		** PUBLIC DISCLOSURE COPY			
Forr	" g	90 Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc			OMB No. 1545-0047
		 Do not enter social security numbers on this form as it 	-		Open to Public
		of the Treasury Bo to www.irs.gov/Form990 for instructions and the	-	•	Inspection
AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and endi		NN 30, 2021	•
B C a	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre				
	Name			86-0505273	
	Initial	<u> </u>	m/suite	E Telephone number	
	⊥returr termi ated			G Gross receipts \$	42,925,612.
	Amer	ded MESA AZ 85210_8490		H(a) Is this a group ret	· · ·
	Appli			for subordinates?	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	
IT	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		ist. See instructions
		te: WWW.UNITEDFOODBANK.ORG		H(c) Group exemption	
			L Year o		State of legal domicile: AZ
	art I	Summary		· · ·	
	1	Briefly describe the organization's mission or most significant activities:	MUNITI	ES TO ALLEVIATE	
Governance		HUNGER.			
'nai	2	Check this box if the organization discontinued its operations or disposed o	of more	than 25% of its net asse	ets.
Iovel	3	Number of voting members of the governing body (Part VI, line 1a)	26		
	4	26			
8 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	63
∕itie	6	Total number of volunteers (estimate if necessary)			6347
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		40,448,123.	41,356,248.
Revenue	9	Program service revenue (Part VIII, line 2g)		94,790.	110,203.
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		307,828.	403,589.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,647.	108,010.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,905,388.	41,978,050.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,390,457.	32,369,987.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,405,849.	2,705,394.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		85,705.	93,298.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	_	0.005.005	2.055.000
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,287,985.	3,955,996.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,169,996.	39,124,675.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		5,735,392.	2,853,375.
t Assets or d Balances				jinning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)		13,950,455.	14,110,479.
Net A -und I	21	Total liabilities (Part X, line 26)		3,273,635.	<u> </u>
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,676,820.	13,310,023.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	etatamo	nte and to the best of mu	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p			מוט שווע שבוודו, וג וט
<u></u> ,	00116		πομαισιΙ		
Sigr	n	Signature of officer		Date	
Her		MIKE SURIANO, TREASURER			
	-				

	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date									
Paid	JACQUELINE ECKMAN	JACQUELINE ECKMAN	05/02/22	self-employed P01300648								
Preparer	Firm's name CLIFTONLARSONALLEN LLP	n's EIN 🕨 41-0746749										
Use Only	Firm's address 🖕 20 EAST THOMAS ROAD, SUI	TE 2300										
	ne no.(602) 266-2248											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
				000								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

)a	n 990 (2020) UNITED FOOD BANK rt III Statement of Program Service Accomplishments	86-0505273	Page
<u>u</u>			X
	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission: OUR MISSION IS TO UNITE COMMUNITIES TO ALLEVIATE HUNGER.		
	Did the organization undertake any significant program services during the year which were not listed on the		
			es 🗵 N
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	r	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es X N
		r	
	If "Yes," describe these changes on Schedule O.	accurately avalance	~~
	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	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.		110 202
а	(Code:) (Expenses \$ 36,946,737. including grants of \$ 32,066,378.) (Revenue	\$	110,203.
	EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM - SEE SCHEDULE O		
b	(Code:) (Expenses \$ 344,639. including grants of \$ 303,609.) (Revenue	\$	0.
	KIDS LIFE PROGRAM:		
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	ONE IN FOUR KIDS IN ARIZONA ARE AT RISK FOR HUNGER. UNITED FOOD BANK		
	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		
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	990 (2020) UNITED FOOD BANK 86-050527	3	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L		<u> </u>
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	⊢ Ŭ		
'		7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′−		<u> </u>
8				x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	\vdash
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		10		x
00-	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	
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Form	990 (2020) UNITED FOOD BANK 86-0505	273	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	x	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t 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	<u></u>		
			Yes	No
		5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990	(2020)

Form	990 (2020) UNITED FOOD BANK	86-050527	3	P	_{age} 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				-			
				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	a 63						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X			
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 Acco	unts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the payor?	7a		X			
			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired						
	to file Form 8282?		7c		X			
d		d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g 7h					
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the	-					
			8					
9	Sponsoring organizations maintaining donor advised funds.		-					
a			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
		Da						
b)b						
11	Section 501(c)(12) organizations. Enter:							
a L		la						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1b						
100	amounts due or received from them.) [1] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1b	12a					
		2b	IZa					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
a	Note: See the instructions for additional information the organization must report on Schedule O.		154					
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D		Bb						
с		Bc						
14a	Did the second action we are a second to fail a device of a second second second second second second second se	•	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C)	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration							
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.		15					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16		x			
10	If "Yes," complete Form 4720, Schedule O.		10					
			_	000	(0000)			

Form **990** (2020)

032005 12-23-20

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
b		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests mormation about policies not required by the internal Revenue Code.)		Yes	No
10-	Did the organization have lead chapters branches or offiliates?	10a	165	X
	Did the organization have local chapters, branches, or affiliates?	10a		
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
12a		12a	X	
b		12b	X	
С			77	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
а				
a b		15b	х	
			х	
b	Other officers or key employees of the organization		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b	X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b	X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b	X	x
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	15b 16a	X	x
b 16a b Sec	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15b 16a	X	x
b 16a b Sec 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etion C. Disclosure	15b 16a 16b		
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed	15b 16a 16b		
b 16a b <u>Sec</u> 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b		
b 16a b <u>Sec</u> 17	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	15b 16a 16b	availa	
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ettom C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and so the set so the set so the set of	15b 16a 16b	availa	
b 16a b <u>Sec</u> 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	15b 16a 16b	availa	
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ettom C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and so the set so the set so the set of	15b 16a 16b	availa	
b 16a b Sec 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	15b 16a 16b	availa	

Form 990 (20	20) UNITED FOOD BANK	86-0505273	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
I	Employees, and Independent Contractors		
(Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year endi	ng with or within the organization's t	ax year.

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c		itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t com	_			and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID RICHINS	35.00			0	Ť	1 0	<u> </u>			
PRESIDENT & CEO	5.00			х				136,511.	0.	27,411.
(2) MEGAN MONTALVO	35.00									
CFO	5.00			х				82,181.	0.	8,823.
(3) RAVEEN ARORA	1.50									
CHAIR	0.00	Х		х				0.	0.	0.
(4) JASON PORTER	1.25									
VICE CHAIR	0.00	Х		х				0.	0.	0.
(5) DAVE PLUMB	1.25									
TREASURER	0.00	Х		х				0.	0.	0.
(6) MIKE SURIANO	1.25									
ASSISTANT TREASURER	0.00	Х		Х				0.	0.	0.
(7) BILL WARREN	1.25									
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) MARIANN WARD	1.10									
FORMER CHAIR (THRU 5/21)	0.50	Х		Х				0.	0.	0.
(9) SRIKANTH BALUSANI	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(10) CATHY CHLARSON	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(11) CHRISTINA DICKSEN	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(12) JEFFREY EDUOARD	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(13) JOHN GIBSON	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(14) TREVOR HANSEN	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(15) LINDE HARNED	1.10									
DIRECTOR	1.00	Х						0.	0.	0.
(16) ROBIN HARRIS	1.10									
DIRECTOR	0.00	х						0.	0.	0.
(17) JENNIFER HOLSMAN TETREAULT	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
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032007 12-23-20

Form 990 (2020)

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Part VII Section A. Officers, Directors, Trus	iees. Nev Filli	nov	ees.	ano	1 110	anes	тс	ompensated Employee	S (continued)			
(A)	(B)		,	(C		griec		(D)	(E)		(F)	
Name and title	Average	(1)		Posi	ition			Reportable	Reportable		Estimat	ted
	hours per	box	, unle	heck r ss per	son i	s both	n an	compensation	compensation		amount	t of
	week		cer ar I	nd a di	irecto	r/trus T	tee)	from	from related		othe	r
	(list any	rector						the	organizations		compens	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from t	
	organizations	rustee	trust		ee	npens		(W-2/1099-MISC)			organiza and rela	
	below	dual ti	ıtiona	_	nploy	st cor	r.				organizat	
	line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former				er ganninga	
(18) SCOTT KOOIMAN	0.50	_	-		×		-					
DIRECTOR	0.00	х						0.		٥.		Ο.
(19) SONIA MARTINEZ	1.10											
DIRECTOR	0.00	х						0.		٥.		٥.
(20) CHRIS MASON	0.50											
DIRECTOR	0.00	х						0.		٥.		٥.
(21) JILL NORGAARD	1.25									-		
DIRECTOR	0.00	х						0.		٥.		٥.
(22) MARTY RIOS	0.50											
DIRECTOR	0.00	x						0.		٥.		٥.
(23) JENNIFER WARGO	0.50											••
DIRECTOR	0.50	x						0.		٥.		0.
(24) JOSEPH SHELLEY	1.10											••
DIRECTOR	0.00	x						0.		٥.		0.
(25) RUSTYN SHERER	0.50											••
DIRECTOR	0.00	x						0.		٥.		Ο.
(26) MICHAEL SOELBERG	1.10	21								<u>,</u>		••
DIRECTOR	0.00	x						0.		٥.		0.
	-							218,692.		0.	36	,234.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		0.
								218,692.		0.	36	,234.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 								,		••		, 2011
, ,		use	iiste	u au	ove) wr	016	ceived more than \$100,0				1
compensation from the organization											Yes	No
3 Did the organization list any former officer	disactor truct						hia	best componented small		ſ	100	
5			ley e	mp	oye	e, or	nıg	inest compensated empi	Oyee on		2	x
line 1a? If "Yes," complete Schedule J for s											3	
4 For any individual listed on line 1a, is the su											4 X	
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or a					-			-			-	x
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or sı	ich r	bers	on .					5	А
· · · ·				-+					100.000 of comm		:	
1 Complete this table for your five highest co										ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	enair	ig w	ith C	or wi	<u>tnin</u>		ear.		(0)	
(A) Name and business	address	NO	NE					(B) Description of se	ervices	С	(C) ompensatio	on
	uddress	NO.	INE				_	Description of S			omponoati	011
							_					
							_					
							_					
2 Total number of independent contractors (i												

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

032008 12-23-20

Form 990UNITED FOOD B	BANK								86-05052	273
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee			ligh	est			
(A)	(B)				C)			(D)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	٥r				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			nsate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	er	Key employee	est co	ler			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) KEVIN THOMPSON	1.10									
DIRECTOR	0.00	х						0.	0.	0.
(28) KISSHELL WILSON	1.10									
DIRECTOR	0.50	х						0.	0.	0.
(29) CHRIS WODARCYK	1.25							_		-
DIRECTOR	0.50	Х						0.	0.	0.
(30) KELLI DONLEY-WILLIAMS DIRECTOR (THRU 5/21)	1.00	x						0.	0.	
DIRECTOR (INRO 5/21)	0.00	^			-	-		U.	· · ·	0.
	1	1	I	1	I	1	I			
Total to Part VII, Section A, line 1c										

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			<u>-0</u> 20)	ED FOO	D BANK					86-050527	3 Page 9
Pa	rt V	/111	Statement of Re	evenue							
			Check if Schedule O	contains	a respons	se or no	te to any lin		(B)	(C)	(D)
								(A) Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
	4		Enderste die ense siene				17,737.				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns				17,757.	-			
ja n								-			
fts,			Fundraising events Related organizations					-			
ia i			Government grants (conti			17	449,894.				
Sins			All other contributions, gifts,			,		-			
utio			similar amounts not included			23	888,617.				
Gtib		g	Noncash contributions included in				789,577.				
Con		-	Total. Add lines 1a-1f			,		41,356,248.			
						Bus	iness Code	, ,			
đ	2	а	SHARED MAINTENANCE				0099	110,203.	110,203.		
, vic	-	b				_		,	,		
Ser		С				_					
ane eve		d				_					
Program Service Revenue		е									
Pro		f	All other program service	revenue							
		g	Total. Add lines 2a-2f					110,203.			
	3		Investment income (inclue	ding divid	dends, inte	erest, ar	nd				
			other similar amounts) \dots				►	45,762.			45,762.
	4		Income from investment of	of tax-exe	empt bond	d procee	eds 🕨 🕨				
	5		Royalties				🕨				
					(i) Real	(ii)	Personal				
	6	а	Gross rents								
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss		Coourritio	<u> </u>					
	7	а	Gross amount from sales of		Securitie		ii) Other 38,958.				
			assets other than inventory	7a 1	,200,43	1.	30,930.				
Ø		D	Less: cost or other basis	71.	926,34	8	21,214.				
evenue		_	and sales expenses		340,08		17,744.	-			
eve			Gain or (loss)					357,827.			357,827.
Other Re			Net gain or (loss) Gross income from fundraisi			<u></u>					
Ę	0	u	including \$								
U			contributions reported on		_						
			Part IV, line 18	-		8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from		L		►				
	9		Gross income from gamir		- F						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gaming	activities		►				
	10	а	Gross sales of inventory,	less retu	rns						
			and allowances			10a					
		b	Less: cost of goods sold		t	10b					
		С	Net income or (loss) from	sales of	inventory		🕨				
S							iness Code				
Miscellaneous Revenue	11		MANAGEMENT FEES				0099	83,914.			83,914.
lan		b	OTHER INCOME			- 90	0099	24,096.			24,096.
Sev		c				_					
Mis			All other revenue					100 010			
		е	Total. Add lines 11a-11d				······ >	108,010. 41,978,050.		0.	511,599.
	12		Total revenue. See instruction	uns		<u></u>	🕨	±1,370,030.	1 110,203.	I ⁰ .	Form 990 (2020)
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UNITED FOOD BANK Form 990 (2020) 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	e or note to any line in t	his Part IX	(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	32,369,987.	32,369,987.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	300,726.		300,726.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,810,491.	1,190,366.	208,814.	411,311.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,868.	18,258.	10,436.	6,174.
9	Other employee benefits	395,452.	234,750.	72,184.	88,518.
10	Payroll taxes	163,857.	88,316.	42,240.	33,301.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	37,641.		37,641.	
d					
е	Professional fundraising services. See Part IV, line 17	93,298.			93,298.
f	Investment management fees	751.		751.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	127,332.	33,451.	39,606.	54,275.
12	Advertising and promotion	229,231.			229,231.
13	Office expenses	130,750.	50,968.	30,873.	48,909.
14	Information technology	15,033.	10.	13,559.	1,464.
15	Royalties				
16	Occupancy	166,581.	149,785.	6,815.	9,981.
17	Travel	7,166.	3,865.	3,063.	238.
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,108.	9,659.	8,366.	2,083.
20	Interest	78,555.	69,178.	3,824.	5,553.
21	Payments to affiliates	,	,	, ,	, -
22	Depreciation, depletion, and amortization	593,680.	559,723.	15,388.	18,569.
23		35,383.	23,906.	9,147.	2,330.
24	Other expenses. Itemize expenses not covered	,	,	,	,
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASED FOOD AND SUPP	1,464,712.	1,464,712.		
h	WAREHOUSE EXPENSE	441,807.	435,205.	3,190.	3,412.
5	VEHICLE EXPENSE	377,703.	377,703.	,	-,
d	UNUSABLE SALVAGE	181,004.	181,004.		
u e	All other expenses	48,559.	30,530.	13,377.	4,652.
	Total functional expenses. Add lines 1 through 24e	39,124,675.	37,291,376.	820,000.	1,013,299.
<u>25</u> 26	Joint costs. Complete this line only if the organization		5, 251, 5, 0.	520,000.	1,010,200.
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)
03201	0 12-23-20	12			Form 330 (2020

art X	0 (2020) UNITED FOOD BANK				20-00	05273 Page
art A	Check if Schedule O contains a response or not	to any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,144,602.	1	1,419,89
2	Savings and temporary cash investments			2,890,832.	2	3,521,81
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			471,492.	4	421,13
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of thes	e persons			5	
6	Loans and other receivables from other disqualit	ied persons				
	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			2,963,176.	8	1,469,17
9				3,981.	9	19,88
10	a Land, buildings, and equipment: cost or other		Γ			
	basis. Complete Part VI of Schedule D	10a	7,296,687.			
	b Less: accumulated depreciation		2,270,157.	4,562,211.	10c	5,026,53
11			1,914,161.	11	2,232,04	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equa			13,950,455.	16	14,110,4
17	Accounts payable and accrued expenses			255,352.	17	241,35
18	Grants payable				18	
19	Deferred revenue			947,164.	19	350,50
20	Tax-exempt bond liabilities			1,938,374.	20	
21	Escrow or custodial account liability. Complete I				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes		·		22	
22	Secured mortgages and notes payable to unrela	-			23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	of Schedule D	,		132,745.	25	
26	Total liabilities. Add lines 17 through 25			3,273,635.	26	591,85
	Organizations that follow FASB ASC 958, che	ck here 🕨	X	· ·		·
	and complete lines 27, 28, 32, and 33.		_			
27				9,529,473.	27	12,370,89
28	Net assets with donor restrictions			1,147,347.	28	1,147,72
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.	,				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
27 28 29 30 31 32	Total net assets or fund balances			10,676,820.	32	13,518,62
32	Total liabilities and net assets/fund balances		····· -	13,950,455.	33	14,110,47

Form 990 (2020)

Form	990 (2020) UNITED FOOD BANK	86-05052	73	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41	,978,	050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	,124,	675.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,853,	375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,676,	820.
5	Net unrealized gains (losses) on investments	5		-57,	317.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		45,	745.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,518,	623.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	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?		2b	х	
	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 X Consolidated basis Both consolidated and separate basis				
с	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	-	3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
				000	

Form **990** (2020)

SCHEDULE A		ublic Cha	rity Status an		uia Cu	unnort		OMB No. 1545-0047	
(Form 990 or 990-EZ)			rity Status an					2020	
	001	omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2020	
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of the organizati		ao to www.irs.gov	Form990 for instructio	ons and tr	ie latest li	normation.	Employer identification number		
····· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		FOOD BANK						86-0505273	
Part I Reason	for Public Ch	narity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The organization is not a	a private foundat	ion because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
1 A church, co	nvention of chur	ches, or associatio	n of churches described	in sectio	on 170(b)([.]	1)(A)(i).			
	cribed in sectio	n 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
·	•		nization described in se					44 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	
4 A medical res	-	ion operated in cor	njunction with a hospital	described	in sectio	A)(1)(3)U11 no	(III). Enter	the hospital's name,	
	-	the benefit of a col	lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
	(b)(1)(A)(iv). (Co		5		, ,				
6 🗌 A federal, sta	te, or local gove	rnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 🗴 An organizati	on that normally	receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
	b)(1)(A)(vi). (Cor								
			1)(A)(vi). (Complete Part	,					
	•		in section 170(b)(1)(A)(i	· ·			Ũ	•	
university:	or a non-land-gra	ant college of agrict	ulture (see instructions).		name, city	, and state of	the college	0	
	on that normally	receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
			t to certain exceptions; a						
income and u	Inrelated busine	ss taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.	
	509(a)(2). (Com								
	-	-	vely to test for public saf	•					
-	-	-	vely for the benefit of, to d in section 509(a)(1) o				•		
			f supporting organization						
	÷	• •	upervised, or controlled		-		-	giving	
the suppor	ted organization	(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
organizatio	n. You must co	mplete Part IV, Se	ctions A and B.						
			or controlled in connect			0		•	
	-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
<u> </u>		•	Sections A and C. g organization operated	in connect	tion with	and functional	ly integrate	od with	
). You must complete F				ly integrate		
	•	, , , ,	orting organization oper			-	ted organiz	zation(s)	
that is not t	functionally integ	grated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	veness	
requiremen	t (see instructior	ns). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
	0		vritten determination from			Туре I, Туре	II, Type III		
	0 ,		nally integrated supportir	0 0					
f Enter the number g Provide the follow			d organization(s)						
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other	
organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

Schedule A (Form 990 or 990-EZ) 2020 UNITED FOOD BANK

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,866,915.	34,465,988.	32,712,565.	40,448,123.	41,356,248.	190,849,839.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		14,400.	14,400.	447,733.	1,103,640.	1,580,173.
4	Total. Add lines 1 through 3	41,866,915.	34,480,388.	32,726,965.	40,895,856.	42,459,888.	192,430,012.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						28,501,043.
6	Public support. Subtract line 5 from line 4.						163,928,969.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	41,866,915.	34,480,388.	32,726,965.	40,895,856.	42,459,888.	192,430,012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	38,499.	42,779.	36,662.	40,382.	45,762.	204,084.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,115.	2,391.	4,819.	74,756.	108,010.	191,091.
11	Total support. Add lines 7 through 10						192,825,187.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,333,989.
13	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)	
	organization, check this box and stor	here		•			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	85.01 %
15	Public support percentage from 2019	Schedule A, Part I	II, line 14			15	84.50 %
	33 1/3% support test - 2020. If the c					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th					-	
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
				, , ,		dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Page **2**

86-0505273

Schedule A (Form 990 or 990-EZ) 2020 UNITED FOOD BANK

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

86-0505273 Page **3**

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage			· · · ·	
15	Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves		•				
17	Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-	•		•••		▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	3 01-25-21		1 5	,	Scl	hedule A (Form 99	90 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 UNITED FOOD BANK

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED FOOD BANK Part IV Supporting Organizations (continued)

86-0505273	Page 5
86-0505273	Page \$

Yes

1

2

No

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and				
	11c below, the governing body of a supported organization?	11a			
b	A family member of a person described in line 11a above?	11b			
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
Section B. Type I. Supporting Organizations					

Supporting Organi

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported ergonization(s)	1		

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Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

nstructions	S).
15	truction

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.05093 UNITED FOOD BANK

Yes No

Schedule A (Form 990 or 990-EZ) 2020 UNITED FOOD BANK 86-0505273 Page 6 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

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Sche	dule A (Form 990 or 990-EZ) 2020 UNITED FOOD BANK				86-0505273	Page 7
Par		a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions		•		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributa Amount for	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Schodulo A	(Form 990 or 990-EZ) 2020 UNITED FOOD BANK	86-0505273 Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,	
032028 01-25-2	st S	chedule A (Form 990 or 990-EZ)	2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule	of	Contributors
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Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of	the organization	·	Employer identification number		
	UNI	TED FOOD BANK	86-0505273		
Organiza	ation type (check o	ne):			
Filers of:	:	Section:			
Form 990) or 990-EZ	X 501(c)(³) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.		
General	Rule				
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special I	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1 or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 				

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
Name of o	rganization	Emŗ	loyer identification number
UNITED F	FOOD BANK		86-0505273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$915,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,826,069.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,922,287.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,024,201.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,031,750.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,347,527.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

023452 11-25-20

Name of or	ganization	Emplo	over identification number
UNITED F	ood bank	8	6-0505273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$899,055.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	Name, address, and ZIP + 4	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occurrence (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<i>,</i>	\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

023452 11-25-20

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26 2020.05093 UNITED FOOD BANK

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Name of c	organization		Employer ic	lentification number
UNITED H	FOOD BANK		86-05	05273
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES	_		
2		\$13,280,	355.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
3	FOOD COMMODITIES	_		
		\$1,872,	287.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES	_		
4		—		
		\$1,024,	201.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES	_		
5		\$6,031,		06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES	_		
6		-		
		\$1,347,	527.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES	_		
7		_		
		— / ' —	055.	06/30/21
023453 11-28	5-20	Schedule	B (Form 990, 9	90-EZ, or 990-PF) (2020)

27

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	B (Form 990, 990-EZ, or 990-PF) (2020)			Page
Name of o	rganization		Employ	er identification number
UNITED F	FOOD BANK		86	-0505273
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
8				
		\$1,077,	314.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_		
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		—		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		 \$		
		I `		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05093 UNITED FOOD BANK

28

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)			Page		
Name of or	ganization			Employer identification number		
UNITED F	OOD BANK			86-0505273		
Part III	from any one contributor. Complete columns (a) through (e) and the following charitable, etc., contributions of \$1,	line entry For c	D1(c)(7), (8), or (10) that total more than \$1,000 for the year organizations the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held		
-		(e) Transfer	of aift			
	Transferee's name, address, a			elationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gif	F.	(d) Description of how gift is held		
Part I		(c) use of gir				
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held		
F		(e) Transfer	of gift			
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held		
F		(e) Transfer	of gift			
	Transferee's name, address, a			elationship of transferor to transferee		
		·				

SC	SCHEDULE D Supplemental Financial Statements				OMB No. 1545-0047	
(Forn	n 990)	► Complete if the orga Part IV. line 6, 7, 8, 9, 10.	anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informati	on	Open to Public Inspection	
-	Name of the organization Employer ide					
		UNITED FOOD BANK			86-0505273	
Par		-	d Funds or Other Similar Funds or	Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(h) Funds a	and other accounts	
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			vriting that the assets held in donor advised	funds		
	are the organization	on's property, subject to the organization's e	exclusive legal control?		Yes No	
6			dvisors in writing that grant funds can be us			
			r donor advisor, or for any other purpose cor	0		
Par	impermissible priv		anization answered "Yes" on Form 990, Pa		Yes No	
1		servation easements held by the organization		t IV, line 7.		
•		of land for public use (for example, recreat		historically imp	ortant land area	
		of natural habitat	Preservation of a			
		n of open space				
2			ed conservation contribution in the form of	a conservation	easement on the last	
	day of the tax year	r.		Hel	d at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b		the set for the second second the second s				
С	Number of conser	vation easements on a certified historic stru	icture included in (a)	2c		
d			fter 7/25/06, and not on a historic structure			
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization duri	ng the tax	
4	year	where property subject to concernation and				
4 5		where property subject to conservation eas tion have a written policy regarding the peri				
J	-	orcement of the conservation easements it			Yes No	
6	,		handling of violations, and enforcing conserv			
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements du	uring the year	
	▶\$					
8			e satisfy the requirements of section 170(h)(4			
					Ves No	
9		÷ .	on easements in its revenue and expense sta		- +h	
		ounting for conservation easements.	ote to the organization's financial statement	s that describe	sthe	
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar A	ssets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	balance sheet	works	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of publ	ic	
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 958	B, to report in its revenue statement and bala	ance sheet wor	ks of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public s	service,	
	•	ing amounts relating to these items:		► *		
2			asures, or other similar assets for financial ga			
2	•	unts required to be reported under FASB A				
а	-		So soo relating to these items.	▶ \$		
-		eduction Act Notice, see the Instructions			edule D (Form 990) 2020	
032051	12-01-20					
			30			

^{2020.05093} UNITED FOOD BANK

Sche	dule D (Form 990) 2020 UNITED FOOI	BANK					86-050	5273	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or O	ther S	Similar	Assets	(contir		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ke sign	nificant u	se of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how they further th	ne organization's	exemp	t purpos	e in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donations c	of art, historical trea	sures, or other sir	nilar as	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes	" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets	not inc	luded		-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	0					1f		7		
	Did the organization include an amount on Fo				-	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	't V Endowment Funds. Complete i									<u> </u>
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Four		
	Beginning of year balance	2,365,061.	1,687,614.			1,82	8,060.	<u> </u>	685,	021.
	Contributions	212 127	451,000.	· · · ·		1 5	0 070		112	020
		Investment earnings, gains, and losses 313,137. 226,447. 233,275. 152,279.			143,	039.				
	Grants or scholarships									
е	Other expenditures for facilities			221 00		20	- 000			
_	and programs			331,00	···	25	5,000.			
	Administrative expenses	2 679 109	2 265 061	1 697 61		1 60	5 220	1	000	060
-	End of year balance	2,678,198.	2,365,061.		.4.	1,00	5,339.	,	020,	060.
2	Provide the estimated percentage of the curr	•)) held as:						
	Board designated or quasi-endowment	69.0000	_%							
	Permanent endowment ► 11.0000 Term endowment ► 20.0000	%								
С		· -								
0-	The percentages on lines 2a, 2b, and 2c show	• • • • • •		a al la aluación i a tra una al d						
38	Are there endowment funds not in the posse	ssion of the organiza	tion that are new ar	ia administerea i	ortheo	organiza	lion	ſ	Vee	
	by:							20(1)	Yes	No X
	(i) Unrelated organizations							3a(i) 3a(ii)		x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tione listed as requir	nd on Schodulo P2					3b		<u> </u>
4	Describe in Part XIII the intended uses of the							00		L
	t VI Land, Buildings, and Equipm		whient funds.							
	Complete if the organization answered		Part IV, line 11a, S	See Form 990, Pa	rt X. lin	ie 10.				
	Description of property	(a) Cost or o				umulate	d	(d) Boo	k valu	
	Description of property	basis (investr	• • •	(other)		eciation		(u) D00	valu	C
1a	Land			850,000.	<u>.</u>				850,	000.
	Buildings		1	,750,000.		675,6	94.	1.		306.
	Leasehold improvements			,072,478.		663,0			,	393.
	Equipment			,604,129.		911,2				831.
	Other			20,080.		20,0		,	,	0.
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	· ·				5.	026.	530.
		geen onn ooo, raitr	<u>, commune, mic r</u>				Schedule			

032052 12-01-20

edule D (Form 990) 2020 UNITED FOOD BANK	ζ		86-0505273 Pa
Investments - Other Securities.	on Form 000 Dort IV line	11b Cap Form 000 Dart V li	no 10
Complete if the organization answered "Yes" Description of security or category (including name of security)	(b) Book value		ne 12. Cost or end-of-year market value
			Cost of end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) iviethod of valuation:	Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
7) 8)			
8) 9)			
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets.			
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line	11d. See Form 990, Part X, lii	ne 15. (b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Int IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4)		11d. See Form 990, Part X, lii	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6)		11d. See Form 990, Part X, lii	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8)		11d. See Form 990, Part X, li	
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9)) Description		
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► irt IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line) Description		
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes") Description		(b) Book value
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability) Description		(b) Book value
 8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes) Description		(b) Book value
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability) Description		(b) Book value
 8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line ITX Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes 2) 3)) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes 2) 3) 4)) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Irt IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line Irt X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes 2) 3) 44 (5)) Description		(b) Book value
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)) Description		(b) Book value
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes 2) 3) 4) 5) 6) 7)) Description		(b) Book value

Schedule D (Form 990) 2020

032053 12-01-20

2a 2b 2c 2d	
2a 2b 2c	
2a 2b 2c	
2b 2c	
2b 2c	
2c	
2c	
	2e
4a	
4b	
	4c
ents With Expen	ses per Return.
2a	
2d	
·	2e
4a	
	4c
	4a 4b ents With Expen 2a 2b 2c 2d

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE (IRC) 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.

032054 12-01-20

Schedule D (Form 990) 2020

ign Envelope ID: D32D1A72-0F2E-4833-9944-D1DF34096A72		
chedule D (Form 990) 2020 UNITED FOOD BANK	86-0505273	Page 5
Part XIII Supplemental Information (continued)		
HE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR		
NCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL		
TATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT		
RINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN		
R EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE		
EALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL		
TATEMENTS.		

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2020
Department of the Treasury	L. L	Attach to Form 990						Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization								ntification number
Part I Fundrais							86-050527	
	complete this par	 Complete if the organization answe t. 	erea " Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-E2	. filers are not
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person sol 2 a Did the organizatio key employees list 	ions email solicitations tations licitations n have a written c ed in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	•	· /·		agree				2
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RESOLUTE NONPROFIT	CONSULTING		Yes	No				
- 9456 WEST POTTER	,	GRANT WRITER		Х	2,870,742.		42,000.	2,828,742.
THE MARKET BUILDER		DIRECT MAIL		x	478,191.		45,450.	432,741.
Total					3,348,933.		87,450.	3,261,483.
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is o	exempt from re	
AZ								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-F7) 2020	UNITED	FOOD	BANK

		e G (Form 990 or 990-EZ) 2020 UNITED FOOI							-0505273	Page 2
Pa	rt I									
		of fundraising event contributions and gro	(a) Event #1	90-E2	(b) Ever			s with gross receip c) Other events	ts greater than \$	\$5,000.
					(d) Ever	IL #∠	(cj Other events	(d) Total ev (add col. (a) t	
			(event type)		(event t	ype)		(total number)	- col. (c))
nue										
Revenue	1	Gross receipts								
щ										
	2	Less: Contributions		_						
	~									
	3	Gross income (line 1 minus line 2)		-						
	4	Cash prizes								
	-									
	5	Noncash prizes								
ses										
ben	6	Rent/facility costs		_						
tΕx	_									
Direct Expenses	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses		+						
	10	Direct expense summary. Add lines 4 through	9 in column (d)					▶		
		Net income summary. Subtract line 10 from lin								
Pa	rt I		answered "Yes" on Fo	rm 9	90, Part IV, I	ine 19, or r	epor	ted more than		
		\$15,000 on Form 990-EZ, line 6a.							1	
e			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo			(0	;) Other gaming	(d) Total gami col. (a) through		
Revenue					ingo/progres	Sive billige				1 col. (cj)
Re	1	Gross revenue								
	•									
6	2	Cash prizes								
nses										
Direct Expense	3	Noncash prizes								
ct E										
Dire	4	Rent/facility costs		_						
	5	Other direct expenses								
	5		Yes 9	% Г	Yes	%		Yes %		
	6	Volunteer labor				/3		No //		
					_					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	'								1	
	1	Net gaming income summary. Subtract line 7								

a Is the organization licensed to conduct gaming activities in each of these states?	
b If "No." explain:	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

No

Sch	edule G (Form 990 or 990-EZ) 2020 UNITED FOOD BANK 8	5-050527	3	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13 a		%
	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: 			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
47	Director/officer Employee Independent contractor			
â	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
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lin	ies 9,	9b, 10b,
SCE	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: RESOLUTE NONPROFIT CONSULTING			
(I)	ADDRESS OF FUNDRAISER: 9456 WEST POTTER DRIVE, PEORIA, AZ 85382			
0320	83 11-25-20 Schedule G (F	orm 990 o	or 990	-EZ) 2020

Schedule G (Form 990 or 990-EZ)	UNITED FOOD BANK	86-0505273	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)		
		Schedule G (Form 990	or 990-EZ)
032084 04-01-20		-	

 $08250502 \ 131839 \ 038-002654$

SCHEDULE I (Form 990) Department of the Treasury	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭn on Form 990, Pa	ited States		OMB No. 1545-0047 2020 Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization UNITED FOOD BA	NK						Employer identification number 86-0505273
Part I General Information on Grants ar							00 000270
1 Does the organization maintain records to criteria used to award the grants or assist	tance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to D							
	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NEW LEAF 868 EAST UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	0.	168,361.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANC
,				, ,			
AGAINST ABUSE - LA CASA DE PAZ					FEEDING		
995 N ARIZOLA AVE					AMERICA	FOOD	
CASA GRANDE, AZ 85122	94-2856310	501(C)(3)	0.	20,192.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
APACHE JUNCTION SALVATION ARMY 605 EAST BROADWAY AVENUE					FEEDING AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	94-1156347	501(C)(3)	0.	475,095.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
APACHE JUNCTION UNIFIED SCHOOL DISTRICT - 1575 WEST SOUTHERN AVENUE, STE. #5 - APACHE JUNCTION, AZ 85120	86-0951340	GOVERNMENT	0.	43,397.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ASU PITCHFORD PANTRY MEMORIAL UNION, 3RD FLOOR TEMPE, AZ 85287	86-0196696	GOVERNMENT	0.	15 577.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
AZ HEROES TO HOMETOWNS 40 W. BROWN RD STE. 105 MESA 8520					FEEDING AMERICA	FOOD	
MESA, AZ 85275	80-0658257		0.	5,931.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
2 Enter total number of section 501(c)(3) an	0	•	e line 1 table				122.
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							• 0. Schedule I (Form 990) 2020

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZCEND FOOD PANTRY 345 SOUTH CALIFORNIA STREET					FEEDING AMERICA	FOOD	
CHANDLER, AZ 85224	86-0428780	501(0)(3)	0.	1,381,735.		COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER, AZ 65224	00-0420700	501(C)(3)	0.	1,301,735.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
BUDDHIST TZU-CHI FOUNDATION					FEEDING		
2145 WEST ELLIOT ROAD					AMERICA	FOOD	
CHANDLER, AZ 85224	94-2952782	501(C)(3)	0.	75,571.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CANYON DAY ASSEMBLY OF GOD FOOD					FEEDING		
PANTRY - 4518 SOUTH 7TH STREET -					AMERICA	FOOD	
WHITERIVER, AZ 85941	20-4595770	501(C)(3)	0.	125,634.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CARING HANDS OF PINAL COUNTY					FEEDING		
110 WEST MAIN STREET					AMERICA	FOOD	
CASA GRANDE, AZ 85122	47-5417759	501(C)(3)	31.	266,071.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CASA GRANDE FOOD BANK					FEEDING		
235 EAST 4TH STREET					AMERICA	FOOD	
CASA GRANDE, AZ 85122	94-2525394	501(C)(3)	0.	58,064.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CASA GRANDE SALVATION ARMY					FEEDING		
1333 NORTH CENTER AVENUE					AMERICA	FOOD	
CASA GRANDE, AZ 85122	94-1156347	501(C)(3)	٥.	10,325.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CASA GRANDE SVDP					FEEDING		
405 EAST SECOND STREET					AMERICA	FOOD	
CASA GRANDE, AZ 85122	86-0570967	501(C)(3)	0.	75,033.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER CARE CENTER					FEEDING		
777 EAST GALVESTON STREET					AMERICA	FOOD	
CHANDLER, AZ 85225	81-5402137	501(C)(3)	0.	83,165.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,			1	,			
CHANDLER GILBERT COMMUNITY COLLEGE					FEEDING		
2626 EAST PECOS ROAD					AMERICA	FOOD	
CHANDLER, AZ 85225	86-0185552	GOVERNMENT	36.	103,148.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANDLED CALVANTON ADMY					FREDING		
CHANDLER SALVATION ARMY 85 EAST SARAGOSA STREET					FEEDING AMERICA	FOOD	
CHANDLER, AZ 85225	94-1156347	501(0)(3)	0.	326 009	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER, AZ 65225	94-1150547	501(0)(3)	0.	520,009.	VALUATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
CHILD CRISIS ARIZONA					FEEDING		
817 NORTH COUNTRY CLUB DRIVE					AMERICA	FOOD	
MESA, AZ 85201	86-0324144	501(C)(3)	0.	9,218.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,				, ,			
CHRIST THE VICTOR LUTHERAN CHURCH					FEEDING		
6175 EAST ARIZONA FARMS ROAD					AMERICA	FOOD	
FLORENCE, AZ 85132	41-1991463	501(C)(3)	0.	325,432.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CIBECUE MOBILE PANTRY					FEEDING		
6 WEST 3RD STREET					AMERICA	FOOD	
CIBECUE, AZ 85911	27-2196285	501(C)(3)	10.	69,805.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COBRE VALLEY YOUTH CLUB					FEEDING		
1435 SOUTH HAGEN ROAD					AMERICA	FOOD	
GLOBE, AZ 85501	86-0505273	501(C)(3)	0.	33,149.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMINIENT ALLIANCE ACAINSE FAMILY					FEEDING		
COMMUNITY ALLIANCE AGAINST FAMILY					AMERICA	FOOD	
ABUSE - 879 NORTH PLAZA DRIVE -	86-0912044	F(1)(2)(2)	0.	20 959	VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
APACHE JUNCTION, AZ 85120	00-0912044	501(0/(5/	0.	50,555.	VALOATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
COMMUNITY FOOD BANK OF SOUTHERN					FEEDING		
ARIZONA - 3003 SOUTH COUNTRY CLUB					AMERICA	FOOD	
ROAD - TUCSON, AZ 85713	86-0397693	501(C)(3)	0.	40 284.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY PRESBYTERIAN DEACON'S					FEEDING		
PANTRY - 800 WEST MAIN STREET -					AMERICA	FOOD	
PAYSON, AZ 85541	86-0441745	501(C)(3)	0.	132,302.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMPASSION IN ACTION					FEEDING		
4525 SOUTH MCCLINTOCK DRIVE					AMERICA	FOOD	
TEMPE, AZ 85282	36-2225484	501(C)(3)	0.	30,251.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERT MANNA FOOD PANTRY					FEEDING		
590 NORTH 96TH STREET					AMERICA	FOOD	
MESA, AZ 85207	45-4513048	501(C)(3)	0.	1,990,579.		COMMODITIES	COMMUNITY FOOD ASSISTANCE
				, ,			
EISENHOWER CENTER FOR INNOVATION					FEEDING		
848 NORTH MESA DRIVE					AMERICA	FOOD	
MESA, AZ 85201	86-6000481	GOVERNMENT	0.	71,307.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ELOY FOOD PANTRY					FEEDING		
605 NORTH SANTA CRUZ AVENUE					AMERICA	FOOD	
ELOY, AZ 85131	86-0469348	501(C)(3)	0.	377,834.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
EMPOWERMENT SYSTEMS					FEEDING		
2066 WEST APACHE TRAIL, SUITE 116					AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	86-0664708	501(C)(3)	0.	102,224.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
				,			
ENCOUNTER AZ CHURCH OF GOD					FEEDING		
1718 NORTH MESA DRIVE					AMERICA	FOOD	
MESA, AZ 85201	62-0484177	501(C)(3)	0.	23,693.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
F.O.R. MARICOPA	-				FEEDING	2002	
19756 NORTH JOHN WAYNE PARKWAY, ST		501 (2) (2)		110 000	AMERICA	FOOD	
MARICOPA, AZ 85139	26-0527262	501(C)(3)	0.	112,089.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FAITH WITH ACTION					FEEDING		
2468 RUNNING BEAR ROAD					AMERICA	FOOD	
LAKESIDE, AZ 85929	94-2576517	501(C)(3)	0.	185 185	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
	21 20,001,						
FATHER MCGIVNEY FOOD BANK					FEEDING		
20615 EAST OCTOTILLO ROAD					AMERICA	FOOD	
QUEEN CREEK, AZ 85142	86-0096789	501(C)(3)	0.	1,964,716.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST BAPTIST CHURCH OF CASA					FEEDING		
GRANDE - 222 EAST 8TH STREET -					AMERICA	FOOD	
CASA GRANDE, AZ 85122	86-0123683	501(C)(3)	0.	144,883.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FFFDING		
FIRST BAPTIST CHURCH OF STANFIELD 615 SOUTH STANFIELD ROAD					FEEDING AMERICA	FOOD	
STANFIELD, AZ 85172	86-0123683	501(C)(3)	0.	445 503	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 0123003	501(0)(5)	·.	440,000.	VILIDITI I DIV		
FIRST EVANGELICAL LUTHERAN CHURCH					FEEDING		
142 NORTH DATE STREET					AMERICA	FOOD	
MESA, AZ 85201	41-1568278	501(C)(3)	0.	130,018.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
				, ,			
FIRST PRESBYTERIAN CHURCH -					FEEDING		
DEACON'S PANTRY - 161 NORTH MESA					AMERICA	FOOD	
DRIVE - MESA, AZ 85201	23-6393377	501(C)(3)	0.	23,159.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FLORENCE FOOD DISTRIBUTION					FEEDING		
600 NORTH MAIN STREET					AMERICA	FOOD	
FLORENCE, AZ 85132	46-1555767	501(C)(3)	٥.	19,921.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FORT APACHE FOOD PANTRY					FEEDING		
ROUTE 22 TESSLER ROAD					AMERICA	FOOD	
FORT APACHE, AZ 85926	84-1608050	501(C)(3)	0.	75,692.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FOUR DEAKS ELEMENMARY SSUCOL					FFFDING		
FOUR PEAKS ELEMENTARY SCHOOL					FEEDING	FOOD	
1785 NORTH IDAHO ROAD	11-0243102	501(0)(2)	0.	6 9 2 0	AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
APACHE JUNCTION, AZ 85119	11-0243102	501(0)(3)	· · ·	0,930.	VALUATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
GATEWAY BIBLE CHURCH					FEEDING		
1621 NORTH PASADENA					AMERICA	FOOD	
MESA, AZ 85201	86-0623192	501(C)(3)	61.	238 616	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 0010191	501(0)(0)					
GENESIS PROJECT					FEEDING		
564 NORTH IDAHO ROAD					AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	27-3994457	501(C)(3)	0.	299,612.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
· ·			1				
GILA COMMUNITY FOOD BANK					FEEDING		
317 HACKNEY AVENUE					AMERICA	FOOD	
GLOBE, AZ 85501	86-0340833	501(C)(3)	3,375.	766,443.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

organization or government if applicable cash grant non-cash assistance non-cash assista non-cash assistance <th< th=""><th>B Page 1</th><th>86-0505273</th><th>8</th><th></th><th></th><th></th><th></th><th>NK</th><th>Schedule I (Form 990) UNITED FOOD BA</th></th<>	B Page 1	86-0505273	8					NK	Schedule I (Form 990) UNITED FOOD BA
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5230 WEST ST. JOHNS ROAD 86-0505273 501(C)(3) 0. 8,681. VALUATION FOOD COMMODITIES COMMONITY GILA RIVER D7 MP 86-0505273 501(C)(3) 0. 5,651. VALUATION FOOD COMMODITIES COMMONITY GILA RIVER D7 MP 86-0505273 501(C)(3) 0. 5,654. VALUATION FOOD COMMONITY GILA RIVER NUTRITION ASSISTANCE 86-0505273 501(C)(3) 0. 5,654. VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE 86-0505273 501(C)(3) 0. 36,956. VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE 86-0505273 501(C)(3) 0. 36,956. VALUATION COMMODITIES COMMUNITY GILA ONYON WASH ACTIVITY CENTER 86-0323444 SOVERNMENT 0. 34,990. VALUATION COMMODITIES COMMUNITY GOLD CANYON WITTER 86-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C.A.P. 86-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C.A.P. 86-0621002 501(C)(3)<	urpose of grant ⁻ assistance			valuation (book, FMV,	non-cash			(b) EIN	
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LAVEEN, AZ 85339 86-0505273 501(C)(3) 0. 8,681, VALUATION COMMODITIES COMMUNITY GILA RIVER D7 MP 8035 SOUTH 83RD AVENUE LAVEEN, AZ 85339 86-0505273 501(C)(3) 0. 5,654, VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE PROGRAM - 300 SOUTH COCTILLO DRIVE - SACATON, AZ 85147 86-0505273 501(C)(3) 0. 36,958, VALUATION COMMODITIES COMMUNITY GILSON WASH ACTIVITY CENTER 170 AIR VIPER ROAD SAN CARLOS, AZ 85550 86-0323444 GOVERNMENT 0. 34,690, VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST CURCH FOOD BARK - 830 EAST SURISE SKY DRIVE - GOLD CANYON, AZ 85118 86-0621002 501(C)(3) 0. 117,469, VALUATION COMMODITIES COMMUNITY GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI B6-0297728 501(C)(3) 0. 547,731, VALUATION COMMODITIES COMMUNITY HARVEST COMPASSION CENTER EAST VALLEY - 33 EAST COMSTOCK DRIVE *5 001(C)(3) 0. 456,025, VALUATION COMMODITIES COMMUNITY FEEDING AMERICA FOOD COMMONITIES FEEDING AMERICA FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FEEDING AMERICA FOOD FOOD FOOD FOOD FOOD FOOD FOOD FOOD			0.0.5						
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8035 SOUTH 83RD AVENUE 86-0505273 501(C)(3) 0. 5,654. VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE FROGRAM - 300 SOUTH OCOTILLO DRIVE 86-0505273 501(C)(3) 0. 36,958. VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE FROGRAM - 300 SOUTH OCOTILLO DRIVE 86-0505273 501(C)(3) 0. 36,958. VALUATION COMMODITIES COMMUNITY GILSON WASH ACTIVITY CENTER 86-05232444 GOVERNMENT 0. 34,990. VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST B6-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C. A. P. S01(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C. A. P. S01(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C. A. P. S01(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY GUADALUPE, AZ 85283 86-0297728 501(C)(3) 0. 547,731. VALUATION COMMODITIE	FOOD ASSISTANCE	COMMUNITY FOOD	OMMODITIES	VALUATION	8,681.	0.	501(C)(3)	86-0505273	LAVEEN, AZ 85339
LAVEEN, AZ 85339 86-0505273 501(C)(3) 0. 5,654. VALUATION COMMODITIES COMMUNITY GILA RIVER NUTRITION ASSISTANCE PROGRAM - 300 SOUTH OCOTILLO DRIVE - SACATON, AZ 85147 86-0505273 501(C)(3) 0. 36,958. VALUATION COMMODITIES COMMUNITY GILSON WASH ACTIVITY CENTER 170 AIR VIPER ROAD SAN CARLOS, AZ 85550 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST CHURCH FOOD BANK - 8330 EAST SUNNISE SKY DRIVE - GOLD CANYON, AZ 85118 86-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283 86-0297728 501(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY H.O.P.E. OUTREACH - CHRIST THE KING - 1616 EAST BROADWAY ROAD - MESA, AZ 85204 86-0096789 501(C)(3) 0. 456,025. VALUATION COMMODITIES COMMUNITY HARVEST COMPASSION CENTER EAST VALLEY - 33 EAST COMSTOCK DRIVE #5				FEEDING					GILA RIVER D7 MP
GILA RIVER NUTRITION ASSISTANCE FEEDING PROGRAM - 300 SOUTH OCOTILLO DRIVE 86-0505273 501(C)(3) 0. 36,958. VALUATION FOOD GILSON WASH ACTIVITY CENTER AMERICA FOOD AMERICA FOOD J10 AIR VIFER ROAD 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GILSON WASH ACTIVITY CENTER 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST B6-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST GOLD CANYON UNITED METHODIST FEEDING AMERICA FOOD GUADALUPE - GOLD CANYON, AZ 85118 86-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE, AZ 85283 86-0297728 501(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY H.O.P.E. OUTREACH - CHRIST THE KING - 1616 EAST BROADWAY ROAD - 86-0096789 501(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY HARVEST COMPASSION CENTER EAST 86-0096789			OOD	AMERICA					8035 SOUTH 83RD AVENUE
PROGRAM - 300 SOUTH OCOTILLO DRIVE 86-0505273 501(C)(3) 0. 36,958. VALUATION FOOD GILSON WASH ACTIVITY CENTER 86-0323444 GOVERNMENT 0. 34,890. VALUATION FOOD 330 RARLOS, AZ 85550 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GOLD CANYON UNITED METHODIST 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GULD CANYON UNITED METHODIST 86-0323444 GOVERNMENT 0. 34,890. VALUATION COMMODITIES COMMUNITY GULD CANYON UNITED METHODIST GULD CANYON UNITED METHODIST FEEDING MERICA FOOD SUNRISE SKY DRIVE - GOLD CANYON, 86-0621002 501(C)(3) 0. 117,469. VALUATION COMMODITIES COMMUNITY GUADALUPE C.A.P. 86-0297728 501(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY H.O.P.E. OUTREACH - CHRIST THE 86-0096789 501(C)(3) 0. 547,731. VALUATION COMMODITIES COMMUNITY HARVEST COMPASSION CENTER EAST 86-0096789 501(C)(3) 0. 456,025. VALUATION COMMODITIES COMMUNITY HARVEST COMPASSION CENTER EAST 86-0096789 501(C)(3) 0. <td>FOOD ASSISTANCE</td> <td>COMMUNITY FOOD</td> <td>OMMODITIES</td> <td>VALUATION</td> <td>5,654.</td> <td>٥.</td> <td>501(C)(3)</td> <td>86-0505273</td> <td>LAVEEN, AZ 85339</td>	FOOD ASSISTANCE	COMMUNITY FOOD	OMMODITIES	VALUATION	5,654.	٥.	501(C)(3)	86-0505273	LAVEEN, AZ 85339
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VALLEY - 33 EAST COMSTOCK DRIVE #5 AMERICA FOOD	FOOD ASSISTANCE	COMMUNITY FOOD	OMMODITIES	VALUATION	456,025.	٥.	501(C)(3)	86-0096789	MESA, AZ 85204
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	FOOD ASSISTANCE						501(C)(3)	86-0674184	

HOLDEMAN ELEMENTARY SCHOOL PEEDING 1326 MEST 18TH STREET 86-6000480 SOVERNMENT 0. HOLY CROSS SVDP 108,320. VALUATION COMMODITIES HOLY CROSS SVDP 1244 SOUTH POWER ROAD REEDING HOLY CROSS SVDP 86-0096789 501(C)(3) 0. 210,516. VALUATION COMMODITIES HOPE INTERNATIONAL FOOD PANTRY 86-0096789 501(C)(3) 0. 210,516. VALUATION COMMODITIES 1280 NORTH ARIZONA BOULEVARD 64-5017655 501(C)(3) 0. 135,846. VALUATION COMMODITIES COMMUNITY FOOD ASSISTAL MAGINE SCHOOLS AT EAST MESA 9701 EAST SOUTHERN ARENUE REECA FOOD MESA, AZ 85209 30-0047635 SOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTAL IMAGINE SCHOOLS AT EAST MESA 9701 EAST SOUTHERN ARIZONA SOUTERNA ARENUE FEEDING AMERICA FOOD MESA, AZ 85209 30-0047635 SOVERNMENT 0. 74,405. VALUATION COMMUNITY FOOD ASSISTAL IMAGINE SCHOOL, AZ 85739 86-0968242 501(C)(3) 0. 56,050. VALUATION COMMUNITY FOOD ASSISTAL JOHN VOLKEN ACADEMY 2601 SOUTHEN ARIZONA 86-0968242 501(C)(3) 0. 10,776. VALUATION COMMUNITY FOOD ASSISTAL JOHN VOLKEN ACADEMY 2601SOUTH VAL VISTA DRIVE 91-2061674 501(C)(3) <th>Schedule I (Form 990) UNITED FOOD B</th> <th>ANK</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>86-0505273 Page 1</th>	Schedule I (Form 990) UNITED FOOD B	ANK						86-0505273 Page 1
origanization or government Image: Seash grant Imon-cash assistance Imon	Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
1310 WEET AUTO DEIVE 47-2000510 501(c)(3) 0. 63,340. VALUATION PODD TEMPE, AZ 55284 47-2000510 501(c)(3) 0. 63,340. VALUATION PODD MOLBROOK, SEVENTH DAY ADVENTIST S6-0505273 501(c)(3) 0. 22,267. VALUATION PODD NOLBROOK, AZ 86025 86-0505273 501(c)(3) 0. 22,267. VALUATION PODD NOLBROOK, AZ 86025 86-0505273 501(c)(3) 0. 22,267. VALUATION PODD NOLBROOK, AZ 86025 86-0505273 501(c)(3) 0. 106,320. VALUATION PODD NOLESKOK, AZ 85026 86-000480 SOVERNMENT 0. 108,320. VALUATION PODD COMMUNITY POOD ASSISTAN HOLY CROSS STDP AKEST 18TH STREET 86-000480 SOVERNMENT 0. 106,320. VALUATION PODD COMMUNITY POOD ASSISTAN HOLY CROSS STDP AKEST 18TH STREET 86-000480 SOVERNMENT 0. 105,320. VALUATION PODD COMMUNITY POOD ASSISTAN HOLY CROSS STDP AKEST 18TH STREET 86-000480 SOVERNMENT 0. 120,516. VALUATION COMMUNITY POOD ASSISTAN HOLY CROAD 86-0096789 501(c)(3) 0.		(b) EIN			non-cash	valuation (book, FMV,		
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INDIAN SCHOOL - 2001 MCLAWS ROAD - HOLDEROOK, AZ 86025 0 86-0505273 501(C)(3) 0. 22,267. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HOLDERAN ELEMENTARY SCHOOL 1326 WEST 18TH STREET THERE, AZ 85281 86-6000480 BOVERNMENT 0. 108,320. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HOLY CROSS SVDP 1244 SOUTH FOWER ROAD MESA, AZ 85206 86-0096789 501(C)(3) 0. 210,516. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HOPE INTERNATIONAL FOOD PANTRY 1280 NORTH ARIZONA BOULEVARD COLIDGE, AZ 85128 46-5017655 501(C)(3) 0. 135,846. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA PTOLEAST SOUTHERN AVENUE MESA, AZ 85209 30-0047635 DOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA 7911 EAST SOUTHERN AVENUE MESA, AZ 85129 30-0047635 DOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA 7912 EAST SOUTHERN AVENUE MESA, AZ 85129 30-0047635 DOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA 7911 EAST SOUTHERN AVENUE MESA, AZ 85129 30-0047635 DOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA 7912 EAST SOUTHERN AVENUE MESA, AZ 85129 30-0047635 DOVERNMENT 0. 74,405. VALUATION COMMODITIES COMMUNITY FOOD ASSISTANT HAGINE SCHOOLS AT EAST MESA 7912 EAST SOUTHERN ALIZONA 7913 EAST HAWSER STREET 10000 ASSISTANT 10000 THENA ALIZONA 7914 EAST SOUTHERN ALIZONA 7915 EAST HAWSER STREET 10000 ASSISTANT 10000 ASSISTANT 10000 ASSISTANT 10000 ASSISTANT 10000 ASSISTANT 100000 ASSISTANT 1000000000000000000000000000000000000	HOLBROOK SEVENTH DAY ADVENTIST					FEEDING		
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LOVE KITCHEN 1715 SOUTH PENROD ROAD FEEDING AMERICA FOOD				_				
1715 SOUTH PENROD ROAD AMERICA FOOD	GILBERT, AZ 85298	91-2061674	5U1(C)(3)	0.	10,776.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
1715 SOUTH PENROD ROAD AMERICA FOOD	LOVE KITCHEN					FFFDING		
							FOOD	
PINETOP, AZ 85935 47-3910808 501(C)(3) 0. 165,708.VALUATION COMMODITIES COMMUNITY FOOD ASSISTA	PINETOP, AZ 85935	47-3910808	501(C)(3)	0.	165 709		COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	NK						86-0505273 Page 1
Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF THE					FEEDING		
SOUTHWEST - 5946 EAST UNIVERSITY					AMERICA	FOOD	
DRIVE - MESA, AZ 85205	86-0252302	501(C)(3)	0.	73 537.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,				,			
MATTHEW'S CROSSING					FEEDING		
1368 NORTH ARIZONA AVENUE, #112					AMERICA	FOOD	
CHANDLER, AZ 85225	55-0896414	501(C)(3)	0.	1,653,205.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
MESA COMMUNITY COLLEGE DOBSON					FEEDING		
CAMPUS - 1833 WEST SOUTHERN AVENUE					AMERICA	FOOD	
- MESA, AZ 85202	86-0185552	GOVERNMENT	0.	177,589.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
MESA SALVATION ARMY					FEEDING		
241 EAST 6TH STREET, BUILDING 3	04 1156048	501 (0) (2)			AMERICA	FOOD	
MESA, AZ 85201	94-1156347	501(C)(3)	0.	1,045,716.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
MISSION KITCHEN/FOUNTAIN OF LIFE					FEEDING		
6056 EAST BASELINE ROAD #137					AMERICA	FOOD	
MESA, AZ 85206	33-1054769	501(C)(3)	0.	274,628.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
				, ,			
MOUNTAIN VIEW CHURCH					FEEDING		
4815 WEST HUNT HIGHWAY					AMERICA	FOOD	
QUEEN CREEK, AZ 85142	58-1542098	501(C)(3)	0.	114,165.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NALWOODI DENZHONE COMMUNITY					FEEDING		
P.O. BOX 758					AMERICA	FOOD	
GILA, AZ 85502	47-3741425	501(C)(3)	174,604.	66,199.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NATIVE AMERICAN CHRISTIAN ACADEMY					FEEDING		
P.O. BOX 4013					AMERICA	FOOD	
SUN VALLEY, AZ 86029	86-0580967	501(0)(3)	0.	90 383	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	000000000				VILLON 10N		COMPONENT FOOD ADDIDIANCE
NATIVE HEALTH SERVICES					FEEDING		
777 WEST SOUTHERN AVENUE					AMERICA	FOOD	
MESA, AZ 85210	94-2540194	501(C)(3)	0.	173 919.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT CHURCH 820 WEST CLEVELAND					FEEDING AMERICA	FOOD	
ST. JOHNS, AZ 85936	80-0011888	501(0)(3)	0.	370 371	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
S1. JOHNS, AZ 85956	80-0011888	501(0)(3)	0.	373,371.	, VALOATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
NEW HOPE COMMUNITY CENTER					FEEDING		
6915 EAST UNIVERSITY DRIVE					AMERICA	FOOD	
MESA, AZ 85207	94-2598831	501(C)(3)	0.	341,068,	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HOPE COMMUNITY CHURCH FOOD					FEEDING		
PANTRY - 251 NORTH ROOSEVELT					AMERICA	FOOD	
AVENUE – CHANDLER, AZ 85226	86-0627448	501(C)(3)	0.	52,399.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HORIZON COMMUNITY							
CARE-CULINARY CENTER - 2200 NORTH					FEEDING		
ARIZONA AVENUE, SUITE 6 -					AMERICA	FOOD	
CHANDLER, AZ 85225	86-1014335	501(C)(3)	0.	47,877.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OASIS FOOD PANTRY					FEEDING		
208 SOUTH MCLANE ROAD					AMERICA	FOOD	
PAYSON, AZ 85541	47-3689168	501(C)(3)	0.	49,430.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OASIS MINISTRIES					FEEDING	T 00D	
1228 EAST CURRY ROAD	00 1100057	F01 (0) (2)		01 574	AMERICA	FOOD	
TEMPE, AZ 85281	82-1166657	501(C)(3)	0.	21,5/4.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OLD CONCHO COMMUNITY ASSISTANCE					FEEDING		
35432 HIGHWAY 180A					AMERICA	FOOD	
CONCHO, AZ 85924	86-0907044	501(0)(3)	0.	352 980	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 0507044	501(0)(3)	0.	552,500.	, VALOATION	COMMODITIES	COMMONITY FOOD ADDIDIANCE
OPEN ARMS CARE CENTER					FEEDING		
925 NORTH MCQUEEN ROAD #105					AMERICA	FOOD	
GILBERT, AZ 85233	86-1040036	501(C)(3)	0.	31,106.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
/			1				
OPEN HANDS OUTREACH PROGRAM					FEEDING		
151 WEST CENTRAL AVENUE					AMERICA	FOOD	
COOLIDGE, AZ 85128	46-0948519	501(C)(3)	0.	44,071,	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION LOVE FOOD BANK					FEEDING		
360 NORTH 1ST AVENUE	06 0100600	F01(a)(2)		157 670	AMERICA	FOOD	CONCENTER FOOD AGE CENNER
HOLBROOK, AZ 86025	86-0123683	501(C)(3)	0.	157,670.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OUR LADY OF MT. CARMEL SVDP					FEEDING		
2121 SOUTH RURAL ROAD					AMERICA	FOOD	
TEMPE, AZ 85282	86-0096789	501(C)(3)	0.	59,906.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
				,			
PASCUA YAQUI TRIBE - VICTIM					FEEDING		
SERVICES - 9405 SOUTH AVENIDA DEL					AMERICA	FOOD	
YAQUI - GUADALUPE, AZ 85283	86-0203228	501(C)(3)	0.	45,350.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAYSON COMMUNITY KIDS					FEEDING		
213 SOUTH COLCORD ROAD					AMERICA	FOOD	
PAYSON, AZ 85541	03-0376861	501(C)(3)	0.	44,351.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAYSON SVDP					FEEDING		
511 SOUTH STREET PHILLIPS STREET					AMERICA	FOOD	
PAYSON, AZ 85541	86-0096789	501(C)(3)	0.	128,401.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAZ DE CRISTO COMMUNITY CENTER					FEEDING		
424 WEST BROADWAY					AMERICA	FOOD	
MESA, AZ 85210	26-1669496	501(C)(3)	0.	377,481.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PINE STRAWBERRY FOOD BANK					FEEDING		
3886 NORTH HIGHWAY 87, #2					AMERICA	FOOD	
PINE, AZ 85544	80-0648675	501(C)(3)	0.	58 862	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
11NL, M2 03344	00 0040075	501(0)(3)					
RE:CENTER					FEEDING		
814 EAST WHITE MOUNTAIN BOULEVARD					AMERICA	FOOD	
PINETOP, AZ 85935	83-2835196	501(C)(3)	0.	19,891.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
RE:STORE FOOD PANTRY					FEEDING		
21805 SOUTH ELLSWORTH ROAD #102					AMERICA	FOOD	
QUEEN CREEK, AZ 85142	20-4619609	501(C)(3)	0.	105,664.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA							86-0505273 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORATION COMMUNITY CENTER					FEEDING		
374 NORTH HAMILTON STREET					AMERICA	FOOD	
CHANDLER, AZ 85225	95-6087955	501(C)(3)	0.	232,213.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
RIO VISTA CENTER AT CASA DE AMOR					FEEDING		
819 SOUTH MACDONALD					AMERICA	FOOD	
MESA, AZ 85210	86-6053028	501(C)(3)	0.	634 266	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROUND VALLEY BOYS AND GIRLS CLUB					FEEDING		
216 EAST SECOND AVENUE					AMERICA	FOOD	
EAGAR, AZ 85925	27-5238993	501(C)(3)	0.	12,279.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROUND VALLEY CARES INC.					FEEDING		
109 NORTH B STREET					AMERICA	FOOD	
SPRINGERVILLE, AZ 85938	20-2970159	501(C)(3)	0.	271,613.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SAN CARLOS APACHE TRIBE					FEEDING		
P.O. BOX 0					AMERICA	FOOD	
SAN CARLOS, AZ 85550	86-0505273	501(C)(3)	97.	253 824	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
	00 0303273	501(0)(3)	57.	233,024		COMIODITIED	
SANTA CRUZ VALLEY FOOD BANK					FEEDING		
109 NORTH SUNSHINE BOULEVARD					AMERICA	FOOD	
ELOY, AZ 85131	86-0397693	501(C)(3)	0.	181,076.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
SCOTTSDALE UNIFIED SCHOOL DISTRICT					FEEDING		
7601 EAST MCKELLIPS ROAD					AMERICA	FOOD	
SCOTTSDALE, AZ 85257	86-6000535	GOVERNMENT	0.	29,804.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SET FREE KEARNY					FFFDING		
302 WEST DANBURY ROAD					FEEDING AMERICA	FOOD	
KEARNY, AZ 85137	85-2213488	501(C)(3)	0.	73 211	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	05 2215400		0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110111101		STRICTITI TOOD ADDIDIANCI
SHEPHERDS KITCHEN FOOD BANK					FEEDING		
344 WEST 4TH STREET SOUTH					AMERICA	FOOD	
SNOWFLAKE, AZ 85937	86-0887516	501(C)(3)	0.	44,604.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOW LOW FIRST BAPTIST CHURCH					FEEDING		
700 NORTH CENTRAL AVENUE					AMERICA	FOOD	
SHOW LOW, AZ 85901	94-2576517	501(C)(3)	0.	235,744.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SILVER CREEK SENIOR CENTER					FEEDING		
1658 SOUTH MAIN STREET					AMERICA	FOOD	
SNOWFLAKE, AZ 85937	94-2745417	501(C)(3)	0.	345,374.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SIRRINE ELEMENTARY SCHOOL					FEEDING		
591 WEST MESQUITE STREET					AMERICA	FOOD	
CHANDLER, AZ 85225	86-0659616	GOVERNMENT	0.	6,389.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SPRINGERVILLE - ROUND VALLEY							
SENIOR CENTER (UFB) - 356 SOUTH					FEEDING		
PAPAGO STREET - SPRINGERVILLE, AZ					AMERICA	FOOD	
85938	86-0505273	501(C)(3)	0.	224,798.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST. BRIDGET SVDP					FEEDING		
2213 NORTH LINDSEY ROAD					AMERICA	FOOD	
MESA, AZ 85213	86-0096789	501(0)(3)	0.	1/ 929	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00-0090709	501(0)(3)	0.	14,929.	VALUATION	COMMODITIES	COMMONITI FOOD ASSISTANCE
ST. JOHNS FOOD BANK (UFB)					FEEDING		
395 SOUTH 1ST STREET WEST					AMERICA	FOOD	
ST. JOHNS, AZ 85936	86-0505273	501(C)(3)	0.	73,837.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST. MARK'S EPISCOPAL CHURCH					FFFDING		
-					FEEDING	FOOD	
322 NORTH HORNE	12 55 60000	501 (3) (2)		100.050	AMERICA	FOOD	
MESA, AZ 85203	13-5562208	501(C)(3)	0.	133,959.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST. MARY'S SVDP					FEEDING		
230 WEST GALVESTON					AMERICA	FOOD	
CHANDLER, AZ 85225	86-0096789	501(C)(3)	0.	229,652.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
					FFFDING		
STREETS OF JOY					FEEDING	T 00D	
451 EAST 4TH PLACE		F01 (a) (2)		1 015 005	AMERICA	FOOD	
MESA, AZ 85204	86-0820405	501(C)(3)	0.	1,217,836.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPERIOR FOOD BANK					FEEDING	2002	
99 NORTH LOBB AVENUE		501 (2) (2)		100.010	AMERICA	FOOD	
SUPERIOR, AZ 85173	30-0020685	501(C)(3)	0.	192,018.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SUPERSTITION COMMUNITY FOOD BANK					FEEDING		
575 N. IDAHO ROAD, SUITE 701					AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	0.	1,633,014.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TEMPE COMMUNITY ACTION AGENCY					FEEDING		
2146 EAST APACHE BOULEVARD					AMERICA	FOOD	
TEMPE, AZ 85281	86-0254820	501(C)(3)	0.	786,834.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TEMPE LIGHT HOUSE APOSTOLIC					FEEDING		
ASSEMBLY - 903 SOUTH GEORGE DRIVE					AMERICA	FOOD	
- TEMPE, AZ 85281	95-6087955	501(C)(3)	0.	14,460.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TEMPE SALVATION ARMY					FEEDING		
714 SOUTH MYRTLE AVENUE					AMERICA	FOOD	
TEMPE, AZ 85281	94-1156347	501(C)(3)	0.	18,687.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TIME OUT INC.					FEEDING		
P.O. BOX 306					AMERICA	FOOD	
PAYSON, AZ 85541	86-0723051	501(C)(3)	0.	7,611.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
TRANSITIONAL LIVING COMMUNITIES					FEEDING	2002	
438 SOUTH DREW	06 050000	501 (2) (2)		000 055	AMERICA	FOOD	
MESA, AZ 85210	86-0723240	501(C)(3)	0.	823,977.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TRI-COMMUNITY FOOD BANK MAMMOTH					FEEDING		
108 WEST REDWOOD DRIVE					AMERICA	FOOD	
MAMMOTH, AZ 85618	86-0998046	501(C)(3)	0.	546,534.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VERNON ELEMENTARY SCHOOL DISTRICT					FEEDING		
#9 - 90 COUNTRY ROAD NORTH 3139 -					AMERICA	FOOD	
VERNON, AZ 85940	86-0588602	GOVERNMENT	0.	8,505.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	86-0505273 Page
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERNON FOOD PANTRY					FEEDING		
1588 COUNTY ROAD 3142					AMERICA	FOOD	
VERNON, AZ 85940	38-3754330	501(C)(3)	600.	99,422.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VESTED INTEREST					FEEDING		
9201 SOUTH AVENIDA DEL YAQUI					AMERICA	FOOD	
GUADALUPE, AZ 85283	86-0833455	501(C)(3)	0.	357,224.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VINEYARD COMMUNITY CHURCH					FEEDING		
601 SOUTH COOPER ROAD					AMERICA	FOOD	
GILBERT, AZ 85233	86-0607313	501(0)(3)	0.	111 267	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 000,010	501(0)(0)		111,207.			
WASTE NOT INC.							
1700 N GRANTE REEF RD							
SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	0.	100,000.	FAIR VALUE	EQUIPMENT	UNRESTRICTED
WHITE MOUNTAIN CATHOLIC CHARITIES					FEEDING		
3807 PORTER MOUNTAIN ROAD					AMERICA	FOOD	
LAKESIDE, AZ 85929	85-0225263	501(C)(3)	0.	390 928	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,							
WHITE MOUNTAIN CATHOLIC CHARITIES					FEEDING		
- WHITERIVER - 312 NORTH CHIEF					AMERICA	FOOD	
AVENUE - WHITERIVER, AZ 85941	32-0217942	501(C)(3)	0.	226,755.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITE MOUNTAIN COMMUNITY FOOD BANK					FEEDING		
820 MOONRIDGE DRIVE					AMERICA	FOOD	
LAKESIDE, AZ 85929	80-0245130	501(C)(3)	0.	72,177.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
WINGS OF LIFE WORSHIP CENTER					FEEDING		
1030 NORTH VALLEY DRIVE					AMERICA	FOOD	
APACHE JUNCTION, AZ 85120	38-6095433	501(C)(3)	0.	73,498.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Iule I (Form 990) 2020 UNITED FOOD BANK III Grants and Other Assistance to Domestic Individu		organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
Part III can be duplicated if additional space is neede	ed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
IV Supplemental Information. Provide the information	required in Part I, lin	l e 2; Part III, columr	ן ו (b); and any other ac	ditional information.	
I, LINE 2:					
YEES MAKE ANNUAL SITE VISITS TO ENSURE THAT	THE AGENCIES A	RE OPERATING			
ITENDED. AGENCIES THAT ARE ALLOWED TO MAKE F	FOOD PURCHASES O	DR RECEIVE			

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

Schedule I (Form 990) UNITED FOOD BANK	86-0505273	Page 2
Schedule I (Form 990) UNITED FOOD BANK Part IV Supplemental Information		
THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO		
THE ELIGIBILITY REQUIREMENTS ON THAT DO NOT STAT IN COMPLIANCE WITH NO		
LONGER BE ABLE TO RECEIVE DISTRIBUTIONS.		
	<u> </u>	(Fauna 606)
	Schedule I	(Form 990)

032291 04-01-20 DocuSign Envelope ID: D32D1A72-0F2E-4833-9944-D1DF34096A72

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Componental Employees by Attach to Form 90. Data 100 (Sec. 2000) Data 100 (Sec. 2000) Determined information Complete if the organization answered "Yes" on Form 90. Part IV, line 23. In Attach to Form 90. Employer Identification number 66:052273 Part I Questions Regarding Compensation Improve Identification number 66:052273 Part I Questions Regarding Compensation Yes Improve Identification provided any of the following to or for a person listed on Form 990. Yes Part I Questions Regarding Compensation Yes Improve Identification and grossup payments Health or social cold due or infaintant fees Discretionary spending account Personal services (such as maid, chauffeur, cheft) I Infaintantiation provide any of the following to or for a person listed on Form 990. The infaintant fees Discretionary spending account Personal services (such as maid, chauffeur, cheft) I Discretionary spending account Personal services (such as maid, chauffeur, cheft) The infaintant fees the organization to compensation of the organization fees the organization regure substratiation poir to reimbursing on allowing expresses incurred by al flictors, trustees, and offices, inclusting the CEO/Seccutive Director, the spring the termined by an evalued organization to establish compensation ormulate The organization torganization fees the spring the termined b	SC	SCHEDULE J Compensation Information					47
Complete fit the organization answered "Yes" on Form 990, Part IV, line 23, Marce of the organization Inspection Inspectin Inspection Inspection Inspection Inspection I	(Fo	Compensated Employees			20	20	
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Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X </td <td>C</td> <td>-</td> <td></td> <td></td> <td>·</td> <td></td> <td></td>	C	-			·		
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I	5			n			
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	•	-					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	я	•			5a		x
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	h	Any related organiz	ation?		5h		l
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6			n			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	•					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	я	-	-		6a		х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	7			2			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	'				7	х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	Q				-		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	0				0		x
Regulations section 53.4958-6(c)? 9	0		•		· •		
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Schedule J (Form 990) 20	20 UNITED FOOD BANK	86-0505273	Page 2
<u>Ochequie</u> 5 (1 0mm 330) 20	20		T aye Z

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DAVID RICHINS	(i)	116,511.	20,000.	0.	1,800.	25,611.	163,922.	0	
PRESIDENT & CEO	(ii)	Ο.	Ο.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
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	(ii)							<u> </u>	

Schedule J (Form 990) 2020	UNITED FOOD BANK	86-0505273	Page 3

Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE

PERFORMANCE OF THE CEO AND DETERMINE APPROPRIATE COMPENSATION COMMENSURATE

WITH PERFORMANCE. THE COMMITTEE USES COMPARABILITY DATA FROM NON-PROFIT CEO

MARKET SURVEY AND OTHER TAX EXEMPT ORGANIZATIONS.

Departn Internal				ibutions				7	
Internal Name	 (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. 						2020 Open to Public		
			r instructions and	the latest information.		Upen to Inspe		C	
Par	of the organization	siger/reinieee re			Employer	r identificatio		nber	
Par	UNITED FOOD BA	ANK				86-050527			
	t 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) d of determin ontribution ar		3	
1	Art - Works of art								
	Art - Historical treasures								
	Art - Fractional interests								
	Books and publications								
	Clothing and household goods								
	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities - Publicly traded								
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Oth								
15	Real estate - Residential								
16	Real estate - Commercial								
	Real estate - Other								
	Collectibles								
	Food inventory		751	30,714,732.	FEEDING AMER	RICA VALUE			
	Drugs and medical supplies								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
25	Other (SUPPLIES) X	22	74,845.	FAIR VALUE				
	Other ()							
27	Other (1						
	Other ► (
	Number of Forms 8283 received by the o	proanization during	the tax vear for co	ontributions	1				
	for which the organization completed Fo	•					0		
	5	, , , ,	5				Yes	No	
30a	During the year, did the organization rec	eive bv contributio	on any property rep	orted in Part I. lines 1 throud	oh 28. that it				
	must hold for at least three years from th								
	exempt purposes for the entire holding p					30a		х	
h	If "Yes," describe the arrangement in Pa								
	Does the organization have a gift accept		equires the review of	of any nonstandard contribu	tions?	31	x		
	Does the organization hire or use third particular		-	•					
4	e entriku tingen 0		ganizations to solid			32a		х	
h	If "Yes," describe in Part II.								
	If the organization didn't report an amount	nt in column (c) fo	r a type of property	r for which column (a) is che	cked				
	describe in Part II.				,				

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 UNITED FOOD BANK	86-0505273	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organiz a combination of both. Also com	ation
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF DONORS.		
000140_11.00_00	Cabadula M /Faur	000) 2020
032142 11-23-20	Schedule M (Forn	n 990) 2020
50		

08250502 131839 038-002654

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	2020 Open to Public			
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number			
	UNITED FOOD BANK	86-0505273			
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:				
EMERGENCY AND SUPP	LEMENTAL FOOD DISTRIBUTION PROGRAM:				
UNITED FOOD BANK H	AS PROVIDED HUNGER RELIEF TO PEOPLE IN THE EAST				
VALLEY AND EASTERN	ARIZONA SINCE 1983. UFB DISTRIBUTES BULK FOODS TO A				
NETWORK OF LOCAL P	ARTNER AGENCIES THAT INCLUDE FOOD PANTRIES,				
FAITH-BASED ORGANI	ZATIONS AND OTHER NONPROFITS THAT PROVIDE EMERGENCY				
FOOD BOXES TO INDI	VIDUALS AND FAMILIES IN NEED OF FOOD ASSISTANCE. IN				
ADDITION, OUR HELP	ING HANDS PROGRAM PROVIDES AN EMERGENCY FOOD SOURCE				
FOR "FIRST AND SEC	OND" RESPONDERS LIKE POLICE, FIREFIGHTERS, SOCIAL AND				
OUTREACH WORKERS,	AND PROTECTIVE SERVICES CASE MANAGERS WHO RESPOND TO				
EMERGENCY AND CRIS	IS SITUATIONS IN OUR EAST VALLEY COMMUNITIES. WE ALSO				
OPERATE A MOBILE P	ANTRY PROGRAM THAT DISTRIBUTES FOOD DIRECTLY TO				
CLIENTS PRIMARILY	IN THE EASTERN ARIZONA RURAL COMMUNITIES THAT LIE				
WITHIN OUR 19,500	SQUARE MILE SERVICE AREA. IN ADDITION, UNITED FOOD				
BANK PROVIDES BULK	FOOD DISTRIBUTION TO A NETWORK OF COMMUNITY				
ORGANIZATIONS, SUC	H AS SOUP KITCHENS, RESIDENTIAL FACILITIES, SENIOR				
PROGRAMS AND MOBIL	E PANTRIES WHO SERVE MEALS TO CLIENTS IN NEED. DURING				
FISCAL 2021, DUE T	O COVID-19, UNITED FOOD BANK DISTRIBUTED MORE THAN				
26.2 MILLION POUND	S OF FOOD, PROVIDING 30.5 MILLION MEALS, A 45%				
INCREASE OVER OUR	DISTRIBUTION IN FISCAL 2019 AND A 9% INCREASE OVER				
DISTRIBUTION IN FISCAL 2020.					

FORM 990, PART VI, SECTION A, LINE 1:

THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, AND TREASURER OF THE BOARD WILL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 60 Schedule O (Form 990 or 990-EZ) 2020

2020.05093 UNITED FOOD BANK

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
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.	
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.	

FORM 990, PART VI, SECTION B, LINE 12C:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
	00 0303273
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.	

COMMITTEE AND REVIEWED BY AN ATTORNEY. THE POLICY IS REQUIRED TO BE SIGNED

OUR CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE

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.

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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Employer identification number 86-0505273 UNITED FOOD BANK

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 2021.

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 2021.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON INTEREST RATE SWAP

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED.

032212 11-20-20

45,745.

Page 2

SCHEDULE R (Form 990)	► Com		l "Yes" on Form 990, Part IV, ttach to Form 990.	line 33, 34, 35b, 36	, or 37.			DMB No. 1549 202 Open to P	O ublic
Name of the organizatio	ON UNITED FOOD BANK	Go to www.irs.gov/Form990) for instructions and the late	est information.		Em	nployer identii 86-0505273		
Part I Identificatio	on of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	(a) ess, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total incor	(e) ne End-of-year	assets		(f) controlling entity	9
		-							
	is during the tax year.	ations. Complete if the organizatio	n answered "Yes" on Form 990	U, Part IV, line 34, b	ecause it had one	or more	related tax-exe	empt	
	(a) e, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	npt Code Public charity		(f) Direct controlling entity		g) 512(b)(13) rolled tity?
WASTE NOT, INC 1700 N GRANITE RE SCOTTSDALE, AZ 8	EF RD	FOOD RESCUE	ARIZONA	501(C)(3)	LINE 7	UNITED	FOOD BANK	Yes	
		-							
		-							
		-							

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

Schedule R (Form 990) 2020 UNITED FOOD BANK

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

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

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(k contr ent	tion b)(13) rolled tity?
		country)						Yes	No

032162 10-28-20

86-0505273 Page 2

Schedule R (Form 990) 2020 UNITED FOOD BANK	86-0505273		Page 3
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
1 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p	x	
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)			Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASTE NOT, INC.	В	100,000.	CASH
(2) WASTE NOT, INC.	м	38,400.	FMV
(3) WASTE NOT, INC.	N	13,969.	FMV
(4) WASTE NOT, INC.	0	56,352.	FMV
(5) WASTE NOT, INC.	Р	589,124.	FMV
(6)			

Schedule R (Form 990) 2020 UNITED FOOD BANK

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)												
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) ls.?	Share of total income	Share of end-of-year assets	Disp tio alloca	ropor- inate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	l or Percentag ^{ing} ownersh												
		country)	sections 512-514)	Yes	No	linconne	255615	Yes	No	(Form 1065)	Yes	10												
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<u>Schedule R</u> (Form 990) 2020 Supplemental Info	UNITED FOOD BANK	86-05052	73 Page 5
	Provide additional inform	ation for responses to questions on Schedule R. See in	nstructions.	
032165 10-28-20)	68	Schedule R	(Form 990) 2020
		68		

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