			** PUBLI	IC DISCLOSURE CO	PY **				
		00	Return of Organ	ization Exempt F	From I	ncome Tax		OMB No. 1545-	0047
Forr	n 9 3	90	Under section 501(c), 527, or 4947					202	1
			Do not enter social set	ecurity numbers on this form	as it may b	e made public.		Open to Pu	blic
		of the Treasury nue Service	Go to www.irs.gov.	/Form990 for instructions and	the latest	information.		Inspectio	
AF	or the	e 2021 calend	lar year, or tax year beginning ${}_{ m J{}^{ m U}}$	JL 1, 2021 and	ending J	UN 30, 2022			
	heck if		f organization			D Employer ident	tificati	on number	
	Addre	ss mmmm	D FOOD BANK						
	chang Name chang	-	pusiness as			86-050527	73		
	Initial return		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone num	ber		
	Final return	/	NINA DRIVE	,		480-926-48	97		
	termin ated Amen	City or t	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		43,449	,209.
	_return ⊐Applic	MESA,	AZ 85210-8490 and address of principal officer: JASO	ז פרדה		H(a) Is this a group			
	⊥tiòn pendir	na	C ABOVE			for subordinat			
<u> </u>	ax-ex	empt status:		 (insert no.) 4947(a)(1) 	or 527	1		See instruction	
			NITEDFOODBANK.ORG			H(c) Group exemp			10
				sociation 🔄 Other 🕨	L Year			ate of legal domic	ile: AZ
Pa	nrt I	Summary	,						
Ø	1	Briefly describ	be the organization's mission or most	significant activities: UNITIN	G COMMUNI	TIES TO ALLEVIA	ATE		
Governance		HUNGER.							
erná			ox ► if the organization disco	• •	sed of more		1		
ŏ			ting members of the governing body	,			3		22
			dependent voting members of the gov				4		22 68
ties			of individuals employed in calendar y				5 6		6027
Activities &			of volunteers (estimate if necessary) of business revenue from Part VIII, co				0 7a	6	,916.
Ao			business taxable income from Form				7b		,916.
		Not uniciated			<u> </u>	Prior Year	<u> </u>	Current Yea	<u>, </u>
	8	Contributions	and grants (Part VIII, line 1h)			41,356,248	3.	42,170	
Revenue						110,203	3.	85	,528.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4,	and 7d)		403,589	э.	161	,131.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		108,010	_	142	,218.
			- add lines 8 through 11 (must equal			41,978,050	_	42,559	·
			milar amounts paid (Part IX, column (// /		32,369,985		32,487	
			to or for members (Part IX, column (A). /	2.000	0.
ses	15		r compensation, employee benefits (F			2,705,394	_	3,062	
ens	16a		undraising fees (Part IX, column (A), I		140	93,298	· ·	101	,157.
Expenses	17		ing expenses (Part IX, column (D), line es (Part IX, column (A), lines 11a-11d,			3,955,996	5	2,429	468
	11		es. Add lines 13-17 (must equal Part I)			39,124,675	_	38,080	
			expenses. Subtract line 18 from line			2,853,375	-	4,478	
or						ginning of Current Yea		End of Year	-
t Assets or d Balances	20	Total assets (I	Part X, line 16)			14,110,479	۶.	20,866	,081.
t As	21	Total liabilities	s (Part X, line 26)			591,850	5.	3,231	
Inc			fund balances. Subtract line 21 from	line 20		13,518,623	3.	17,634	,946.
	rt II	Signatur							
			I declare that I have examined this return, occusigned by: . Declaration of preparer (other than office				ту кпо	wiedge and belief	i, it is
uue,	correc		THN GTB SON	i) is dased off all information of wi	licii preparei		/2023		
Sig			B B D B A S B B 45C			Date			
Her			BIBSON, INTERIM TREASURER						
	•		print name and title						
		Print/Type pre	parer's name	Preparer's signature	[Date Check		PTIN	
Paid		JACQUELINE	•	JACQUELINE ECKMAN	0!	5/01/23 if self-em	ployed	P01300648	
Prep	arer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN	42	L-0746749	
Use	Only	Firm's address	•	TE 2300					
			PHOENIX, AZ 85012			Phone no. (602)		
May	the IF	RS discuss thi	s return with the preparer shown abo	ve? See instructions				X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) UNITED FOOD BANK	86-0505273	Page 2
	t III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: OUR MISSION IS TO UNITE COMMUNITIES TO ALLEVIATE HUNGER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	XYe	s 🗌 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Ye	s 🗴 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	e \$	85,528.)
	EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM - SEE SCHEDULE O		
4b	(Code:) (Expenses \$1, 205, 714. including grants of \$1, 205, 714.) (Revenue COMMODITY SUPPLEMENTAL FOOD PROGRAM: 1, 205, 714.) (Revenue Common Com	e\$	0.)
	UNITED FOOD BANK HAS ADMINISTERED CSFP TO OUR SERVICE AREA SINCE JUNE		
	2021 THROUGH A SUBCONTRACT WITH ST. MARY'S FOOD BANK. ELDER ADULTS		
	RECEIVE A MONTHLY FOOD PACKAGE CONSISTING OF ALL 5 MAJOR FOOD GROUPS AND A LOAF OF CHEESE FROM THEIR LOCAL PARTICIPATING UNITED FOOD BANK		
	PARTNER AGENCY. UNITED FOOD BANK IS PARTNERED WITH 30 AGENCIES THAT		
	INCLUDE FOOD PANTRIES, CHURCHES, AND NONPROFITS THAT PROVIDE		
	NUTRITIOUS, HEALTHY MEALS TO SENIORS WHO QUALIFY. IN 2022, UNITED FOOD		
	BANK PROVIDED SENIORS WITH OVER 27,000 FOOD BOXES.		
4c	(Code:) (Expenses \$262,848. including grants of \$251,079.) (Revenu	e\$	0.)
	KIDS LIFE PROGRAM:		
	ONE IN FOUR KIDS IN ARIZONA ARE AT RISK FOR HUNGER. UNITED FOOD BANK		
	PARTNERS WITH AFTER-SCHOOL PROGRAMS TO PROVIDE AT-RISK CHILDREN WITH		
	FREE NUTRITIOUS MEALS AND SNACKS. OUR EFFORTS INCLUDE KIDS CAFE,		
	BACKPACK AND SCHOOL PANTRY PROGRAMS. UNITED FOOD BANK PROVIDES A MENU		
	OF SHELF STABLE PRODUCT, WHICH FULFILLS PRESCRIBED NUTRITIONAL CRITERIA AS ESTABLISHED BY FEEDING AMERICA.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 35,964,735.	,	
		Form	990 (2021)
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	2		

Form	990 (2021) UNITED FOOD BANK 86-050527	73	Р	age 3
Pa	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? See instructions	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	<u> </u>		
Ű	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	х	
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	х	
	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	<u> </u>		
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D		12b	x	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	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			v
	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. See instructions	17	X	┞──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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				. /

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Form	1 990 (2021) UNITED FOOD BANK 86-05052	73	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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 the 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
	• • • • •	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	D		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			163	
	filed for the calendar year ending with or within the year covered by this return	2a 68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		4a		x
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (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 transac		5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the navor?	7a		x
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		- 10		
Ŭ	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization mer of If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 11		
0		-	8		
^			0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a ⊾			9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
0	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	44.			
a ⊾	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
0-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
-		120			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		154		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	404			
_	organization is licensed to issue qualified health plans	13b			
-	Enter the amount of reserves on hand	13c	44-		x
4a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		-
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
			17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		L''		

Pa	1990 (2021) UNITED FOOD BANK 86-05052 tt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for			age t ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	anor	espon	30
	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 2	2		
	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		2		
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?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6		6		x
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- U		
14	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0	х	
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			. – –
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Х	
		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	(vlno el	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	js only)	avana	
10		nd finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and technologies the tex user	iu inano	Jal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MEGAN MONTALVO - 480-926-4897			
	245 C NINA DETUE MECA AV 95210 9400			
	245 S. NINA DRIVE, MESA, AZ 85210-8490	_	000	(0.0 -
132006	245 S. NINA DRIVE, MESA, AZ 85210-8490 5 12-09-21 6	Form	990	(2021

Form 990 (20	021) UNITED FOOD BANK	86-0505273	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organization's t	tax year.

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

Name and title Average hours per biolities any biolities any biolitione any biolities an	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per vex. boxsequence is total on one of the compensation			(do		Pos	ition					
Vere (ist ary hours for status) Note of the status of the st		-	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
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132007 12-09-21

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (continued) (A) (A) (A) (A) (C)	Form 990 (2021) UNITED FOOD E		_				_			86-05	0527	3	Pa	ige 8
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1b Subtotal 259,332. 0. 55,215. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) 259,332. 0. 55,215. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the														0
c Total from continuation sheets to Part VII, Section A 0.<													55 1	
d Total (add lines ib and 1c) 259,332. 0. 55,215. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization's tax year. (A) (A) None Description of services Compensation (A) None Description of services Compensation									· · · · · ·				55,2	
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a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	c i	-		•				Ŭ				2		x
and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services V Image: Colspan="2">Image: Compensation of services Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image: Col												3		
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rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2"												4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or within the organization of services Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services												5		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation		olete Schedule	2 1 10	or st	ICH Į	Jers	011 .					5		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation		nnensated ind	lono	nder	nt co	ntr	actor	e th	nat received more than \$	100 000 of comp	ensa	tion from	<u> </u>	
(A) Name and business address NONE (B) Description of services (C) Compensation			•								onou			
Name and business address NONE Description of services Compensation		ne oalendar ye		- Tun	ig w		<u> </u>					(C)		
Total number of independent contractors (including but not limited to those listed above) who received more than		address	NO	NE						ervices	С			ı
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
Total number of independent contractors (including but not limited to those listed above) who received more than														
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Total number of independent contractors (including but not limited to those listed above) who received more than														
Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
	2 Total number of independent contractors (in	cluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				

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

Form **990** (2021)

132008 12-09-21

	OOD BANK								86-05052	273
		nplo	yee			lighe	est (Compensated Employe	· ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c	heck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JULIE SPILSBURY DIRECTOR	1.10	x						0.	0.	0
		•						0.	0.	0
		-								
		-								
		-								

132201 04-01-21

			2021) UNITED FOOD BANK				86-050527	3 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(P)		
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1		Federated campaigns 1a	967.				
Gra			Membership dues 1b					
An (Fundraising events 1c					
Giff			Related organizations 1d					
js,			Government grants (contributions) 1e	12,201,357.				
er (f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	29,968,055.				
out		-	Noncash contributions included in lines 1a-1f	33,662,323.	40 170 270			
0		h	Total. Add lines 1a-1f		42,170,379.			
				Business Code 900099	05 500	05 500		
ice	2	a	SHARED MAINTENANCE	900099	85,528.	85,528.		
ue v		b						
n S /en		с						
grai Rev		d						
Program Service Revenue		e f						
		T m	All other program service revenue		85,528.			
	3	y	Total. Add lines 2a-2f					
	3		other similar amounts)		68,104.			68,104.
	4		Income from investment of tax-exempt bond p		,			,
	5		Royalties	Г				
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents					
	Ŭ		Less: rental expenses 6b 134,455.					
			Rental income or (loss) 6c 35,671.					
			Net rental income or (loss)		35,671.		6,916.	28,755.
			Gross amount from sales of (i) Securities	(ii) Other			,	,
	-		assets other than inventory 7a 831,501.					
		b	Less: cost or other basis					
e			and sales expenses					
evenue		с	Gain or (loss) 7c 93,027.					
			Net gain or (loss)	>	93,027.			93,027.
Other R			Gross income from fundraising events (not					
₫			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a	12,354.				
		b	Less: direct expenses 8b	17,024.				
		с	Net income or (loss) from fundraising events	►	-4,670.			-4,670.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10	b				
		С	Net income or (loss) from sales of inventory	····· ►				
s				Business Code	00 =10			00 =15
Miscellaneous Revenue	11		MANAGEMENT FEES	900099	82,716.			82,716.
lan		~	OTHER INCOME	900099	28,501.			28,501.
Sev		с						
Mis			All other revenue		111 010			
			Total. Add lines 11a-11d	····· P	111,217.	05 500	6.016	206 422
	12		Total revenue. See instructions	▶	42,559,256.	85,528.	6,916.	296,433.
13200	9 12-	-09-	21					Form 990 (2021)

UNITED FOOD BANK Form 990 (2021) 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	<u>e or note to any line in t</u>	his Part IX		
	lude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	and 10b of Part VIII.	•	expenses	general expenses	expenses
	s and other assistance to domestic organizations				
	omestic governments. See Part IV, line 21	32,487,316.	32,487,316.		
	s and other assistance to domestic				
	duals. See Part IV, line 22				
	s and other assistance to foreign				
	nizations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16				
	fits paid to or for members				
	pensation of current officers, directors,	220 454		220 454	
	ees, and key employees	329,454.		329,454.	
	ensation not included above to disqualified				
	ns (as defined under section 4958(f)(1)) and				
	ns described in section 4958(c)(3)(B)	1 022 027	1 242 202	246 405	244 140
	salaries and wages	1,933,027.	1,342,392.	246,495.	344,140.
	on plan accruals and contributions (include	24 405	04 200	F 174	4 005
	n 401(k) and 403(b) employer contributions)	34,407.	24,328.	5,174.	4,905
	employee benefits	591,224.	327,437.	182,742.	81,045
		174,634.	89,982.	62,380.	22,272.
	for services (nonemployees):				
	igement	11 000		11.000	
		11,222.		11,222.	
	unting	29,340.		29,340.	
	ying	101 155			101 155
	ssional fundraising services. See Part IV, line 17	101,157.			101,157.
	tment management fees	924.		924.	
-	r. (If line 11g amount exceeds 10% of line 25,	226 420	07 071	102.000	104 542
	n (A), amount, list line 11g expenses on Sch 0.)	236,420.	27,971.	103,906.	104,543
	rtising and promotion	261,346.	75 075	90.092	261,346
	expenses	205,521.	75,275.	80,083.	50,163
	nation technology	12,064.	3,616.	6,820.	1,628.
-	lties	110 100	112 (42	E 070	0 400
	pancy	116,162.	113,643.	-5,970.	8,489.
17 Trave		5,519.	2,960.	2,215.	344.
2	ents of travel or entertainment expenses				
	ny federal, state, or local public officials	10 111	2 (40	0.254	2 117
	erences, conventions, and meetings	16,111.	3,640.	9,354.	3,117.
20 Intere	——————————————————————————————————————				
	ents to affiliates	671 075	624 061	17.060	10 050
	eciation, depletion, and amortization	671,075.	634,061.	17,062.	19,952
23 Insura		41,035.	36,029.	2,375.	2,631.
24 Other above.	expenses. Itemize expenses not covered . (List miscellaneous expenses on line 24e. If				
line 24	ie amount exceeds 10% of line 25, column (A),				
	nt, list line 24e expenses on Schedule 0.)	255 701	255 701		
ч	CLE EXPENSE	355,701.	355,701.	2 275	2 500
~	HOUSE EXPENSE	291,662.	284,781.	3,375.	3,506.
	ABLE SALVAGE	130,716.	130,716.	1 264	
d OTHE		22,709.	14,113.	1,264.	7,332.
	her expenses	21,941.	10,774.	3,597.	7,570.
	functional expenses. Add lines 1 through 24e	38,080,687.	35,964,735.	1,091,812.	1,024,140.
	costs. Complete this line only if the organization				
-	ed in column (B) joint costs from a combined				
	tional campaign and fundraising solicitation.				
Check h	here here if following SOP 98-2 (ASC 958-720)				

m 9 art		2021) UNITED FOOD BANK Balance Sheet				80-05	05273 Page
	~	Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,419,894.	1	2,121,35
	2	Savings and temporary cash investments	3,521,812.	2	2,832,23		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		421,135.	4	772,76	
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualit	ied person	s (as defined			
		under section 4958(f)(1)), and persons described	l in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,469,177.	8	1,704,20
	9	— · · · · · · · · · · ·			19,883.	9	52,5
.		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,309,931.			
	b	Less: accumulated depreciation		2,969,910.	5,026,530.	10c	11,340,0
.	11	Investments - publicly traded securities			2,232,048.	11	2,023,5
	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	0.	15	19,3		
	16	Total assets. Add lines 1 through 15 (must equa	14,110,479.	16	20,866,0		
	17	Accounts payable and accrued expenses	241,356.	17	505,4		
	18	Grants payable	,	18	,		
	19	Deferred revenue		350,500.	19	733,1	
	20	Tax-exempt bond liabilities			,	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 the				22	
	23	Secured mortgages and notes payable to unrela				23	1,967,9
	23 24	Unsecured notes and loans payable to unrelated				24	-,,-
	2 . 25	Other liabilities (including federal income tax, pa				-27	
1	20	parties, and other liabilities not included on lines	-				
					0.	25	24,5
	26			Г	591,856.	26	3,231,1
ť	20	Organizations that follow FASB ASC 958, che	ck horo			20	•,=•=,=
		and complete lines 27, 28, 32, and 33.					
	27				12,370,897.	27	16,342,4
	28	Net assets with donor restrictions			1,147,726.	28	1,292,5
1	20	Organizations that do not follow FASB ASC 9			-,,	20	-,,-
		and complete lines 29 through 33.	JO, CHECK				
	20					20	
	29 20	Capital stock or trust principal, or current funds				29	
	30 24	Paid-in or capital surplus, or land, building, or ec				30	
	31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances			13,518,623.	31	17,634,94
	~	lotal net assets or tung balances			T2,2T0,072°	32	1,034,94

Form 990 (2021)

09300501 131839 A314930

Form	990 (2021) UNITED FOOD BANK	86-05052	73	Pa	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	,559,	256.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	38	,080,	687.	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,518,	623.	
5	Net unrealized gains (losses) on investments	5		-362,	246.	
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			٥.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	,634,	946.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	О.				
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	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Sin	gle Audit				
	Act and OMB Circular A-133?		3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000		

Form **990** (2021)

SCHEDULE A (Form 990)	Public Char Complete if the organ 494	OMB No. 1545-0047							
Internal Revenue Service		Attach to Form 990 or F //Form990 for instructio			formation.		Inspection		
Name of the organizati	UNITED FOOD BANK						identification number 86-0505273		
Part I Reason	for Public Charity Status.	(All organizations must c	omplete th	is part.) S	ee instruction	IS.			
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 									
 6 A federal, sta 7 X An organizati section 170(8 A community 9 An agricultura or university 	(b)(1)(A)(iv). (Complete Part II.) te, or local government or governm on that normally receives a substan b)(1)(A)(vi). (Complete Part II.) trust described in section 170(b)(al research organization described or a non-land-grant college of agrice	ntial part of its support fr (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i	om a gove II.) x) operate	ernmental u	unit or from th	land-grant	college		
activities rela income and u See section 11 An organizati 12 An organizati more publicly lines 12a thro a Type I. A s the suppor organizatio b Type II. A s	 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 								
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 									
g Provide the follow (i) Name of supp organization		d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governin Yes	nization listed ng document? No	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
Total	duction Act Notice, see the Instru	uctions for Form 990 or	990-EZ.	132021 01-0	04-22	Sche	dule A (Form 990) 2021		

Part II		IITED FOOD BAN		Sections 170/4	$(1)(\Delta)(i_{1})$	86-05052 170(b)(1)(A)(yi	i ugo i
	(Complete only if you checked	-		-			-
	fails to qualify under the tests			-	r laileu to quality u		organization
Sectior	A. Public Support	,,					
	year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	s, grants, contributions, and	(a) 2017	(6) 2010	(0) 2019	(d) 2020	(e) 2021	
	nbership fees received. (Do not						
	ude any "unusual grants.")	34,465,988.	32,712,565.	40,448,123.	41,356,248.	42,170,379.	191,153,303
	revenues levied for the organ-	, ,	, ,	, ,	, ,	, ,	, ,
	on's benefit and either paid to						
	xpended on its behalf						
	value of services or facilities						
	ished by a governmental unit to						
the (organization without charge	14,400.	14,400.	447,733.	1,103,640.	14,400.	1,594,573
4 Tota	al. Add lines 1 through 3	34,480,388.	32,726,965.	40,895,856.	42,459,888.	42,184,779.	192,747,876
	portion of total contributions						
by e	ach person (other than a						
gove	ernmental unit or publicly						
supp	ported organization) included						
on li	ne 1 that exceeds 2% of the						
amo	unt shown on line 11,						
colu	mn (f)						30,598,352
	lic support. Subtract line 5 from line 4.						162,149,524
Section	n B. Total Support						
	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amo	ounts from line 4	34,480,388.	32,726,965.	40,895,856.	42,459,888.	42,184,779.	192,747,876
	ss income from interest,						
divid	lends, payments received on						
	urities loans, rents, royalties,						
	income from similar sources	42,779.	36,662.	40,382.	45,762.	205,243.	370,828
	income from unrelated business						
	vities, whether or not the					c	
	ness is regularly carried on					6,916.	6,916
10 Othe	er income. Do not include gain						
10 Othe or lo	ss from the sale of capital	2 201	4 010	74 750	100 010	111 017	201 107
IO Othe or lo asse	ess from the sale of capital ets (Explain in Part VI.)	2,391.	4,819.	74,756.	108,010.	111,217.	,
10 Othe or lo asse 11 Tota	ess from the sale of capital ets (Explain in Part VI.)al support. Add lines 7 through 10						301,193 193,426,813
IO Othe or lo asse II Tota I2 Gros	ess from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities,	etc. (see instructio	uns)			12	193,426,813
 10 Othe or lo asse 11 Tota 12 Gross 13 First 	ess from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for th	etc. (see instructio e organization's fir	ons) rst, second, third, f	ourth, or fifth tax y	ear as a section 5	12 01(c)(3)	193,426,813
IO Othe or lo asse II Tota I2 Gros I3 First orga	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the unization, check this box and stop	etc. (see instructio e organization's fir) here	ns) st, second, third, f	ourth, or fifth tax y	ear as a section 5	12 01(c)(3)	193,426,813
10 Othe or lo asse 11 Tota 12 Gros 13 First orga Section	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the unization, check this box and stop of C. Computation of Public	etc. (see instructio e organization's fir here c Support Per	ins) st, second, third, fr centage	ourth, or fifth tax y	ear as a section 5	12 01(c)(3)	193,426,813 1,016,443
IO Othe or lo asse II Tota I2 Gros I3 First orga Section I4 Publ	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the unization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li	etc. (see instructio e organization's fir here c Support Per ne 6, column (f), di	rst, second, third, fr centage ivided by line 11, c	ourth, or fifth tax y	ear as a section 5	12 01(c)(3) 14	193,426,813 1,016,443 ▶ 83.83
0 Othe or lo asse 2 Gros 3 First orga 6ection 4 Publ 5 Publ	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the inization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020)	etc. (see instructio e organization's fir here c Support Per ne 6, column (f), di Schedule A, Part I	rst, second, third, fr centage ivided by line 11, c II, line 14	ourth, or fifth tax y olumn (f))	ear as a section 5	12 01(c)(3) 14 15	193,426,813 1,016,443
0 Othe or lo asse 2 Gros 3 First orga 6ection 4 Publ 5 Publ 6a 33 1	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the anization, check this box and stop in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the c	etc. (see instructio e organization's fir here c Support Per ne 6, column (f), di Schedule A, Part I organization did no	rst, second, third, for centage ivided by line 11, c II, line 14 t check the box on	ourth, or fifth tax y olumn (f))	ear as a section 5 4 is 33 1/3% or m	12 01(c)(3) 14 15 ore, check this bo:	193,426,81 1,016,44
0 Othe or lo asse 1 Tota 2 Gros 3 First orga 6ection 4 Publ 5 Publ 6a 33 1 stop	Ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the unization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co of here. The organization qualifies a	etc. (see instructio e organization's fir b here c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo	rst, second, third, for centage ivided by line 11, c II, line 14 t check the box on ported organization	ourth, or fifth tax y olumn (f)) line 13, and line 1	ear as a section 5 4 is 33 1/3% or m	12 01(c)(3) 14 15 ore, check this box	193,426,813 1,016,443
0 Othe or lo asse 1 Tota 2 Gros 3 First orga 5 Cection 4 Publ 5 Publ 6a 33 1 stop b 33 1	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the inization, check this box and stop in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co o here. The organization qualifies /3% support test - 2020. If the co	etc. (see instructio e organization's fir b here c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppor organization did no	rst, second, third, for centage ivided by line 11, co II, line 14 t check the box on orted organization t check a box on lin	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3%	12 01(c)(3) 14 15 ore, check this box or more, check th	193,426,813 1,016,443
 O Othe or lo or lo asse 1 Tota 2 Gross 3 First orga ection 4 Publ 5 Publ 6a 33 1 stop b 33 1 and 	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the inization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co of here. The organization qualifies a /3% support test - 2020. If the co stop here. The organization quali	etc. (see instructio e organization's fir b here c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo organization did no ifies as a publicly s	rst, second, third, for centage ivided by line 11, c II, line 14 t check the box on ported organization t check a box on lin upported organiza	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3%	12 01(c)(3) 14 15 ore, check this box or more, check th	193,426,81 1,016,44
 0 Othe or lo or lo asse 1 Tota 2 Gross 3 First orga 6ection 4 Publ 5 Publ 6a 33 1 stop b 33 1 and 7a 10% 	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the <u>inization, check this box and stop</u> C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 //3% support test - 2021. If the co o here. The organization qualifies a //3% support test - 2020. If the co stop here. The organization quali o -facts-and-circumstances test	etc. (see instructio e organization's fir b here C Support Pero ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo organization did no ifies as a publicly s - 2021. If the org	rst, second, third, for centage ivided by line 11, c II, line 14 t check the box on ported organization t check a box on line upported organiza anization did not c	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	12 01(c)(3) 14 15 ore, check this box or more, check th and line 14 is 10%	193,426,81 1,016,44
 0 Othe or lo or lo asse 1 Tota 2 Gros 3 First orga ection 4 Publ 5 Publ 6a 33 1 stop b 33 1 and 7a 10% and 	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the anization, check this box and stop n C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co o here. The organization qualifies to here. The organization qualifies to here. The organization qualifies for facts-and-circumstances test if the organization meets the facts	etc. (see instructio e organization's fir c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo organization did no fifes as a publicly s - 2021. If the org s-and-circumstance	rst, second, third, for centage ivided by line 11, c II, line 14 t check the box on ported organization t check a box on lin upported organiza anization did not cl es test, check this	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part	12 01(c)(3) 14 15 ore, check this box or more, check this or more, check this und line 14 is 10% VI how the organiz	193,426,81 1,016,44
0 Othe or lo asse 1 Tota 2 Gros 3 First orga ection 4 Publ 5 Publ 6a 33 1 stop b 33 1 and 7a 10% and mee	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the inization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co of here. The organization qualifies to here. The organization qualifies for here. The organization qualifies of acts-and-circumstances test if the organization meets the facts the facts-and-circumstances test the facts-and-circumstances test	etc. (see instructio e organization's fir b here c Support Pero ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppor organization did no ifies as a publicly s - 2021. If the organization st. The organization	ivided by line 11, c ivided by line 11, c ivided by line 11, c it check the box on ported organization t check a box on lin upported organiza anization did not cl es test, check this n qualifies as a put	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her Dlicly supported or	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	12 01(c)(3) 14 15 ore, check this box or more, check th und line 14 is 10% VI how the organiz	193,426,81 1,016,44
0 Othe or lo asse 2 Gros 3 First orga 6ection 4 Publ 5 Publ 6a 33 1 stop b 33 1 and 7a 10% and mee b 10%	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 as receipts from related activities, t 5 years. If the Form 990 is for the unization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co of here. The organization qualifies /3% support test - 2020. If the co stop here. The organization qualifies if the organization meets the facts to the facts-and-circumstances test of facts-and-circumstances test	etc. (see instructio e organization's fir c Support Per c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppor organization did no ifies as a publicly suppor s- 2021. If the org s- and-circumstance st. The organizatio - 2020. If the org	ivided by line 11, c ivided by line 11, c il, line 14 t check the box on borted organization t check a box on linupported organiza anization did not c es test, check this l n qualifies as a put anization did not c	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or heck a box on line	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1	12 01(c)(3) 14 15 ore, check this box or more, check this or more, check this und line 14 is 10% VI how the organiz 7a, and line	193,426,81 1,016,44
 0 Other or lo or lo asservent de la constanta de	ass from the sale of capital ets (Explain in Part VI.) al support. Add lines 7 through 10 ess receipts from related activities, t 5 years. If the Form 990 is for the inization, check this box and stop of C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 /3% support test - 2021. If the co of here. The organization qualifies to here. The organization qualifies for here. The organization qualifies of acts-and-circumstances test if the organization meets the facts the facts-and-circumstances test the facts-and-circumstances test	etc. (see instructione organization's fir c Support Pere c Support Pere c Support Pere n e 6, column (f), di Schedule A, Part I brganization did no as a publicly support organization did no ifies as a publicly support c 2021. If the organizatione c 2020. If the or	ivided by line 11, c centage ivided by line 11, c II, line 14 t check the box on line t check a box on line upported organization t check a box on line upported organization t check this long anization did not cl anization did not cl	ourth, or fifth tax y olumn (f)) line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or heck a box on line k this box and st	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain in	12 01(c)(3) 14 15 ore, check this box or more, check this or more, check this und line 14 is 10% VI how the organiz 7a, and line 15 is n Part VI how the	193,426,813 1,016,443

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UNITED FOOD BANK 86-0505273 Schedule A (Form 990) 2021 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose **3** Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities

furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 the	-			•		
check this box and stop here	<u> </u>	•				
Section C. Computation of Publi					1 1	
15 Public support percentage for 2021 (I			column (f))			%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves		•			1 1	
17 Investment income percentage for 20						%
18 Investment income percentage from a						%
19a 33 1/3% support tests - 2021. If the	organization did no	ot check the box of	on line 14, and	line 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The o	organization quali	fies as a public	ly supported organiz	ation	▶∟
b 33 1/3% support tests - 2020. If the	•					
line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifie	es as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	n did not check a b	box on line 14, 19	a, or 19b, chec	k this box and see in		
132023 01-04-22					Schedule A	A (Form 990) 2021
		16	0 - 0 0 0			4 4 4
00501 131839 A314930		2021.	05080 UI	NITED FOOD	BANK	A3149

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Schedule A (Form 990) 2021

UNITED FOOD BANK

1

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Sche		86-0505273	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			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 on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	11b		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offici 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u>Sec</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Y.	
	Did the evention into the cost of its supervised eventions, but the last dow of the fifth would be the		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	-		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	<u>3a</u>		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Oh		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

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Schedule A (Form 990) 2021

art V Type III Non-Functionally Integrated 509(a)(3) Supporting	n Organi		
Check here if the organization satisfied the Integral Part Test as a qualifying		,	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must	complete S	ections A through E.	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
Average monthly value of securities	1a		
o Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
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	-	Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 UNITED FOOD BANK	(a)(2) Sumporting Orga	nizationa	86-0505273 Page 7
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer		1	
2	Amounts paid to perform activity that directly furthers exemp	2		
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	os of supported organizations		
_ <u>3</u>	Amounts paid to acquire exempt-use assets	s of supported organizations	<u> </u>	
_ 4 5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	-	
Ū	(provide details in Part VI). See instructions.	ie organization is responsive	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021		FOOD BANK	86-0505273	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; t V, Section E, lines 2, 5, and 6. Also complete this part for any a	Part V, Section B, line 1e; Part V, Section	ıC,
	(See Instructions.)				
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.52020 01-04-2	-		21		, LUL I

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number		
	UNITED FOOD BANK	86-0505273	
Organization type (che	ck one):	·	
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		
	on is covered by the General Rule or a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.	
General Rule			
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'		
Special Rules			
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) D-EZ, line 1. Complete Parts I and II.	d that received from any one	
Eor an organiz	ation described in section 501(c)(7) (8), or (10) filing Form 990 or 990-FZ that received from	any one	

section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 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), 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).

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

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	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
UNITED F	OOD BANK		86-0505273
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$2,116,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$1,189,4	101. Person Payroll 101. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$6,560,4	Person Payroll 154. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$1,389,'	760. Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$892,.	Person Payroll 155. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$1,164,7	Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 2
Name of o	rganization	Emp	loyer identification number
UNITED F	COOD BANK		86-0505273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$12,201,357.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,012,829.	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
9		\$2,000,000.	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
10		\$1,157,170.	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 Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		<u> </u>	Page
Name of o	rganization		Employ	er identification number
JNITED F	FOOD BANK		86	-0505273
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
1		\$ 2,056	913.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
2		\$1,189	.401.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
3				
		\$6,560	454.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
4				
		\$1,389	,760.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
5				
		\$892	,455.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
6				
		\$ 1,139	620.	06/30/22

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Schedule B (Form 990) (2021)

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	B (Form 990) (2021)			Page
Name of o	rganization		Employ	ver identification number
UNITED F	FOOD BANK		86	-0505273
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
7		—		
		\$9,353	263.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
8		\$1,012,	829.	06/30/22
(a)				
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	BUILDING			
9_				
		\$2,000	.000.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD COMMODITIES			
10				
		\$1,157	170.	06/30/22
(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
		—		

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Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
UNTTED F	FOOD BANK		86-0505273
Part III) through (e) and the following line entry.	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
	Use duplicate copies of Part III if additional	space is needed.	For the year. (Enter this line, once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	_
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transforacia namo addross a		Relationship of transferor to transferee
	Transferee's name, address, a		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	na 21P + 4	Relationship of transferor to transferee
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SC	HEDULE D	Supplementa	al Financial Statements	ŀ	OMB No. 1545-0047
	n 990)	Complete if the organization	anization answered "Yes" on Form 990,		2021
Depart	tment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	al Revenue Service		90 for instructions and the latest information.		Inspection
Nam	e of the organization				identification number
Pa		UNITED FOOD BANK	d Funds or Other Similar Funds or Ac		36-0505273
Fa		n answered "Yes" on Form 990, Part IV, lin		counts. (complete if the
	organization			(b) Funds and	other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at				
5	00 0		writing that the assets held in donor advised fund	ds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose conferr		
	impermissible priv		•	-	Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	orically import	ant land area
	Protection o	f natural habitat	Preservation of a cert	ified historic s	tructure
	Preservation	n of open space			
2	•	. .	ied conservation contribution in the form of a co		
	day of the tax year			Held a	t the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•			2b	
С			ucture included in (a)	2c	
d		.,	after 7/25/06, and not on a historic structure		
				2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	ization during	the tax
	year ►				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
6		orcement of the conservation easements it	holds? handling of violations, and enforcing conservatic		Yes No
6		a nours devoted to monitoring, inspecting,	narioning of violations, and emorcing conservatio	n easements	during the year
7	Amount of oxpons		lling of violations, and enforcing conservation ea	comonte durir	a the year
'	► \$	es incurred in monitoring, inspecting, hand			ig the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
Ū				.,	Yes No
9			on easements in its revenue and expense statem		
	,	8	note to the organization's financial statements the		he
	organization's acc	ounting for conservation easements.	-		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Ass	ets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet wo	orks
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in furtherar	nce of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works	of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public ser	vice,
	provide the followi	ing amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets include	ed in Form 990, Part X			
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial gain, $ $	provide	
	-	unts required to be reported under FASB A	-		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	Sched	lule D (Form 990) 2021
13205	1 10-28-21		28		
			28		

Sche	dule D (Form 990) 2021 UNITED FOOD						86-050		Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other	[.] Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that	make się	gnificant (use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other	r similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "	Yes" on	Form 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, custodia	an or other intermedia	ary for contribution	s or other asse	ets not i	ncluded		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
с	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pa	t V Endowment Funds. Complete i		wered "Yes" on Fo	orm 990, Part I						
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,678,198.	2,365,061.	1,687			85,339.	1,	828,	060.
b	Contributions			451	,000.		00,000.			
С	Net investment earnings, gains, and losses	-211,587.	313,137.	226	,447.	2	33,275.		152,	279.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					3	31,000.		295,	000.
f	Administrative expenses									
g	End of year balance	2,466,611.	2,678,198.	2,365	,061.	1,6	87,614.	1,	685,	339.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment	69.0000	_%							
b	Permanent endowment 12.0000	%								
с	Term endowment 19.0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administere	ed for the	e organiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the	organization's endow	/ment funds.							
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X, I	line 10.				
_	Description of property	(a) Cost or ot basis (investm	. ,	t or other (other)	• •	ccumulate preciation		(d) Book	value	Э
1a	Land		3	,116,922.				3,	116,	922.
	Buildings		8	,048,496.		1,604,	782.	6,	443,	714.
	Leasehold improvements									
	Equipment		2	,842,215.		1,345,	048.	1,	497,	167.
	Other			302,298.		20,	080.		282,	
	. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1	,					, 340,	
		addin onni 000, i ait A		<u></u>			<u> </u>	/	,	

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 UNITED FOOD BANK			86-0505273	Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000 Part IV line	11b Soo Form 000 Part V line 12		
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	and of vear market	value
Y The second state state second state second state second state state second s State second state second s			and of year market	value
Closely held equity interests Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			_	
(8)			_	
(9)			_	
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>			
Part X Other Liabilities.		11		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line		
(a) Description of liability			(b) Book v	value
(1) Federal income taxes				24 56
(2) STATE TAX PAYABLE				24,562
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990. Part X. col. (B) line				24,562

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

Schedule D (Form 990) 2021

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hedule D (Form 990) 2021 UNITED FOOD BANK		86-0505273 Page
art XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ie per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
Total revenue, gains, and other support per audited financial statements \dots		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
Donated services and use of facilities	2b	
Recoveries of prior year grants	2c	
Other (Describe in Part XIII.)	2d	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII.)	4b	
Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
art XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
Total expenses and losses per audited financial statements		
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities	2a	
Prior year adjustments		
Other losses		
Other (Describe in Part XIII.)		
Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
o Other (Describe in Part XIII.)		
Add lines 4a and 4b		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18)	

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.

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Schedule D (Form 990) 2021

 Schedule D (Form 990) 2021
 UNITED FOOD BANK

 Part XIII
 Supplemental Information (continued)

THE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED

FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S

CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

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SCHEDULE G		ental Information Regarding						OMB No. 1545-0047
(Form 990)	Complete if th	or if the	2021					
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Emplover id	Inspection entification number
	UNITED FOO	D BANK					86-05052	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundi have c or cor contrib	aiser ustody itrol 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			Yes	No				
- 9456 WEST POTTER THE MARKET BUILDER	,	GRANT WRITER		X	1,414,614.		52,500	. 1,362,114.
22122, MESA, AZ 8		DIRECT MAIL		x	1,184,449.		48,657	. 1,135,792.
3 List all states in whi		on is registered or licensed to solicit		▶ utions	2,599,063. or has been notified	it is e	101 , 157 exempt from r	
HA For Paparwork P	eduction Act Not	ice, see the Instructions for Form 9	290 or	900-F	7		Schodu	le G (Form 990) 2021

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

Schedule G (Form 990) 2021

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		le G (Form 990) 2021 UNITED FOO						-0505273 Page	2 =
Pa	art	II Fundraising Events. Complete if the of fundraising event contributions and gree).
			(a) Event #1		(b) Event #2		Other events	(d) Total events	
								(add col. (a) throug	h
			(overt type)		(overt type)	(to	tal number)	col. (c))	
Ine			(event type)		(event type)	(10	tai number)		
Revenue	1	Gross receipts							
ŭ									
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	Ť								
	4	Cash prizes							
	_								
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
t Exp									
lirec	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
	10	, , , , , , , , , , , , , , , , , , , ,							
Pa	11 art								
		\$15,000 on Form 990-EZ, line 6a.				•			
e			(a) Bingo		Pull tabs/instant p/progressive bingo	(c) (Other gaming	(d) Total gaming (ac col. (a) through col.	
Revenue				bing				col. (a) through col.	(C))
Re	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
ĸ									
Direc	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %		Yes%	<u>г</u>	es %		
	6	Volunteer labor	No		Νο		0		
	7	Direct expense summary. Add lines 2 through	5 in column (d)				►		
	'	Direct expense summary. Add intes 2 through							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				▶		
9	En	ter the state(s) in which the organization condu	icte gaming activitios:						
		the organization licensed to conduct gaming ad		states	?			Yes	No
		No," explain:							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	ermina	ted during the tax v	/ear?		Yes	No
		Yes," explain:							
1320	82 10	0-21-21					Sch	edule G (Form 990) 20	021

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Sch	edule G (Form 990) 2021	UNITED FOOD BANK		86-05052	273	Page 3
11	Does the organization conduct ga	ming activities with nonmerr	nbers?		Yes	No
			or a member of a partnership or other entity formed		_	
	to administer charitable gaming?				Yes	No
13	Indicate the percentage of gaming	activity conducted in:				
á	The organization's facility				a 📃	%
					b	%
14	Enter the name and address of th	e person who prepares the c	organization's gaming/special events books and record	ds:		
	Name					
	Address 🕨					
15a	Does the organization have a con	ract with a third party from v	whom the organization receives gaming revenue?] Yes	No No
ł	If "Yes," enter the amount of gam	ng revenue received by the	organization 🕨 💲 and the amo	ount		
	of gaming revenue retained by the	e third party ►\$				
C	If "Yes," enter name and address	of the third party:				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
10	Gaming manager mormation.					
	Name 🕨					
	Gaming manager compensation	▶ \$				
	Description of convision provided					
	Description of services provided	·				
	Director/officer	Employee	Independent contractor			
17	,					
â			e distributions from the gaming proceeds to		Vee	
	retain the state gaming license?		be distributed to other exempt organizations or spent	L	Yes	└── No
Ľ	organization's own exempt activit	•				
Pa			nations required by Part I, line 2b, columns (iii) and (v)	; and Part III, I	ines 9,	9b, 10b,
			y additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST 1	PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: RESO	UTE NONPROFIT CONSUL	TING			
/ - `			DEODIN NO 05202			
(1)	ADDRESS OF FUNDRAISER: 94	56 WEST POTTER DRIVE	, PEORIA, AZ 05502			
1320	83 10-21-21			Schedule G	(Form	990) 2021

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Schedule G	G (Form 990)	UNITED FOOD BANK		86-0505273	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)			
				.	
				Schedule G	(⊦orm 990)

132084 11-18-21

SCHEDULE I		G	arants and Oth	er Assistan	ce to Orgar	nizations,		L	OMB No. 1545-00)47
(Form 990)			vernments, an lete if the organization						2021	1
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for		nation.			Open to Publ Inspection	
Name of the organization	ITED FOOD BA	ANK						Employer ic	dentification nu 86-0505273	mber
Part I General Information	on on Grants a	nd Assistance								
1 Does the organization ma	aintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	on		
criteria used to award the	grants or assis	stance?							X Yes	No
2 Describe in Part IV the or	ganization's pro	cedures for monit	oring the use of grant	funds in the United	l States.					
		-	zations and Domestic be duplicated if addition			ganization answered "	′es" on Form 990, Part	: IV, line 21, fo	or any	
1 (a) Name and address of or government	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of grant r assistance	
A NEW LEAF						FEEDING				
868 E UNIVERSITY DRIVE			501 (3) (2)	1.000	006 845	AMERICA	FOOD	601 0/1 77777		
MESA, AZ 85203		86-0256667	501(C)(3)	1,268.	226,745.	VALUATION	COMMODITIES	COMMUNITY	FOOD ASSIST	PANCE
APACHE JUNCTION UNIFIED						FFFDING				
DISTRICT - 1575 WEST SO AVENUE, STE. #5 - APACH						FEEDING AMERICA	FOOD			
AZ 85120	E DONCTION,	86-0951340	STATE OF ARIZONA	0.	39 / 50	VALUATION	COMMODITIES	COMMINITIV	FOOD ASSIST	Ͳͽͷϲϝ
		80-0951540	STATE OF ARIZONA	0.	39,430.	VALUATION	COMMODITIES		FOOD A55151	IANCE
ASTER AGING CSFP						FEEDING				
7550 EAST ADOBE STREET						AMERICA	FOOD			
MESA, AZ 85207		94-2596075	501(C)(3)	0.	13,049.	VALUATION	COMMODITIES	COMMUNITY	FOOD ASSIST	TANCE
					, -					
AZ HEROES TO HOMETOWNS						FEEDING				
40 W. BROWN RD STE. 105	MESA 8520					AMERICA	FOOD			
MESA, AZ 85275		80-0658257	501(C)(3)	0.	5,598.	VALUATION	COMMODITIES	COMMUNITY	FOOD ASSIST	TANCE
AZCEND FOOD PANTRY						FEEDING				
345 S. CALIFORNIA ST.						AMERICA	FOOD			
CHANDLER, AZ 85225		86-0428780	501(C)(3)	1,765.	1,165,887.	VALUATION	COMMODITIES	COMMUNITY	FOOD ASSIST	TANCE
BUDDHIST TZU-CHI FOUNDA	TION					FEEDING				
2145 W. ELLIOT RD.					1.00 1.55	AMERICA	FOOD			
CHANDLER, AZ 85224		94-2952782		354.	160,455.	VALUATION	COMMODITIES	COMMUNITY	FOOD ASSIST	
2 Enter total number of sec			-	e line 1 table				🕨		88.
3 Enter total number of oth								<u></u>		0.
LHA For Paperwork Reduct	ion Act Notice,	, see the Instructi	ons for Form 990.					Schedu	le I (Form 990)	2021

Schedule I (Form 990) UNITED FOOD BA	NK						86-0505273 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANIVON DAY ACCENDIN OF COD FOOD					REEDING		
CANYON DAY ASSEMBLY OF GOD FOOD PANTRY - 4518 S. 7TH ST					FEEDING AMERICA	FOOD	
WHITERIVER, AZ 85941	20-4595770	501(C)(3)	6,298.	90 475	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	10 1000770	561(6)(5)	0,250.	50,175.			
CHANDLER CARE CENTER					FEEDING		
777 EAST GALVESTON STREET					AMERICA	FOOD	
CHANDLER, AZ 85225	81-5402137	501(C)(3)	0.	103,204.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHILD CRISIS ARIZONA					FEEDING		
817 NORTH COUNTRY CLUB DRIVE					AMERICA	FOOD	
MESA, AZ 85201	86-0324144	501(C)(3)	6.	52,239.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHRIST THE VICTOR LUTHERAN CHURCH					FEEDING	T 00D	
6173 EAST ARIZONA FARMS ROAD	41-1991463	E01(0)(2)	595.	215 577	AMERICA	FOOD COMMODITIES	CONVENTERY FOOD ACCTORANCE
FLORENCE, AZ 85132	41-1991403	501(0)(3)	535.	515,577.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
CIBECUE MOBILE PANTRY					FEEDING		
6 WEST 3RD STREET					AMERICA	FOOD	
CIBECUE, AZ 85911	27-2196285	501(C)(3)	5,095.	77,735.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY ACTION HUMAN RESOURCES					FEEDING		
AGENCY BP - 109 NORTH SUNSHINE					AMERICA	FOOD	
BOULEVARD - ELOY, AZ 85131	26-1219058	501(C)(3)	0.	5,190.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY PRESBYTERIAN DEACON'S					FEEDING		
PANTRY - 800 W. MAIN ST PAYSON,	06 0444545			1.50.050	AMERICA	FOOD	
AZ 85541	86-0441745	501(C)(3)	377.	162,368.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMPASSION CENTER					FEEDING		
33 EAST COMSTOCK DRIVE #5					AMERICA	FOOD	
CHANDLER, AZ 85225	47-3437813	501(C)(3)	104.	68,828.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,				,			
COMPASSION IN ACTION					FEEDING		
4525 SOUTH MCCLINTOCK DRIVE					AMERICA	FOOD	
TEMPE, AZ 85282	36-2225484	501(C)(3)	0.	17,005.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD BA							86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DECEDE MANNA ECOD DAMEDY					PEPDING		
DESERT MANNA FOOD PANTRY 590 NORTH 96TH STREET					FEEDING AMERICA	FOOD	
MESA, AZ 85207	45-4513048	501(C)(3)	1,115.	2,477,902.		COMMODITIES	COMMUNITY FOOD ASSISTANCE
DIOCESAN COUNCIL FOR THE SOCIETY				_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OF ST. VINCENT DE PAUL DIOCESE					FEEDING		
PHOENIX - 20615 E. OCTOTILLO RD					AMERICA	FOOD	
QUEEN CREEK, AZ 85142	86-0096789	501(C)(3)	2,948.	3,022,298.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
EISENHOWER CENTER FOR INNOVATION					FEEDING		
848 NORTH MESA DRIVE					AMERICA	FOOD	
MESA, AZ 85201	86-6000481	STATE OF ARIZONA	0.	58,300.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ELOY FOOD PANTRY 605 N. SANTA CRUZ AVE.					FEEDING AMERICA	FOOD	
ELOY, AZ 85131	86-0469348	501(C)(3)	83.	292 965	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 0405540	501(0)(3)		252,505.	VALUATION	COMMODITIES	COMMONITY FOOD ADDIDIANCE
EMPOWERMENT SYSTEMS					FEEDING		
2066 W. APACHE TR., SUITE 116					AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	86-0664708	501(C)(3)	0.	79,893.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
ENCOUNTER AZ CHURCH OF GOD					FEEDING		
1718 N. MESA DR.					AMERICA	FOOD	
MESA, AZ 85201	62-0484177	501(C)(3)	0.	17,996.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST EVANGELICAL LUTHERAN CHURCH					FEEDING		
142 NORTH DATE STREET					AMERICA	FOOD	
MESA, AZ 85201	41-1568278	501(C)(3)	101.	154 518.	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)	69.	21,009.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
FLORENCE FOOD DISTRIBUTION					FEEDING		
600 NORTH MAIN STREET					AMERICA	FOOD	
FLORENCE, AZ 85132	46-1555767	501(C)(3)	7,506.	45,420.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD E	BANK						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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY BIBLE CHURCH					FEEDING		
1621 NORTH PASADENA	0.000000000	501 (2) (2)	244	154 100	AMERICA	FOOD	
MESA, AZ 85201	86-0623192	501(C)(3)	344.	154,109.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
GENESIS PROJECT					FEEDING		
564 NORTH IDAHO ROAD					AMERICA	FOOD	
APACHE JUNCTION, AZ 85119	27-3994457	501(C)(3)	535.	764 434.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,,				,			
GILA COMMUNITY FOOD BANK					FEEDING		
317 HACKNEY AVENUE					AMERICA	FOOD	
GLOBE, AZ 85501	86-0340833	501(C)(3)	406.	809,208.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
GOLD CANYON UNITED METHODIST				, ,			
CHURCH FOOD BANK - 8330 EAST					FEEDING		
SUNRISE SKY DRIVE - GOLD CANYON,					AMERICA	FOOD	
AZ 85118	86-0621002	501(C)(3)	143.	95,177.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
GUADALUPE C.A.P.					FEEDING		
9241 SOUTH AVENIDA DEL YAQUI					AMERICA	FOOD	
GUADALUPE, AZ 85283	86-0297728	501(C)(3)	19.	375,673.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
HERED OVERGUNDE GONDUTEN FOOD							
HEBER-OVERGAARD COMMUNITY FOOD					FEEDING	TOOD	
BANK - 3048 HIGHWAY 277 -	0.00000000	F01/(a)/())	10 011	07 140	AMERICA	FOOD	
OVERGAARD, AZ 85933	86-0674184	501(C)(3)	10,011.	97,149.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
HELPING HANDS HEALTH SERVICES					FEEDING		
401 W BASELINE RD.					AMERICA	FOOD	
TEMPE, AZ 85283	47-2000510	501(C)(3)	1,056.	13 115	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
IEMFE, AZ 05205	47-2000510	501(0/(3)	1,050.	45,445.	VALUATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
HOLDEMAN ELEMENTARY SCHOOL					FEEDING		
1326 WEST 18TH STREET					AMERICA	FOOD	
TEMPE, AZ 85281	86-6000480	STATE OF ARIZONA	0.	171,045.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOPE INTERNATIONAL FOOD PANTRY					FEEDING		
1280 NORTH ARIZONA BOULEVARD					AMERICA	FOOD	
COOLIDGE, AZ 85128	46-5017655	501(C)(3)	413.	225,191.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD B.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICNA RELIEF					FEEDING	FOOD	
5030 SOUTH MILL AVENUE, SUITE C5	04-3810161	501(0)(2)	0.	22 462	AMERICA	FOOD COMMODITIES	COMMINITE FOOD ACCTOMANCE
TEMPE, AZ 85282	04-3810161	501(C)(3)	0.	23,402.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
IMAGINE SCHOOLS AT EAST MESA					FEEDING		
9701 EAST SOUTHERN AVENNUE					AMERICA	FOOD	
MESA, AZ 85209	30-0047635	STATE OF ARIZONA	0.	79,784.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
IMPACT OF SOUTHERN ARIZONA					FEEDING		
3535 EAST HAWSER STREET					AMERICA	FOOD	
TUCSON, AZ 85739	86-0968242	501(C)(3)	0.	100,740.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
JOHN VOLKEN ACADEMY					FEEDING		
26601 SOUTH VAL VISTA DRIVE					AMERICA	FOOD	
GILBERT, AZ 85298	91-2061674	501(C)(3)	166.	17,248.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
LIVING HOPE HELPING HAND					FEEDING		
13270 SOUTH SUNLAND GIN ROAD					AMERICA	FOOD	
ARIZONA CITY, AZ 85223	65-1238877	501(C)(3)	48.	41,794.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
LOCAL FIRST ARIZONA FOUNDATION					FEEDING		
659 EAST MAIN STREET					AMERICA	FOOD	
MESA, AZ 85203	26-1657951	501(C)(3)	76.	22 009	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
	20 1057551	501(0)(3)	70.	22,005.	VALUATION	COMMODITIES	COMMONTIT FOOD ADDIDIANCE
LUTHERAN SOCIAL SERVICES OF THE					FEEDING		
SOUTHWEST - 5946 EAST UNIVERSITY					AMERICA	FOOD	
DRIVE - MESA, AZ 85205	86-0252302	501(C)(3)	165.	101 598.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,				,			
MATTHEW'S CROSSING					FEEDING		
1368 NORTH ARIZONA AVENUE, #112					AMERICA	FOOD	
CHANDLER, AZ 85225	55-0896414	501(C)(3)	1,226.	2,111,861.	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)	595.	264,217.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990) UNITED FOOD							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.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN PARK HEALTH CENTER					FEEDING		
1840 EAST BROADWAY ROAD	86 0408020	E01/01/21		21 227	AMERICA	FOOD	CONVENTERY ROOD AGELERANCE
TEMPE, AZ 85281	86-0498020	501(C)(3)	0.	31,227.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
MOUNTAIN VIEW CHURCH					FEEDING		
4815 WEST HUNT HIGHWAY					AMERICA	FOOD	
QUEEN CREEK, AZ 85142	58-1542098	501(C)(3)	144.	80 108.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
MY SISTERS' PLACE					FEEDING		
P.O. BOX 1869					AMERICA	FOOD	
CHANDLER, AZ 85224	86-0223999	501(C)(3)	0.	5,770.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,				,			
NALWOODI DENZHONE COMMUNITY					FEEDING		
DRIPPING SPRING SALE RING RD.					AMERICA	FOOD	
SAN CARLOS, AZ 85550	47-3741425	501(C)(3)	75,000.	54,030.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NATIVE HEALTH SERVICES					FEEDING		
777 WEST SOUTHERN AVENUE					AMERICA	FOOD	
MESA, AZ 85210	94-2540194	501(C)(3)	69.	118,114.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
NDEE BIKYAA, THE PEOPLE'S FARM							
PO BOX 708	86-0092030	501(0)(2)	127 040	0.			GROWTH & SUSTAINABILITY
FORT APACHE, AZ 85926	86-0092030	501(C)(3)	137,940.	U.			GROWTH & SUSTAINABILITY
NEW COVENANT CHURCH					FEEDING		
820 WEST CLEVELAND					AMERICA	FOOD	
ST. JOHNS, AZ 85936	80-0011888	501(C)(3)	162.	319 975	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
		561(6)(5)	101.				
NEW HOPE COMMUNITY CENTER					FEEDING		
6915 EAST UNIVERSITY DRIVE					AMERICA	FOOD	
MESA, AZ 85207	94-2598831	501(C)(3)	505.	431,672.	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)	67.	42,842.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other A	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZON COMMUNITY							
CARE-CULINARY CENTER - 2200 NORTH					FEEDING		
ARIZONA AVENUE, SUITE 6 -					AMERICA	FOOD	
CHANDLER, AZ 85225	86-1014335	501(C)(3)	312.	19,746.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OLD CONCHO COMMUNITY ASSISTANCE					FEEDING		
35432 HIGHWAY 180A					AMERICA	FOOD	
CONCHO, AZ 85924	86-0907044	501(C)(3)	264.	384,966.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
OPEN ARMS CARE CENTER					FEEDING		
925 NORTH MCQUEEN ROAD #105					AMERICA	FOOD	
GILBERT, AZ 85233	86-1040036	501(C)(3)	0.	36,078.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PALABRA DE VIDA CHURCH					FEEDING		
4434 EAST UNIVERSITY DRIVE SUITE 1)				AMERICA	FOOD	
MESA, AZ 85205	73-6109354	501(C)(3)	0.	43,701.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAYSON COMMUNITY KIDS					FEEDING		
213 SOUTH COLCORD ROAD					AMERICA	FOOD	
PAYSON, AZ 85541	03-0376861	501(C)(3)	10,003.	13,380.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAZ DE CRISTO COMMUNITY CENTER					FEEDING		
424 WEST BROADWAY					AMERICA	FOOD	
MESA, AZ 85210	26-1669496	501(C)(3)	530.	491,051.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
PINAL COUNTY CITIES IN SCHOOLS					FEEDING		
PO BOX 9					AMERICA	FOOD	
COOLIDGE, AZ 85128	86-0594129	STATE OF ARIZONA	0.	43,723.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
DINE GENUREDRY BOOD DANK							
PINE STRAWBERRY FOOD BANK					FEEDING	FOOD	
3886 NORTH HIGHWAY 87, #2 PINE. AZ 85544	80-0648675	501(C)(3)	٥.	54 045	AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
IINE, A2 03344	00-00400/5	501(0)(5)	0.	54,045.	VALUATION	COMMODITIES	COMPONITI FOOD ASSISTANCE
RE:CENTER					FEEDING		
814 EAST WHITE MOUNTAIN BOULEVARD					AMERICA	FOOD	
PINETOP, AZ 85935	83-2835196	501(C)(3)	٥.	69,486.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	iedule I (Form 990), Pa T	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEGRODATION CONTINUES OF MED					FEEDING		
RESTORATION COMMUNITY CENTER 374 NORTH HAMILTON STREET					FEEDING AMERICA	FOOD	
CHANDLER, AZ 85225	95-6087955	501(C)(3)	701.	181,007.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
RESURRECTION STREET MINISTRY					FEEDING		
1135 EAST MAIN STREET					AMERICA	FOOD	
MESA, AZ 85201	55-0799053	501(C)(3)	2,826.	1,085,894.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
RIO VISTA CENTER AT CASA DE AMOR					FEEDING		
819 SOUTH MACDONALD					AMERICA	FOOD	
MESA, AZ 85210	86-6053028	501(C)(3)	1,154.	683,896.	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)	347.	32,542.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
DOUND WALLEY CADEG INC							
ROUND VALLEY CARES INC. 109 EAST C STREET					FEEDING AMERICA	FOOD	
SPRINGERVILLE AZ 85938	20-2970159	501(C)(3)	1,797.	354 370	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SFRINGERVILLE, AZ 05950	20-2970139	501(0)(3)	1,197.	554,570.	VALUATION	COMMODITIES	COMMONITY FOOD ASSISTANCE
SANTA CRUZ VALLEY FOOD BANK					FEEDING		
109 NORTH SUNSHINE BOULEVARD					AMERICA	FOOD	
ELOY, AZ 85131	86-0397693	501(C)(3)	0.	291,639.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
SCOTTSDALE UNIFIED SCHOOL DISTRICT					FEEDING		
7601 EAST MCKELLIPS ROAD					AMERICA	FOOD	
SCOTTSDALE, AZ 85257	86-6000535	STATE OF ARIZONA	0.	44,990.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SENIOR PERSONAL ASSISTANCE CORP.					FEEDING		
CSFP - 1255 WEST BASELINE ROAD,					AMERICA	FOOD	
SUITE A212 - MESA, AZ 85202	45-4551483	501(C)(3)	٥.	223,433.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SHEPHERDS KITCHEN FOOD BANK					FEEDING		
344 WEST 4TH STREET SOUTH					AMERICA	FOOD	
SNOWFLAKE, AZ 85937	85-2213488	501(C)(3)	5,453.	1,095,310.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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		501 (2) (2)	154	165 140	AMERICA	FOOD	
SHOW LOW, AZ 85901	86-0887516	501(C)(3)	154.	167,140.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SPRINGERVILLE - ROUND VALLEY SENIOR CENTER (UFB) - 356 SOUTH					FEEDING		
PAPAGO STREET - SPRINGERVILLE, AZ					AMERICA	FOOD	
85938	94-2745417	501(C)(3)	10,133.	214 856	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
	54 2745417	501(0)(5)	10,133.	214,000.	VILLOITION	COMINDETTIED	
ST. MARK'S EPISCOPAL CHURCH					FEEDING		
322 NORTH HORNE					AMERICA	FOOD	
MESA, AZ 85203	13-5562208	501(C)(3)	251.	94,681.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
· · ·				, , , , , , , , , , , , , , , , , , , ,			
STREETS OF JOY					FEEDING		
451 EAST 4TH PLACE					AMERICA	FOOD	
MESA, AZ 85204	86-0820405	501(C)(3)	2,068.	1,166,714.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
SUPERIOR FOOD BANK					FEEDING		
99 NORTH LOBB AVENUE					AMERICA	FOOD	
SUPERIOR, AZ 85173	30-0020685	501(C)(3)	193.	162,826.	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)	2,431.	1,774,024.		COMMODITIES	COMMUNITY FOOD ASSISTANCE
	00 0131/0/	501(0)(5)	2,131.	1,771,024.	VILIDITITION	COMINDETTIED	
T.C.A.A.					FEEDING		
2146 EAST APACHE BOULEVARD					AMERICA	FOOD	
TEMPE, AZ 85281	86-0254820	501(C)(3)	974.	784,137.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,							
THE SALVATION ARMY					FEEDING		
30840 HAWTHORNE BLVD					AMERICA	FOOD	
RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	1,434.	1,968,027.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TIME OUT INC.					FEEDING		
P.O. BOX 306					AMERICA	FOOD	
PAYSON, AZ 85541	86-0723051	501(C)(3)	7,699.	787,768.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Do	nestic 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONAL LIVING COMMUNITIES					FEEDING		
PO BOX 1586	06 0700040	F01/(d)/(2)		929 219	AMERICA	FOOD	CONTRACTOR DOOD AGE CONTRACT
MESA, AZ 85211	86-0723240	501(C)(3)	0.	/3/,31/.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
TRI-COMMUNITY FOOD BANK MAMMOTH					FEEDING		
108 WEST REDWOOD DRIVE					AMERICA	FOOD	
маммотн, аz 85618	86-0998046	501(C)(3)	٥.	171 032.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
				,			
VERNON ELEMENTARY SCHOOL DISTRICT					FEEDING		
#9 - 90 COUNTRY ROAD NORTH 3139 -					AMERICA	FOOD	
VERNON, AZ 85940	86-0588602	STATE OF ARIZONA	0.	7,175.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VERNON FOOD PANTRY					FEEDING		
10 APACHE COUNTY ROAD					AMERICA	FOOD	
VERNON, AZ 85940	38-3754330	501(C)(3)	2,013.	96,280.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VESTED INTEREST					FEEDING		
9241 SOUTH AVENIDA DEL YAQUI					AMERICA	FOOD	
GUADALUPE, AZ 85283	86-0833455	501(C)(3)	642.	297,163.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
VINEYARD COMMUNITY CHURCH					FEEDING		
601 SOUTH COOPER ROAD					AMERICA	FOOD	
GILBERT, AZ 85233	86-0607313	501(C)(3)	510.	288 994	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC
	00 0007515	501(0)(3)	510.	200,554.	VILIDITI I DIV	COMMODITIED	
WHITE MOUNTAIN CATHOLIC CHARITIES					FEEDING		
5091 SOUTH WHITE MOUNTAIN BLVD.					AMERICA	FOOD	
LAKESIDE, AZ 85929	85-0225263	501(C)(3)	11,703.	243 502.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
,							
WHITE MOUNTAIN COMMUNITY FOOD BANK					FEEDING		
820 MOONRIDGE DRIVE					AMERICA	FOOD	
LAKESIDE, AZ 85929	80-0245130	501(C)(3)	154.	47,249.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITERIVER FOOD BANK					FEEDING		
312 NORTH CHIEF AVENUE					AMERICA	FOOD	
WHITERIVER, AZ 85941	32-0217942	501(C)(3)	٥.	139,596.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Othe	er 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINGS OF LIFE WORSHIP CENTER 030 NORTH VALLEY DRIVE PACHE JUNCTION, AZ 85120	38-6095433	501(C)(3)	66.		FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANC
FACILE JUNCTION, AZ 65120	30-0093433	501(C)(3)		09,370.	VALUATION	COMMODITIES	COMMUNITY FOOD ASSISTANC

(a) Turne of examples an excitation	(h) Niumahan af	(a) A manual of			(4) Description of non-order assists
(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 assista

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EMPLOYEES MAKE ANNUAL SITE VISITS TO ENSURE THAT THE AGENCIES ARE OPERATING

AS INTENDED. AGENCIES THAT ARE ALLOWED TO MAKE FOOD PURCHASES OR RECEIVE

FOOD OR COMMODITIES UNDER THE GOVERNMENTAL PROGRAMS ARE REVIEWED ANNUALLY

TO ENSURE ELIGIBILITY. SITE VISITS ARE PERFORMED ON A RANDOM BASIS TO

ENSURE THAT THE AGENCY IS IN COMPLIANCE WITH FOOD STORAGE REQUIREMENTS AND

TO SEE THAT THE FOOD IS BEING USED APPROPRIATELY. ADDITIONALLY, ALL

DISTRIBUTIONS ARE VERIFIED MONTHLY TO ENSURE THAT THE DISTRIBUTIONS ARE

APPROPRIATE FOR THE TYPE OF AGENCY OPERATIONS. AGENCIES THAT DO NOT MEET

Schedule I (Form 990) UNITED FOOD BANK Part IV Supplemental Information	86-0505273	Page 2
THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO		
LONGER BE ABLE TO RECEIVE DISTRIBUTIONS.		
132291	Schedule I	(Form 990)

04-01-21

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SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງ	91	
		Compensated Employees		20		
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio	on nu	mber
		UNITED FOOD BANK	86-0)505273		
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on For	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	i i i i i i i i i i i i i i i i i i i				
	Travel for com					
	_	cation and gross-up payments Health or social club dues or initiation fe				
	Discretionary s	spending account Personal services (such as maid, chauff	eur, chet)			
h.						
a		on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•	•			<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ay of the following the exception used to establish the compensation of the exceptionistic	'e			
3		ny, of the following the organization used to establish the compensation of the organizatior actor. Check all that apply. Do not check any boxes for methods used by a related organization of the organization of the second s				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant X Compensation survey or study				
	X Form 990 of o		committoo			
			Committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change-of-control payment?		4a		x
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	ion			
	contingent on the r	evenues of:				
а	The organization?			<u>5</u> a		x
		ation?				X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ion			
	contingent on the n	net earnings of:				
а	The organization?			<u>6a</u>		X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer				
		nes 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 exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)) 2021

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Schedule J (Form 990) 2021	UNITED FOOD BANK	00-0303273	Page 2

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID RICHINS	(i)	138,613.	22,574.	0.	10,814.	25,723.	197,724.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	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.

			Nonc	ash Contr	ibutions			OMB No.	1545-004	17	
Depart	rm 990) ment of the Treasury I Revenue Service	Attach to Form 990	anizations answered "Yes" on Form 990, Part IV, lines 29 or 30. /Form990 for instructions and the latest information.					Open to	2021 Open to Public Inspection		
Name	e of the organization					5111	Employer	identificati		nber	
		UNITED FOOD BANK						86-050527	3		
Par	rt I Types of	Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reportec Form 990, Part VIII,	lon		(d) d of determin ontribution a		s	
1	Art - Works of art										
2		sures									
3		rests									
4		tions									
5		ehold goods									
6		licles									
7											
8		у									
9		y traded									
10		held stock									
11	Securities - Partner										
	trust interests	•••••									
12		aneous									
13	Qualified conservat Historic structures	tion contribution -									
14	Qualified conservat	tion contribution - Other									
15	Real estate - Reside	ential									
16	Real estate - Comn	nercial									
17			X	1	2,000	,000.					
18											
19			X	636	31,658	,471.	FEEDING AMER	ICA VALUE			
20		supplies									
21											
22											
23	Scientific specimer										
24	Archeological artifa										
25		UIPMENT)	X	2	3	,284.	FAIR VALUE				
26	Other 🕨 (SU	PPLIES)	Х	8		568.	FAIR VALUE				
27	Other ► ()									
28	Other ()									
29	Number of Forms 8	3283 received by the organiz	zation during	g the tax year for co	ontributions						
	for which the orgar	nization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 2	9			0		
									Yes	No	
30a	During the year, did	d the organization receive by	y contributic	on any property rep	orted in Part I, lines 1	throug	gh 28, that it				
		ast three years from the date									
		or the entire holding period	`					30a		x	
b	If "Yes." describe t	he arrangement in Part II.									
31		ion have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard co	ontribu	tions?	31	х		
	-	ion hire or use third parties	•	-	-						
	contributions?			•				32a		x	
b	If "Yes," describe in										
33		didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a)	is che	cked.				
				,,	(u)		,				

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Schedule M (Form 990) 2021 UNITED FOOD BANK	86-0505273	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	and whether the organizati	on
is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	ination of both. Also compl	ete
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF DONORS.		
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SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organizatio	n UNITED FOOD BANK		identification number
FORM 990, PART III	, LINE 2, NEW PROGRAM SERVICES:		
UNITED FOOD BANK S	TARTED A SUBCONTRACT AGREEMENT WITH ST. MARY'S FOOD		
BANK TO ADMINISTER	THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) WHICH		
BEGAN IN JUNE 2021	. ELDER ADULTS RECEIVE A MONTHLY FOOD PACKAGE		
CONSISTING OF ALL	5 MAJOR FOOD GROUPS AND A LOAF OF CHEESE FROM THEIR		
LOCAL PARTICIPATIN	G UNITED FOOD BANK PARTNER AGENCIES.		
FORM 990 PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:		
· · ·	LEMENTAL FOOD DISTRIBUTION PROGRAM:		
EMERGENCY & SUPPLE	MENTAL FOOD ASSISTANCE: UNITED FOOD BANK HAS PROVIDED		
HUNGER RELIEF TO F	EOPLE IN THE EAST VALLEY AND EASTERN ARIZONA SINCE		
1983. UFB DISTRIBU	TES BULK FOOD AND EMERGENCY FOOD BAGS TO A NETWORK OF		
PARTNER AGENCIES 1	HAT INCLUDE FOOD PANTRIES, FAITH-BASED ORGANIZATIONS,		
CONGREGATE MEAL SI	TES, RESIDENTIAL FACILITIES, SCHOOLS, MOBILE		
PANTRIES, AND OTHE	R NONPROFITS THAT PROVIDE FOOD ASSISTANCE TO		
INDIVIDUALS AND FA	MILIES THAT ARE EXPERIENCING FOOD INSECURITY. OUR		
PARTNER AGENCIES A	RE PRIMARILY IN THE EAST VALLEY AND EASTERN ARIZONA		
RURAL COMMUNITIES	THAT LIE WITHIN OUR 19,500-SQUARE-MILE SERVICE AREA.		
DURING FISCAL 2022	, UNITED FOOD BANK DISTRIBUTED MORE THAN 21 MILLION		
POUNDS OF FOOD, PF	OVIDING 15.6 MILLION MEALS.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE CHAIRMAN, VICE	CHAIRMAN, SECRETARY, ASSISTANT SECRETARY, AND TREASURER		
OF THE BOARD WILL	CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS		

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

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
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:

ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT,

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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
UNITED FOOD BANK	86-0505273
ARE TO BE REPORTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS PRIOR TO	
ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE BOARD	
OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN	
APPROPRIATE ONE FOR THE UNITED FOOD BANK. THE PERSON DECLARING THE	
CONFLICT WILL HAVE NO VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A	
CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE)	
IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING	
THE MATTER UNDER CONSIDERATION. HOWEVER, THE PERSON SHALL BE PERMITTED TO	
PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR	
TO LEAVING THE MEETING.	
EACH BOARD MEMBER AND ALL SENIOR STAFF ARE TO READ AND SIGN THE CONFLICT OF	
INTEREST STATEMENT AND GIVE IT TO THE BOARD CHAIR AT THE ANNUAL BOARD	
MEETING EACH YEAR. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT	
OF INTEREST POLICY ON AN ANNUAL BASIS.	
OUR CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE	
COMMITTEE AND REVIEWED BY AN ATTORNEY. THE POLICY IS REQUIRED TO BE SIGNED	
ANNUALLY BY ALL BOARD MEMBERS AND ALL SENIOR STAFF. ADDITIONALLY WHEN A	
NEW BOARD MEMBER OR SENIOR STAFF IS ADDED TO THE ORGANIZATION THE	
ONBOARDING PROCESS INCLUDES THE SIGNING OF THIS POLICY. ANY PARTY HAVING	
ANY CONFLICT AS IDENTIFIED IN THE POLICY WILL COMPLETE A CONFLICT OF	
INTEREST NOTIFICATION AND FILE WITH THE COMPLIANCE OFFICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD USES ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING	
AMERICA TO DETERMINE THE APPROPRIATE RANGE OF COMPENSATION AND WHEN	
CONSIDERING COMPENSATION CHANGES FOR THEIR CEO, THIS INFORMATION IS	
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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number

UNITED FOOD BANK

86-0505273

DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL

FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2022.

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 2022.

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 XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS

DURING THE TAX YEAR.

- -

Schedule O (Form 990) 2021

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.								5-0047
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990) for instructions and the lates	st information.				Inspect	
Name of the organizatio	N UNITED FOOD BANK					Em	nployer identif 86-0505273		umber
				•			00 0505275		
Part I Identification	n of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3. 					
	(a) ss, and EIN (if applicable) isregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total incor	ne End-of-year	assets		(f) controlling ntity	9
		-							
		-							
	n of Related Tax-Exempt Organizes during the tax year.	tations. Complete if the organization	n answered "Yes" on Form 990	J, Part IV, line 34, b	ecause it had one o	or more	related tax-exe	empt	
	(a) , address, and EIN lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity? No
WASTE NOT, INC 1700 N GRANITE REE SCOTTSDALE, AZ 85	IF RD	FOOD RESCUE	ARIZONA	501(C)(3)	LINE 7	JNITED	FOOD BANK	X	
		_							
		_							

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

Schedule R (Form 990) 2021 UNITED FOOD BANK

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.												
(a) (b)		(c)	(d)	(e)	(f)	(g)	()	ר)	(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	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	managing partner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
	-											
	-											
										\vdash		
	-											
	-											
	-											
										\vdash		
	-											
	-											
	-											
										\vdash		
	4											
	4											
	4											

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

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

Schedule R (Form 990) 2021 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)	1b		х
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)	1d		х
e Loans or loan guarantees by related organization(s)	1e		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)			х
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		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)	1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses		x	
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)			x
s Other transfer of cash or property from related organization(s)	1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact	ction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASTE NOT, INC.	с	33,607.	FMV
(2) WASTE NOT, INC.	N	9,000.	FMV
(3) WASTE NOT, INC.	0	73,716.	FMV
(4) WASTE NOT, INC.	Р	199,636.	FMV
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 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	e)	(f)	(g)	(h)	(i)	(i)	(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	alloc	oropor- onate ations?	of Schedule K-1	Gene mana parti	ral or F ging her?	Percentag ownersh
		country)	sections 512-514)	Yes	No	lincome	255615	Yes	s No	(Form 1065)	Yes	NO	
									-				
									1				
		1	1	1				1	1	1	1	- 1	

Schedule F	R (Form 990) 2021	UNITED FOOD BANK		86-0505273	Page 5
Part VII	Supplemental Info		s on Schedule R. See instructions.		
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			0.5		

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