET HOLBROOK, AZ 86025	09-0203104	501(C)(3)	0	54,221	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLY CROSS SVDP 1244 SOUTH POWER ROAD MESA, AZ 85206	86-0096789	501(C)(3)	799	175,350	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOPE 4 ALL 1487 N CRANE STREET CASA GRANDE, AZ 85122	86-0096789	501(C)(3)	0	10,836	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE INTERNATIONAL FOOD PANTRY 173 SOUTH 17TH STREET COOLIDGE, AZ 85128	46-5017655	501(C)(3)	1,131	96,177	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOUSE OF REFUGE 6858 EAST URSULA AVENUE 2 MESA, AZ 85212	86-0662244	501(C)(3)	1,000	24,276	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IMAGINE SCHOOLS AT EAST MESA 9701 EAST SOUTHERN AVE MESA, AZ 85209	30-0047635	GOVERNMENT	0	48,678	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
IMPACT OF SOUTHERN ARIZONA 3535 EAST HAWSER STREET CATALINA, AZ 85738	86-0968242	501(C)(3)	0	65,222	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JO COMBS SCHOOL DIST #44 2505 E GERMANN ROAD SAN TAN VALLEY, AZ 85140	11-0244106	501(C)(3)	0	6,842	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
JOHN VOLKEN ACADEMY 26601 SOUTH VAL VISTA DRIVE GILBERT, AZ 85298	91-2061674	501(C)(3)	0	3,216	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOCAL FIRST ARIZONA FOUNDATION PO BOX 30363 MESA, AZ 85275	26-1657951	501(C)(3)	32	20,671	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
LOVE KITCHEN 1715 SOUTH PENROD ROAD PINETOP, AZ 85935	47-3910808	501(C)(3)	1,000	192,466	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 5946 EAST UNIVERSITY DRIVE MESA, AZ 85205	86-0252302	501(C)(3)	1,278	49,764	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MARANA COMMUNITY FOOD BANK 11734 WEST GRIER ROAD MARANA, AZ 85653	51-0192519	501(C)(3)	0	6,980	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MATTHEW'S CROSSING 1368 NORTH ARIZONA AVENUE 115 CHANDLER, AZ 85225	55-0896414	501(C)(3)	1,000	1,435,529	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MESA COMMUNITY COLLEGE 1833 WEST SOUTHERN AVENUE MESA, AZ 85202	86-0185552	GOVERNMENT	0	66,892	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESA SALVATION ARMY 241 EAST 6TH STREET MESA, AZ 85201	94-1156347	501(C)(3)	1,861	2,830,104	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MISSION KITCHENFOUNTAIN OF LIFE 6056 E BASELINE ROAD STE 137 MESA, AZ 85206	33-1054769	501(C)(3)	1,000	208,212	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOUNTAIN VIEW CHURCH 4815 WEST HUNT HIGHWAY QUEEN CREEK, AZ 85242	58-1542098	501(C)(3)	1,392	84,537	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MULLIGAN'S MANOR 1935 E DIAMOND DRIVE TEMPE, AZ 85283	26-4089175	501(C)(3)	66	5,189	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIVE AMERICAN CHRISTIAN ACADEMY PO BOX 4013 SUN VALLEY, AZ 86029	86-0580967	501(C)(3)	1,038	148,950	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NATIVE HEALTH SERVICES 4041 N CENTRAL AVE BLDG C PHOENIX, AZ 85012	94-2540194	501(C)(3)	1,824	166,121	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW COVENANT CHURCH PO BOX 875 ST JOHNS, AZ 85936	80-0011888	501(C)(3)	267	449,029	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HOPE COMMUNITY CENTER 6915 E UNIVERSITY DRIVE MESA, AZ 85207	94-2598831	501(C)(3)	1,051	162,670	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HOPE COMMUNITY CHURCH FOOD PANTRY 251 NORTH ROOSEVELT AVENUE CHANDLER, AZ 85226	86-0627448	501(C)(3)	1,243	36,623	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HORIZON COMMUNITY CARE 4625 SOUTH ASH AVE STE J2 TEMPE, AZ 85282	86-1014335	501(C)(3)	489	66,556	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OASIS FOOD PANTRY 208 SOUTH MCLANE ROAD PAYSON, AZ 85541	47-3689168	501(C)(3)	1,177	78,024	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OASIS MINISTRIES 8485 E MCDONALD DRIVE 214 SCOTTSDALE, AZ 25250	82-1166657	501(C)(3)	1,279	16,767	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OLD CONCHO COMMUNITY ASSISTANCE PO BOX 50 CONCHO, AZ 85924	86-0907044	501(C)(3)	1,144	352,592	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OPEN ARMS CARE CENTER 522 NORTH GILBERT ROAD 103 GILBERT, AZ 85234	86-1040036	501(C)(3)	1,000	54,601	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPEN HANDS OUTREACH PROGRAM 151 WEST CENTRAL AVENUE COOLIDGE, AZ 85128	46-0948519	501(C)(3)	268	68,829	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OPERATION LOVE FOOD BANK 360 NORTH 1ST AVENUE HOLBROOK, AZ 86025	86-0123683	501(C)(3)	219	238,150	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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OUR LADY OF MT CARMEL SVDP 2121 SOUTH RURAL ROAD TEMPE, AZ 85282	86-0096789	501(C)(3)	1,163	48,497	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OUR LADY OF THE ASSUMPTION 3048 HIGHWAY 277 OVERGAARD, AZ 85933	86-0785214	501(C)(3)	0	72,780	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PASCUA YAQUI TRIBE - VICTIM SERVICES 9405 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283	86-0203228	GOVERNMENT	0	28,333	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAYSON COMMUNITY KIDS 213 SOUTH COLCORD ROAD PAYSON, AZ 85541	03-0376861	501(C)(3)	0	25,532	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PAYSON SVDP 511 SOUTH ST PHILLIPS STREET PAYSON, AZ 85541	86-0096789	501(C)(3)	1,335	116,697	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAZ DE CRISTO COMMUNITY CENTER 424 WEST BROADWAY MESA, AZ 85210	26-1669496	501(C)(3)	1,207	499,204	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PINE STRAWBERRY FOOD BANK PO BOX 1534 PINE, AZ 85544	80-0648675	501(C)(3)	1,266	99,715	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
QUEEN CREEK BOYS AND GIRLS CLUB 22301 S HAWES ROAD QUEEN CREEK, AZ 85142	86-0550646	501(C)(3)	0	17,913	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESTORE FOOD PANTRY 21803 SUITE E102 ELLSWORTH ROAD QUEEN CREEK, AZ 85142	20-4619609	501(C)(3)	0	74,055	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
RESILIENT HEALTH 4665 S ASH STREET TEMPE, AZ 85282	86-0220306	501(C)(3)	0	8,104	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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RESTORATION COMMUNITY CENTER 374 NORTH HAMILTON STREET CHANDLER, AZ 85225	95-6087955	501(C)(3)	734	261,822	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
RESURRECTION CONFERENCE SVDP 3201 SOUTH EVERGREEN DRIVE TEMPE, AZ 85282	86-0096789	501(C)(3)	0	11,217	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIO VISTA CENTER AT CASA DE AMOR 819 SOUTH MACDONALD STREET MESA, AZ 85210	86-6053028	501(C)(3)	1,052	520,575	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROOSEVELT BAPTIST CHURCH FOOD PANTRY HIGHWAY 188 ROOSEVELT, AZ 85545	86-0123683	501(C)(3)	0	8,319	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROUND VALLEY BOYS & GIRLS CLUB 216 EAST SECOND AVENUE EAGAR, AZ 85925	27-5238993	501(C)(3)	0	8,519	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROUND VALLEY CARES INC PO BOX 1386 SPRINGERVILLE, AZ 85938	20-2970159	501(C)(3)	1,092	218,335	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACATON BOYS & GIRLS CLUB 116 S HOLLY ST SACATON, AZ 85147	86-0550646	501(C)(3)	0	13,668	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SAN CARLOS APACHE TRIBE PO BOX 0 SAN CARLOS, AZ 85550	86-0505273	501(C)(3)	0	180,463	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SANDERS UNIFIED SCHOOL DISTRICT INTERSTATE 40 NORTH HIGHWAY 191 SANDERS, AZ 86512	86-6000393	GOVERNMENT	0	10,200	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SCOTTSDALE PUBLIC SCHOOLS 8500 EAST JACKRABBIT ROAD SCOTTSDALE, AZ 25250	86-6000535	GOVERNMENT	0	56,787	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR PERSONAL ASSISTANCE CORPORATION 610 NORTH ALMA SCHOOL CHANDLER, AZ 85224	45-4551483	501(C)(3)	0	12,334	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SHOW LOW FIRST BAPTIST CHURCH 700 NORTH CENTRAL AVENUE SHOW LOW, AZ 85901	94-2576517	501(C)(3)	145	260,938	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SILVER CREEK SENIOR CENTER PO BOX 1495 SNOWFLAKE, AZ 859371495	94-2745417	501(C)(3)	1,196	322,562	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SPRINGERVILLE - ROUND VALLEY SENIOR CENTER 356 SOUTH PAPAGO STREET SPRINGERVILLE, AZ 85938	86-0505273	501(C)(3)	1,040	202,574	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST BRIDGET SVDP 2213 NORTH LINDSEY ROAD MESA, AZ 85213	86-0096789	501(C)(3)	3	23,130	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST JOHNS CONCHO SENIOR CENTER 395 SOUTH 1ST STREET WEST SAINT JOHNS, AZ 85936	86-0505273	501(C)(3)	48	69,768	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARK'S COPTIC ORTHODOX CHURCH 525 NORTH 74TH STREET SCOTTSDALE, AZ 85257	86-0670937	501(C)(3)	117	9,758	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST MARK'S EPISCOPAL CHURCH 322 NORTH HORNE STREET MESA, AZ 85203	13-5562208	501(C)(3)	320	110,040	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY'S SVDP 230 WEST GALVESTON CHANDLER, AZ 85225	86-0096789	501(C)(3)	940	193,602	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST VINCENT DE PAUL FOOD BANK 420 WEST WATKINS STREET PHOENIX, AZ 85016	86-0096789	501(C)(3)	0	5,832	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STREETS OF JOY 451 EAST 4TH PLACE MESA, AZ 85204	86-0820405	501(C)(3)	0	534,193	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SUPERIOR FOOD BANK PO BOX 171 SUPERIOR, AZ 85173	30-0020685	501(C)(3)	231	257,699	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUPERSTITION COMMUNITY FOOD BANK 575 N IDAHO ROAD SUITE 701 APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	1,223	1,746,148	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
TEMPE COMMUNITY ACTION AGENCY 2146 EAST APACHE BOULEVARD TEMPE, AZ 85281	86-0254820	501(C)(3)	133	1,103,814	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEMPE LIGHT HOUSE APOSTOLIC ASSEMBLY 903 SOUTH GEORGE TEMPE, AZ 85281	95-6087955	501(C)(3)	1,562	74,901	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
TEMPE SALVATION ARMY 714 SOUTH MYRTLE AVENUE TEMPE, AZ 85281	94-1156347	501(C)(3)	2,030	70,162	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TIME OUT INC PO BOX 306 PAYSON, AZ 85541	86-0723051	501(C)(3)	0	330,772	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
TRANSITIONAL LIVING COMMUNITIES 438 SOUTH DREW MESA, AZ 85210	86-0723240	501(C)(3)	6,652	631,471	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRI-COMMUNITY FOOD BANK MAMMOTH 108 WEST REDWOOD DRIVE MAMMOTH, AZ 85618	86-0998046	501(C)(3)	0	199,635	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VERNON ELEMENTARY SCHOOL DISTRICT #9 90 COUNTRY ROAD NORTH 3139 VERNON, AZ 85940	86-0588602	GOVERNMENT	0	19,927	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERNON FOOD PANTRY PO BOX 244 VERNON, AZ 85940	38-3754330	501(C)(3)	100	68,187	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VESTED INTEREST 1900 WEST CHANDLER BLVD SUITE 15-318 CHANDLER, AZ 85224	86-0833455	501(C)(3)	0	212,040	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VINEYARD COMMUNITY CHURCH 601 SOUTH COOPER ROAD GILBERT, AZ 85233	86-0607313	501(C)(3)	899	309,563	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITE MOUNTAIN APACHE MINISTRIES 710 SOUTH CHIEF AVE WHITERIVER, AZ 85941	43-1477774	501(C)(3)	0	113,595	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITE MOUNTAIN CATHOLIC CHARITIES 2190 E WHITE MOUNTAIN BLVD PINETOP, AZ 85935	85-0225263	501(C)(3)	1,348	419,493	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITE MOUNTAIN CATHOLIC CHARITIES - WHITERIVER 3807 B PORTER MOUNTAIN ROAD LAKESIDE, AZ 85929	32-0217942	501(C)(3)	121	135,991	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITE MOUNTAIN COMMUNITY FOOD BANK 2340 WEST PIONEER COURT SHOW LOW, AZ 85901	80-0245130	501(C)(3)	146	95,834	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WINGS OF LIFE WORSHIP CENTER 1092 NORTH VALLEY DRIVE APACHE JUNCTION, AZ 85120	38-6095433	501(C)(3)	244	56,783	FEEDING AMERICA VALUATION REPORT	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 UNITED FOOD BANK

Employer identification number  
 86-0505273

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IDA OF THE COUNTY OF MARIKOPIA	86-0445263		08-28-2013	2,432,395	REFUND SERIES 2009 FACILITY REVENUE BONDS USED FOR CAPITAL EXPENDITURES		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .				
2 Amount of bonds legally defeased . . . . .	494,021			
3 Total proceeds of issue . . . . .	2,432,395			
4 Gross proceeds in reserve funds . . . . .	16,370			
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .				
7 Issuance costs from proceeds . . . . .	6,936			
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .				
11 Other spent proceeds . . . . .	2,425,459			
12 Other unspent proceeds . . . . .				
13 Year of substantial completion . . . . .	2013			

	Yes		No		Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X											
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X										
16 Has the final allocation of proceeds been made? . . . . .	X											
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X											

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X							
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED FOOD BANK

Employer identification number  
86-0505273

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	940	32,066,515	FEEDING AMERICA VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>SUPPLIES</u> ) . . . . .	X	1	890	FMV
26 Other ▶ ( <u>GIFT CARDS</u> ) . . . . .	X	1	640	FMV
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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
PART I, COLUMN (B):	COLUMN (B) REPRESENTS THE NUMBER OF DONORS.

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
UNITED FOOD BANK

Employer identification number

86-0505273

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	ON JULY 1, 2019, WASTE NOT BECAME A SUBSIDIARY ORGANIZATION OF UNITED FOOD BANK, CREATING A FOOD RESCUE DIVISION OF THE FOOD BANK. WASTE NOT RESCUES AND DISTRIBUTES EXCESS PREPARED AND PERISHABLE FOOD FROM RESTAURANTS, RESORTS, CATERERS, GROCERS, AND EVENT VENUES. THEY ARE CREATING SUSTAINABLE FOOD SYSTEMS THAT HELP PEOPLE AND THE PLANET FLOURISH. THEY DO SO BY ELIMINATING FOOD WASTE AND HUNGER THROUGH INNOVATIVE PARTNERSHIPS.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 3	OUR HELP YOURSELF PROGRAM MOVED TO A NO COST FOOD DISTRIBUTION PROGRAM IN JULY 2019. WITH THE START OF THE COVID-19 PANDEMIC BEGINNING IN MARCH 2020, THE FOOD DISTRIBUTION MOVED FROM IN PERSON TO A DRIVE THRU MODEL FOR THE COMMUNITY TO RECEIVE FOOD.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM: UNITED FOOD BANK HAS PROVIDED HUNGER RELIEF TO PEOPLE IN THE EAST VALLEY AND EASTERN ARIZONA SINCE 1983. UFB DISTRIBUTES BULK FOODS TO A NETWORK OF LOCAL PARTNER AGENCIES THAT INCLUDE FOOD PANTRIES, FAITH-BASED ORGANIZATIONS AND OTHER NONPROFITS THAT PROVIDE EMERGENCY FOOD BOXES TO INDIVIDUALS AND FAMILIES IN NEED OF FOOD ASSISTANCE. IN ADDITION, OUR HELPING HANDS PROGRAM PROVIDES AN EMERGENCY FOOD SOURCE FOR "FIRST AND SECOND" RESPONDERS LIKE POLICE, FIREFIGHTERS, SOCIAL AND OUTREACH WORKERS, AND PROTECTIVE SERVICES CASE MANAGERS WHO RESPOND TO EMERGENCY AND CRISIS SITUATIONS IN OUR EAST VALLEY COMMUNITIES. WE ALSO OPERATE A MOBILE PANTRY PROGRAM THAT DISTRIBUTES FOOD DIRECTLY TO CLIENTS PRIMARILY IN THE EASTERN ARIZONA RURAL COMMUNITIES THAT LIVE WITHIN OUR 19,500 SQUARE MILE SERVICE AREA. IN ADDITION, UNITED FOOD BANK PROVIDES BULK FOOD DISTRIBUTION TO A NETWORK OF COMMUNITY ORGANIZATIONS, SUCH AS SOUP KITCHENS, RESIDENTIAL FACILITIES, SENIOR PROGRAMS AND MOBILE PANTRIES WHO SERVE MEALS TO CLIENTS IN NEED. DURING FISCAL 2020, DUE TO COVID-19, UNITED FOOD BANK DISTRIBUTED MORE THAN 24 MILLION POUNDS OF FOOD, PROVIDING 28.8 MILLION MEALS, A 20% INCREASE OVER OUR DISTRIBUTION IN FISCAL 2019.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, AND TREASURER OF THE BOARD WILL CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIRPERSON WILL BE A VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE DESIGNATION OF SUCH COMMITTEE AND THE OBLIGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD, OR ANY DIRECTORS THEREOF, OF ANY RESPONSIBILITY IMPOSED BY LAW. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE AND EXCEPT ALSO THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD IN REFERENCE TO AMENDING THE ARTICLES OF INCORPORATION, ADOPTING A PLAN OF MERGER OR CONSOLIDATION, RECOMMENDING TO THE DIRECTORS THE SALE, LEASE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATION OTHERWISE THAN IN THE USUAL AND REGULAR COURSE OF ITS BUSINESS, RECOMMENDING TO THE DIRECTORS A VOLUNTARY DISSOLUTION OF THE CORPORATION OR A REVOCATION THEREOF, OR AMENDING THE BY-LAWS OF THE CORPORATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION WERE AMENDED DURING FISCAL 2020 TO REFLECT THE FOLLOWING CHANGES - - ARTICLE III CLARIFIED LANGUAGE REGARDING THE CHARACTER OF BUSINESS AND AFFAIRS. - ARTICLE VII UPDATED THE NUMBER OF BOARD MEMBERS ALLOWED - ARTICLE IX UPDATED LANGUAGE REGARDING LIABILITY AND INDEMNIFICATION AND DIRECTOR LIABILITY. THE BYLAWS WERE AMENDED DURING FISCAL 2020 TO REFLECT THE FOLLOWING CHANGES - - UPDATED SECTION 1.02, NUMBER AND ELIGIBILITY - UPDATED LANGUAGE REGARDING TENURE AND LANGUAGE REGARDING COMMITTEES, APPOINTEES, AND OFFICERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND ANY CHANGES ARE INCORPORATED INTO THE FILING. ONCE THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO THE BUDGET, FINANCE, AND AUDIT COMMITTEE FOR REVIEW AND APPROVAL AND THEN SENT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH THE IRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT, ARE TO BE REPORTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE BOARD OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN APPROPRIATE ONE FOR THE UNITED FOOD BANK. THE PERSON DECLARING THE CONFLICT WILL HAVE NO VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE PERSON SHALL BE PERMITTED TO PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR TO LEAVING THE MEETING. EACH BOARD MEMBER AND ALL SENIOR STAFF ARE TO READ AND SIGN THE CONFLICT OF INTEREST STATEMENT AND GIVE IT TO THE BOARD CHAIR AT THE ANNUAL BOARD MEETING EACH YEAR. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. OUR CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE AND REVIEWED BY AN ATTORNEY. THE POLICY IS REQUIRED TO BE SIGNED ANNUALLY BY ALL BOARD MEMBERS AND ALL SENIOR STAFF. ADDITIONALLY WHEN A NEW BOARD MEMBER OR SENIOR STAFF IS ADDED TO THE ORGANIZATION THE ONBOARDING PROCESS INCLUDES THE SIGNING OF THIS POLICY. ANY PARTY HAVING ANY CONFLICT AS IDENTIFIED IN THE POLICY WILL COMPLETE A CONFLICT OF INTEREST NOTIFICATION AND FILE WITH THE COMPLIANCE OFFICE.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD USES ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING AMERICA TO DETERMINE THE APPROPRIATE RANGE OF COMPENSATION AND WHEN CONSIDERING COMPENSATION CHANGES FOR THEIR CEO, THIS INFORMATION IS DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2020. THE BOARD REVIEWS ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING AMERICA TO SEE WHAT OTHER ORGANIZATIONS OF A SIMILAR SIZE ARE PAYING THEIR KEY EMPLOYEES TO SEE IF THEY ARE IN THE RIGHT RANGE. THIS INFORMATION IS DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2020.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	LOSS ON INTEREST RATE SWAP -18,180.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED FOOD BANK

**Employer identification number**

86-0505273

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)WASTE NOT INC 1700 N GRANITE REEF RD  SCOTTSDALE, AZ 85257 86-0650514	FOOD RESCUE	AZ	501(C)(3)	LINE 7	UNITED FOOD BANK	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WASTE NOT INC	M	74,001	FAIR VALUE
(2)WASTE NOT INC	P	228,968	FAIR VALUE
(3)WASTE NOT INC	O	69,804	FAIR VALUE

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>