** PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Activities & Governance

Revenue

Expenses

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Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 C Name of organization D Employer identification number Check if applicable Address change UNITED FOOD BANK Name 86-0505273 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 245 S. NINA DRIVE 480-926-4897 47,417,418. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended MESA, AZ 85210-8490 H(a) Is this a group return return
Application
pending F Name and address of principal officer: JASON REED Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.UNITEDFOODBANK.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1985 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: UNITING COMMUNITIES TO ALLEVIATE HUNGER, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 68 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 8028 Total number of volunteers (estimate if necessary) 6 32,818. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 31,817. 7h **Prior Year Current Year** 42,170,379, 45,491,608. Contributions and grants (Part VIII, line 1h) 8 101,082. 85,528 Program service revenue (Part VIII, line 2g) 161,131 63,527. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 142,218 329,273. 11 42 559 256 45,985,490. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 32,487,316 37,713,954. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,062,746. 3,061,644. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 101,157, 102 418. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,429,468. 2,733,582. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38,080,687, 43,611,598. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,478,569. 2,373,892. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20,866,081, 24,289,685. Total assets (Part X, line 16) 3,231,135, 4,114,521. 21 Total liabilities (Part X, line 26) 17,634,946. 20,175,164. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block true, correct and confident Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

	RICK WA	RREN				2/24/20	24		
Sign	Signature of offi	7042A			Date				
Here	RICK WARREN	, TREASURER							
	Type or print name and title								
	Print/Type preparer's name		Preparer's signature	Date		Check	PTIN		
Paid	JACQUELINE 1	ECKMAN	JACQUELINE ECKMAN	02/23/24	:	if self-employed	P01300648		
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's	EIN 41-	0746749		
Use Only	y Firm's address 20 EAST THOMAS ROAD, SUITE 2300								
		PHOENIX, AZ 85012			Phone	no.(602)	266-2248		
May the IRS discuss this return with the preparer shown above? See instructions									

	rt III Statement of Program Service Accomplishments		Page ∠
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO UNITE COMMUNITIES TO ALLEVIATE HUNGER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.		d
4a	(Code:) (Expenses \$ 39,475,439. including grants of \$ 35,901,435.) (Revenue \$	101	,082.)
ти	UNITED FOOD BANK ALLEVIATES HUNGER ACROSS ARIZONA THROUGH THE SOURCING,		, ,
	RESCUE, AND DISTRIBUTION OF FOOD FROM GROCERY STORES AND FEDERAL		
	COMMODITIES TO LOCAL COMMUNITY PARTNERS WITHIN OUR 19,500 SQUARE MILE		
	SERVICE AREA. IN FISCAL YEAR 2023, UFB DISTRIBUTED OVER 21 MILLION		
	POUNDS OF FOOD, TRANSLATING TO MORE THAN 17 MILLION MEALS. THE FOOD WE		
	DISTRIBUTE PROVIDES TEMPORARY FOOD ASSISTANCE TO INDIVIDUALS AND		
	FAMILIES FACING CRISES, INCLUDING LOW-INCOME, HOMELESS, AND ELDERLY		
	INDIVIDUALS, AS WELL AS THOSE DEALING WITH ILLNESS, UNEXPECTED JOB		
	LOSS, OR OTHER LIFE EVENTS IMPACTING THEIR FINANCIAL SITUATION.		
4b	(Code:) (Expenses \$1,683,774. including grants of \$1,583,572.) (Revenue \$		<u> </u>
	OLDER ADULTS (AGED 60+) RECEIVE A MONTHLY FOOD PACKAGE, INCLUDING ALL		
	FIVE MAJOR FOOD GROUPS AND CHEESE, THROUGH THEIR LOCAL PARTICIPATING		
	UNITED FOOD BANK PARTNER AGENCY. IN 2022, OVER 32,000 FOOD BOXES WERE		
	PROVIDED TO OLDER ADULTS IN ARIZONA. THIS PROGRAM SUPPLEMENTS THEIR		
	DIETS WITH HEALTHY FOODS, ENHANCING NUTRITIONAL SUPPORT FOR OLDER		
	COMMUNITY MEMBERS. UFB COLLABORATES WITH PARTNER AGENCIES TO ENSURE THE		
	CONSISTENT DELIVERY OF THESE ESSENTIAL FOOD PACKAGES TO OLDER ADULTS		
	WHO ARE EXPERIENCING A NEED FOR FOOD.		
4c	(Code:) (Expenses \$ 240 , 769 . including grants of \$ 228 , 947 .) (Revenue \$		0.)
	IN ARIZONA, WHERE ONE IN SEVEN CHILDREN FACE HUNGER, UNITED FOOD BANK		
	COLLABORATES WITH AFTER-SCHOOL PROGRAMS TO ADDRESS CHILDHOOD HUNGER, WE		
	PROVIDE CHILDREN WITH FREE, NUTRITIOUS MEALS AND SNACKS THROUGH THESE		
	PARTNER PROGRAMS. IN 2022, UNITED FOOD BANK DISTRIBUTED 325,731 MEALS		
	THROUGH THE KIDS LIFE PROGRAM, ENSURING THAT FOOD-INSECURE CHILDREN		
	RECEIVE VITAL NOURISHMENT TO SUCCEED IN SCHOOL.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 41,399,982.		
		Form 9 9	90 (2022)

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Part 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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b				
	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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
ıo		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	21	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		
פו	,	10		х
20~	complete Schedule G, Part III	19 20a		
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	democracy government on tractive, obtaining y, into the introduction of controlled in Farts Farts Farts and in			

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Pal	Crecklist 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	04-		x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , ,	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	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		х
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		х
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in 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			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	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		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
	Enter the number of Forms w-2d included of time 1a. Enter -0- in for applicable			
С	(gambling) winnings to prize winners?	1c		
	\a		i l	ı

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2022)

If "Yes," complete Form 6069.

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

	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	Х	
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	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	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		Х
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 filedNONE			
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)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	FELICIA HOUSTON - (480)398-4474			
	245 S NINA DR. MESA AZ 85210			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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.

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and title	Average	(do	Position not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	-	cer ar	la a a	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	ruste	trust		99	u be u		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtiona	_	oldu	st cor	_	1000 1420)		organizations
	line)	ndividual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			o.gaa
(1) DAVID RICHINS	35.00	_	_							
PRESIDENT & CEO (THROUGH 10/22)	5.00	1		х				145,768.	0.	39,391
(2) MEGAN MONTALVO	35.00							·		
CFO	5.00	1		х				114,759.	0.	34,117
(3) MIKE SURIANO	35.00									
TREASURER/INTERIM CEO (10/22-02/23)	5.00	х		х				31,835.	0.	0
(4) JASON PORTER	1.50									
PAST CHAIR	0.00	Х		Х				0.	0.	0
(5) CATHY CHLARSON	1.25									
CHAIR	0.00	Х		Х				0.	0.	0
(6) CHRISTINA DICKSEN	1.50									
VICE CHAIR	0.50	Х		Х				0.	0.	0
(7) JOHN GIBSON	1.10	1								
INTERIM-TREASURER	0.00	Х		Х				0.	0.	0
(8) JENNIFER HOLSMAN TETREAULT	1.25	∤		l						
SECRETARY	0.50	Х		Х				0.	0.	0
(9) RAVEEN ARORA DIRECTOR	0.00	x						0.	0.	
(10) DAVE PLUMB	1.10	^	\vdash					0.	٠.	0
DIRECTOR	0.00	x						0.	0.	0
(11) SRIKANTH BALUSANI	1.10	^						0.	٠.	0
DIRECTOR	0.00	x						0.	0.	0
(12) JEFFREY EDUOARD	1.10	 							· ·	
DIRECTOR (LEFT 02/2023)	0.00	х						0.	0.	0
(13) TREVOR HANSEN	1.10									
DIRECTOR	0.00	х						0.	0.	0
(14) LINDE HARNED	1.10									
DIRECTOR	1.00	х						0.	0.	0
(15) SCOTT KOOIMAN	1.10									
DIRECTOR	0.00	х						0.	0.	0
(16) CHRIS MASON	1.10									
DIRECTOR	0.00	Х						0.	0.	0
(17) MARTY RIOS	1.10]								
DIRECTOR	0.00	Х						0.	0.	0

IINTTED FOOD BANK 86-0505273

Politi 990 (2022) ONTIED 100	<i>D D</i> 111111								00 030327	5 Fage 0
Part VII Section A. Officers, Directors, To	rustees, Key Em	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	hours per	box						compensation	compensation	amount of
	week (list any							from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	In stit utional tru stee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	tution	er	Key employee	est co loyee	Jer	,		organizations
	line)	Indi	Instii	Officer	Key 6	High emp	Former			
(18) JENNIFER WARGO	1.10									
DIRECTOR	0.50	Х						0.	0.	0.
(19) JOSEPH SHELLEY	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(20) KISSHELL WILSON	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(21) CHRIS WODARCYK	1.10									
DIRECTOR	0.50	Х						0.	0.	0.
(22) WENDY BROOKS	1.10									
DIRECTOR	0.50	Х						0.	0.	0.
(23) JULIE SPILSBURY	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(24) RICK WARREN	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(25) SONIA MARTINEZ	1.10									
DIRECTOR	0.00	Х						0.	0.	0.
(26) JASON REED	35.00									
PRESIDENT & CEO (AS OF 2/23)	5.00			Х				0.	0.	0.
1b Subtotal								292,362.	0.	73,508.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								292,362.	0.	73,508.

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

			res	NO
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		Х
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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation
Name and business address NONE	Description of services	Compensation
Total number of independent contractors (including but not limited to thos		

UNITED FOOD BANK 86-0505273 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Unrelated Revenuè excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 1,249 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 10,886,084 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 34,604,275 similar amounts not included above 1f 36,399,483. g Noncash contributions included in lines 1a-1f 45,491,608. h Total. Add lines 1a-1f **Business Code** 900099 101,082. 2 a SHARED MAINTENANCE 101,082. Program Service Revenue b f All other program service revenue 101,082, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 118,100 118,100. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 351,414. 6 a Gross rents 251,137. 6b **b** Less: rental expenses ... 100,277. c Rental income or (loss) 100,277. 32,818 67,459. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,125,441. assets other than inventory **b** Less: cost or other basis 1,180,014 Other Revenue and sales expenses 7с -54,573.c Gain or (loss)

8 a	Gross income from fundraising events (not					
	including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18	8a	4,000.			
b	Less: direct expenses	8b	777.			
С	Net income or (loss) from fundraising event	s		3,223.		3,223.
9 a	Gross income from gaming activities. See					
	Part IV, line 19	9a				
b	Less: direct expenses	9b				
С	Net income or (loss) from gaming activities					

-54,573.

140,926

84,847

d All other revenue 225,773 Total. Add lines 11a-11d 45,985,490. 101,082. 32,818. 359,982. Total revenue. See instructions 12

Business Code

900099

900099

10a

Form **990** (2022)

140,926.

84,847.

-54,573.

232009 12-13-22

11 a OTHER INCOME

MANAGEMENT FEES

d Net gain or (loss)

10 a Gross sales of inventory, less returns

and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

UNITED FOOD BANK Form 990 (2022)

86 - 0505273Part 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).

Total expenses		Check if Schedule O contains a respon			(C)	L
and domestic poverments. See Part IV, line 21 Gents and other assistance to domestic individuals. See Part IV, line 22 Gents and other assistance to domestic individuals. See Part IV, line 22 Gents and other assistance to foreign organizations, foreign overments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Persons (as defined under section 498(8)(1)) and persons described in section 498(8)(1) and 49(8)(1) and 49(8)(1) employer contributions (include section 401(6) and 49(8)(2) employer contributions (include section 401(6) employer con		' '	(A) Total expenses		Management and	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	·	37 713 954	37 713 954		
Individuals See Part N, line 22 Services (proteins or and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, line 15 and 16	2		0,,,10,,501,	07,720,502.		
3	2					
Programments and foreign individuals. See Part IV, lines 15 and 16	2					
Individuals See Part IV, lines 15 and 16	J					
Compensation of current officers, directors, trustees, and key employees 299,960. 299,960. 299,960.		, , , ,				
5 Compensation of current officers, directors, trustees, and key employees 299,960. 299,960. 299,960. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and 490(f) employer contributions (include section 4958(f) and 490(f) employer contributions (include section 4958(f) and 4958	4					
trustees, and key employees						
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and 493(f) employer contributions; findules section 401(k) and 493(f) employer contributions; 10 and 10 a	5	•	299 960		299 960	
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 2,181,341. 1,470,747. 219,266. 491, 8 Person plan accruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 355,218. 210,302. 109,556. 36, 10 Payrolit taxes 184,025. 105,741. 59,760. 18, 11 Fees for services (nonemployees): a Management 284. 284. 284. b Legal 28,013. 28,013. 28,013. d Lobbying 28,013. 28,013. 28,013. d Lobbying 28,013. 28,013. 28,013. d Lobbying 30,000 of line 25, column (A), amount, list line 11g expenses on Sch O.) 21 Advertising and promotion 366,614. 13,862. 352, 30 Office expenses 265,958. 119,472. 94,848. 51, information technology 8,843. 78. 7,081. 1, 16 Royalties 7,7081. 1, 17 Travel 112,759. 110,574. 2, 17 Travel 112,759. 110,574. 2, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meeting 52,448. 49,781. 1,626. 1, 18 Payments of affiliates Payments of travel or entertainment expenses for any federal, state, or local public officials (10,000). 373,984. 37	_		233,300.		233,300.	
persons described in section 4958(c)(3)(8) 7	6	· ·				
7 Other salaries and wages 2, 181, 341. 1, 470, 747. 219, 266. 491, 8 Persion plan accruals and contributions (include section 40 (kg) and 403(b) employer contributions) 40,100. 29,037. 11, 9 Other employee benefits 356, 218. 210, 302. 109,556. 36, 18, 184,025. 105,741. 59,760. 18, 19 Fees for services (nonemployees): a Management b Legal 284. 284. 284. 284. 284. 284. 284. 284.						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1356,218, 210,302, 109,555, 36,610 Payroll taxes 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 184,025, 105,741, 59,760, 18, 192,016,016,016,016,016,016,016,016,016,016	_	· · · · · · · · · · · · · · · · · · ·	2 101 241	1 470 747	210, 266	401 220
Section 401(k) and 403(h) employer contributions 40,100			2,181,341.	1,4/0,/4/.	219,200.	491,328
9 Other employee benefits 356, 218. 210, 302. 109, 556. 36, 24, 27, 37, 60. 16, 18, 284. 184, 025. 105, 741. 59, 760. 16, 18, 284. 184, 025. 105, 741. 59, 760. 16, 18, 284. 184, 025. 105, 741. 59, 760. 16, 284. 184, 025. 105, 741. 59, 760. 16, 284. 184, 025. 184, 02	8		40 400	22 225		44 000
10 Payroll taxes			•	· · · · · ·	100 556	11,063
11 Fees for services (nonemployees): a Management b Legal			, , , , , , , , , , , , , , , , , , ,	· · · · · ·		36,360
a Management b Legal 284. 284. 284. 284. 284. 284. 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3			184,025.	105,741.	59,760.	18,524
b Legal 284, 284, 284, 28,013. d Accounting 28,013. d Lobbying		, ,				
C Accounting 28,013. 28,013. 31,00bying 102,00bying 10						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 300,580. 84,329. 54,734. 161, 366,614. 13,862. 352, 310 Office expenses 265,958. 119,472. 94,848. 51, 11 Information technology 8,843. 78. 7,081. 1, 15 Royalties 16 Occupancy 112,759. 110,574. 2, 17 Travel 11,021. 5,485. 2,430. 3, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 56,031. 24,692. 23,833. 7, 10 Interest 20 Depreciation, depletion, and amortization 176,185. 676,563. 17,767. 21, 18 Payments to affiliates 20 Depreciation, depletion, and amortization 52,448. 49,781. 1,626. 1, 21 Payments to affiliates 22 Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 23 Insurance 52,448. 49,781. 1,626. 1, 24 Other expenses. Itemize expenses on Covered above, (List miscellareous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 24 VEHICLE EXPENSE 274,080. 268,478. 3,846. 1, 25 UNUSABLE SALVAGE 121,074. 121,074. 36 OTHER 21,316. 8,967. 7,081. 5, 371,516. 12,862. 4,511. 372 Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 373,984. 373,984. 941,472. 1,270, 374 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
Professional fundraising services. See Part IV, line 17 102, 418. 102, 4			28,013.		28,013.	
Formula Form	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 300,580. 84,329. 54,734. 161, 352, 352, 366,614. 13,862. 352, 352, 366,614. 13,862. 352, 366,614. 13,862. 352, 362, 362, 362, 362, 362, 362, 362, 36	е	· · · · · · · · · · · · · · · · · · ·				102,418
Column (A), amount, list line 11g expenses on Sch 0.) 300,580, 84,329, 54,734, 161, Advertising and promotion 366,614, 13,862,	f	Investment management fees	6,876.		6,876.	
12 Advertising and promotion 366, 614. 13, 862. 352, 13 Office expenses 265, 958. 119, 472. 94, 848. 51, Information technology 8, 843. 78. 7, 081. 1, Royalties	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses 265,958. 119,472. 94,848. 51, 14 Information technology 8,843. 78. 7,081. 1, 15 Royalties 20 Cocupancy 112,759. 110,574. 2, 17 Travel 11,021. 5,485. 2,430. 3, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 25,000 perceition, depletion, and amortization 27,000 perceition, depletion, and amortization 37,000 perceition, depletion, a		column (A), amount, list line 11g expenses on Sch 0.)	•	· · · · · ·	54,734.	161,517
14 Information technology 8,843. 78. 7,081. 1, 15 Royalties 1 2,000 112,759. 110,574. 2,000 3,000 17 Travel 11,021. 5,485. 2,430. 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000	12		366,614.	· · · · · ·		352,752
15 Royalties	13	Office expenses	265,958.	119,472.	94,848.	51,638
112,759. 110,574. 2,	14	Information technology	8,843.	78.	7,081.	1,684
17 Travel 11,021. 5,485. 2,430. 3, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 56,031. 24,692. 23,833. 7, 19 Conferences, conventions, and meetings 56,031. 24,692. 23,833. 7, 20 Interest Payments to affiliates 21 24,692. 23,833. 7, 21 Payments to affiliates 50,031. 24,692. 23,833. 7, 22 Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 23 Insurance 52,448. 49,781. 1,626. 1, 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 373,984. 373,984. 373,984. 373,984. 3,846. 1, a VERICLE EXPENSE 274,080. 268,478. 3,846. 1, b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, c UNUSABLE SALVAGE 121,074. 121,074. 121,074. 1,070. d OTHER 21,316. 8,967. 7,081. 5,	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 56,031. 24,692. 23,833. 7, 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 21 Insurance 52,448. 49,781. 1,626. 1, 22 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 24 VEHICLE EXPENSE 274,080. 268,478. 3,846. 1, 25 UNUSABLE SALVAGE 121,074. 121,074. 26 OTHER 21,316. 8,967. 7,081. 5, 27 All other expenses Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	16	Occupancy	112,759.	110,574.		2,185
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 56,031. 24,692. 23,833. 7, 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 23 Insurance 52,448. 49,781. 1,626. 1, 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a VEHICLE EXPENSE 274,080. 268,478. 3,846. 1, c UNUSABLE SALVAGE 121,074. 121,074. d OTHER 21,316. 8,967. 7,081. 5, e All other expenses Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	17	Travel	11,021.	5,485.	2,430.	3,106
19 Conferences, conventions, and meetings 56,031. 24,692. 23,833. 7, 20 Interest	18	Payments of travel or entertainment expenses				
Interest Payments to affiliates Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 21, 21 23 Insurance 52,448. 49,781. 1,626. 1, 20 24 24 24 24 24 24 24		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21,	19	Conferences, conventions, and meetings	56,031.	24,692.	23,833.	7,506
Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 183 Insurance 52,448. 49,781. 1,626. 1, 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a VEHICLE EXPENSE 373,984. 373,984. 373,984. b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, 211,074. 121,	20	Interest				
Depreciation, depletion, and amortization 716,185. 676,563. 17,767. 21, 183 Insurance 52,448. 49,781. 1,626. 1, 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a VEHICLE EXPENSE 373,984. 373,984. 373,984. b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, 211,074. 121,	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a VEHICLE EXPENSE b WAREHOUSE EXPENSE C UNUSABLE SALVAGE d OTHER All other expenses All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	22		716,185.	676,563.	,	21,855
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a VEHICLE EXPENSE 373,984. 373,984. b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, c UNUSABLE SALVAGE 121,074. 121,074. d OTHER 21,316. 8,967. 7,081. 5, e All other expenses 17,516. 12,862. 4,511. 25 Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	23	Insurance	52,448.	49,781.	1,626.	1,041
a VEHICLE EXPENSE 373,984. 373,984. 373,984. b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, c UNUSABLE SALVAGE 121,074. 121,074. 7,081. 5, e All other expenses 21,316. 8,967. 7,081. 5, e All other expenses 17,516. 12,862. 4,511. 25 Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 7,081. 1,000. <	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b WAREHOUSE EXPENSE 274,080. 268,478. 3,846. 1, c UNUSABLE SALVAGE 121,074. 121,074. d OTHER 21,316. 8,967. 7,081. 5, e All other expenses 17,516. 12,862. 4,511. 25 Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	9	· · · · · · · · / · · ·	373 984	373 984		
C UNUSABLE SALVAGE 121,074. 121,074. d OTHER 21,316. 8,967. 7,081. 5, e All other expenses 17,516. 12,862. 4,511. 25 Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 43,611,598. 41,399,982. 941,472. 1,270,			,		3 846.	1,756
OTHER			,	· · · · · ·	-,	_,.50
All other expenses 17,516. 12,862. 4,511. Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			,	· · · · · ·	7 081.	5,268
Total functional expenses. Add lines 1 through 24e 43,611,598. 41,399,982. 941,472. 1,270, Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			,			143
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		•	,	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	1,270,144
reported in column (B) joint costs from a combined		•	10,011,000	12,000,002.	, -, -, -,	-,-,0,111
	LU					
Check here if following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				

Form **990** (2022)

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UNITED FOOD BANK 86-0505273 Form 990 (2022)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 2,121,354. 2,955,350. 1 Cash - non-interest-bearing 2,832,234. 6,049,765. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 772,765. 471,579. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 1,704,269. 1,923,786. Inventories for sale or use 8 Prepaid expenses and deferred charges 52,535. 9 43,347. **10a** Land, buildings, and equipment: cost or other 14,437,502, 10a basis. Complete Part VI of Schedule D 11,340,021. 10,635,637. b Less: accumulated depreciation 10b 10c 2,023,523. 2,192,881. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 19,380. 17,340. Other assets. See Part IV, line 11 15 15 20,866,081. 24,289,685. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 505,455. 626,469. Accounts payable and accrued expenses 17 17 18 18 Grants payable 733,132. 1,568,331. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 1,967,986. 1,902,063. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 24,562. 25 17,658. 3,231,135. 4,114,521. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 16,342,429. 18,740,176. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 1,292,517. 1,434,988. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 17,634,946. 32 20,175,164. 32 20,866,081. 24,289,685.

Form 990 (2022)

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Page **11**

Total liabilities and net assets/fund balances

	1990 (2022) UNITED FOOD BANK	86-050527		<u>Р</u> а	ge IZ
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	45	,985,	490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	,611,	598.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,373,	892.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,634,	946.
5	Net unrealized gains (losses) on investments	5		166,	326.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	,175,	164.
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	ſ	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h	Х	1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** UNITED FOOD BANK 86-0505273 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(=, == 10	(2, 2010	(2, 2020	(5, 252)	(-,	(.,
-	membership fees received. (Do not						
	include any "unusual grants.")	32,712,565.	40,448,123.	41,356,248.	42,170,379.	45,491,608.	202,178,923.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	14,400.	447,733.	1,103,640.	14,400.	14,400.	1,594,573.
4	Total. Add lines 1 through 3	32,726,965.	40,895,856.	42,459,888.	42,184,779.	45,506,008.	203,773,496.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						35,959,439.
	Public support. Subtract line 5 from line 4.						167,814,057.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	32,726,965.	40,895,856.	42,459,888.	42,184,779.	45,506,008.	203,773,496.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	36,662.	40,382.	45,762.	205,243.	354,505.	682,554.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				6,916.	32,818.	39,734.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,819.	74,756.	108,010.	111,217.	225,773.	524,575.
	Total support. Add lines 7 through 10						205,020,359.
	Gross receipts from related activities,	•	,			12	759,836.
13	First 5 years. If the Form 990 is for th	· ·	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
S00	organization, check this box and stop etion C. Computation of Publi						·····
	Public support percentage for 2022 (li			olumn (f)\		14	81.85 %
	Public support percentage from 2021	, , , , , , , , , , , , , , , , , , , ,	•	()		15	81.85 %
	33 1/3% support test - 2022. If the co					•	,,,
IUa	stop here. The organization qualifies					ore, check this box	77
h	33 1/3% support test - 2021. If the o		~				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
., .	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	•	•	
h	10% -facts-and-circumstances test	-	•			7a. and line 15 is	
		ū				•	. 5, 0 5.
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organizatio		-		• • •		
	The second secon	ae. onoon a r		.,			(Form 990) 2022

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.)

qualify under the tests listed	oelow, please comp	plete Part II.)				
Section A. Public Support	T ,,	T	1		1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
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				1		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(6) 2022	(i) Total
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.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	vear as a section 5	501(c)(3) organizatio	on.
check this box and stop here				•	. , . ,	,
Section C. Computation of Pub						
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	.022 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th	e organization did ı	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If th	e organization did ı	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, ch		· ·	-		-	
20 Private foundation If the organization	on did not chack a	boy on line 14 10	a or 10h chack th	nic how and coo inc	structions	1 1

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Schedule A (Form 990) 2022

UNITED FOOD BANK

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
_		
1		
2		
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За		
3b		
3c		
4-		
4a		
4b		
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10b		L

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Sche	dule A	(1 01111 000) LOLL	86-0505273	Pa	age 5
Pa	rt IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of on supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supposization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to	rted		
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations		1	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization'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			
	organ	sization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	v (see instruction	ns).	
2	Activi	ties Test. Answer lines 2a and 2b below.	(000 111011 0011011	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive. If Test, then it is the trial of the supported organization and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
h		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
J		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its	Supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	1	1

Schedule A (Form 990) 2022 232025 12-09-22

Sche	dule A (Form 990) 2022 UNITED FOOD BANK			86-0505273	Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 (explain i	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus		•	·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			

Schedule A (Form 990) 2022

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

instructions).

UNITED FOOD BANK 86-0505273 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990) 2022

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

Schedule A (Form 990) 2022 UNITED FOOD BANK	86-0505273	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2018 AMOUNT: \$ 4,819.		
2019 AMOUNT: \$ 74,756.		
2020 AMOUNT: \$ 108,010.		
2021 AMOUNT: \$ 111,217.		
2022 AMOUNT: \$ 225,773.		

Schedule B

(Form 990)

Schedule of Contributors

Utors OMB No. 1545-0047

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.

2022

Name of the organization		Employer identification number
	UNITED FOOD BANK	86-0505273
Organization type (chec	k 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 . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a) contributor, du	tion 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, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (not) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled ner here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., received <i>nonexclusively</i>
•	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	**
	ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF iling requirements of Schedule B (Form 990).	·, Part I, line 2, to certify
LHA For Paperwork Red	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

223451 11-15-22

Schedule B (Form 990) (2022) Page **2**

Scriedule B (F0111 990) (2022)	Fage 4
Name of organization	Employer identification number
UNITED FOOD BANK	86-0505273
Dark I Controller done	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,188,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,036,174.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,519,673.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 3,495,394.	Person Payroll X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,932,038.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

223452 11-15-22

Schedule B (Form 990) (2022)

	B (Form 990) (2022) rganization		Employ	Page yer identification number
UNITED FOOD BANK			86	5-0505273
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7		\$\$	<u>,109.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
8		\$940	,240.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9		\$\$,317.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
10		\$\$,269.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)

140.	Name, address, and Zii + +	Total contributions	Type of contribution
11		\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

UNITED FOOD BANK

86-0505273

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	COMMODITIES		
2			
		6 044 410	06/20/22
		\$6,844,418.	06/30/23
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
2	COMMODITIES		
3	·		
		\$ 2,114,692.	06/30/23
		<u> </u>	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	COMMODITIES		
4	COMMODITIES		
		\$ 3,495,394.	09/30/23
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	COMMODITIES		
5			
		\$1,906,864.	06/30/23
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	COMMODITIES		
6			
	-	\$ 2,870,074.	06/30/23
		\$2,870,074.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Gee mendenons.)	
-	COMMODITIES		
7	(
	<u> </u>	\$2,255,019.	06/30/23
000450 44 45		Ψ	Cohodulo D (Form 000) (0000)

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

UNITED FOOD BANK

86-0505273

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date receiv					
	COMMODITIES						
8							
		\$935,240.	06/30/23				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	COMMODITIES						
9							
		\$1,732,483.	06/30/23				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	COMMODITIES						
		\$1,178,269.	06/30/23				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
11	COMMODITIES		_				
		\$7,287,519.	06/30/23				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	<u> </u>						
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** UNITED FOOD BANK 86 - 0505273Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	e of the organization UNITED FOOD BANK			86-0505273
Pai		d Funds or Other Si	milar Funds or Ac	1
	organization answered "Yes" on Form 990, Part IV, lin			Complete if the
	<u> </u>	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(4) = 2		(4)
2	Aggregate value of contributions to (during year)			
_				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v			J.
5	•	•		
_	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
Pai	impermissible private benefit?			
			" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recrea	ition or education)	1	orically important land area
	Protection of natural habitat		Preservation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	t on a	
				2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		,	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	a enforcing conservation	on easements during the year
7	Amount of avanage incurred in monitoring increasing base	lling of violations, and onf	ioroina concernation co	comparts duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and em	ording conservation ear	sements during the year
8	Does each conservation easement reported on line 2(d) abov	re eatisfy the requirements	of section 170/h)(4)(B)	v(i)
Ü				¨ — —
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.			
5	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	lote to the organization s	ililariciai staterrierits tri	at describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		·	
	If the organization elected, as permitted under FASB ASC 95		nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar	,		.55 6. 6425
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
-	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	CAMBILION, Caddallon, or	research in lartheranee	or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
~	the following amounts required to be reported under FASB A			provide
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	, toooto moladou in i dinii doo, i dit A			Ψ

232051 09-01-22

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 UNITED FOOI	BANK					86-050	5273	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co	•	•	· ·	•		se in Part	XIII.		
5	During the year, did the organization solicit o		,	,				_		_
Dav	to be sold to raise funds rather than to be ma							_ Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Ye	s" on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					7 v		٦
	on Form 990, Part X?						L	⊻ Yes		」No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					Amount		
•	Paginning halange					10		Amount		
	Additions during the year					1c 1d				
	Additions during the year Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe							Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII.				•			00		֧֖֖֖֝֞֞֝֞֝֞֝֟֝֟֝֟֝֟֝֟֝
Par										
	•	(a) Current year	(b) Prior year	(c) Two years b		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,466,611.	2,678,198.	2,365,0	61.	1,68	37,614.	1,	685,	339.
	Contributions	21,544.				4 !	51,000.		100,	000.
	Net investment earnings, gains, and losses	145,191.	-211,587.	313,1	37.	2	26,447.		233,	275.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs								331,	000.
f	Administrative expenses									
g	End of year balance	2,633,346.	2,466,611.	2,678,1	98.	2,3	55,061.	1,	687,	614.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	69.0000	_%							
b	Permanent endowment 11.0000	%								
С	Term endowment20.0000									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the			Г	V	N ₂
	organization by:							[a m	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations	Manager Calabaration and the control of the control	O - b d - l DO					3a(ii)	$\overline{}$	Х
	If "Yes" on line 3a(ii), are the related organiza							3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lunus.							
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Pa	art X. line	e 10.				
	Description of property	(a) Cost or of		or other	(c) Accı		d T	(d) Bool		
	bescription of property	basis (investm		(other)	` '	ciation	<u> </u>	(u) Dooi	Valu	
1a	Land			,116,922.				3 .	116,	922.
	Buildings			,061,796.	1	,954,	241.		107,	
	Leasehold improvements			,				·		
	Equipment	I	2	,889,436.	1	,827,	544.	1,	061,	892.
	Other			369,348.		20,0	080.		349,	268.
	al. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)							637.		

UNITED FOOD BANK 86-0505273 <u> Page</u> **3** Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes STATE TAX PAYABLE 17,658, (3)(4)<u>(5)</u> (6)(7)(8)(9)17,658. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 UNITED FOOD BANK		86-0505273	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		20	
е 3	Add lines 2a through 2d Subtract line 2a from line 1			
4	Subtract line 2e from line 1 Amounts included on Form 990. Part VIII. line 12. but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12			
	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	I I		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	18.)	5	
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Pa	rt XI,
	ORGANIZATION HAS DONOR RESTRICTED ENDOWMENT FUNDS ESTABL	ISHED FOR THE		
PURP	OSE OF PROVIDING FUTURE INCOME TO FURTHER THE MISSION OF	THE UNITED		
FOOD	BANK. IN ADDITION, THE BOARD OF DIRECTORS HAS DESIGNATE	D A PORTION OF		
THE	UNRESTRICTED AMOUNT OF THE ENDOWMENT FOR LONG-TERM PURPO	SES.		
PART	X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501	(C)(3) OF THE		
	RNAL REVENUE CODE (IRC) AND, THEREFORE, NO PROVISION FOR			
INCO	ME TAXES HAS BEEN RECORDED. IN ADDITION, THE ORGANIZATION	N QUALIFIES		
FOR	CHARITABLE DEDUCTIONS UNDER SECTION 170 OF THE CODE AND	HAS BEEN		
CLAS	SIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATI	ON.		

Schedule D (Form 990) 2022 UNITED FOOD BANK	86-0505273	Page 5
Part XIII Supplemental Information (continued)		
THE ODGINITATION DOLLOWS A DOLLGY THAT SLADING THE ASSOCIATION FOR		
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		
CAMERICA DE REMEDES, INC. POLICE MAD MED NO TIMEST ON THE ORGANIZATION D		
CONSOLIDATED FINANCIAL STATEMENTS.		
		-

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
UNITED FOO	D BANK					86-050527	3
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	eed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RESOLUTE NONPROFIT CONSULTING - 9456 WEST POTTER DRIVE,	GRANT WRITER	Yes	No X	2,477,660.		52,500.	2,425,160.
THE MARKET BUILDER - PO BOX 22122, MESA, AZ 85277	DIRECT MAIL		х	874,303.		49,918.	824,385.
Total 3 List all states in which the organization	n is registered or licensed to solicit o			3,351,963.	it is e	102,418.	3,249,545.
or licensing.	The registered of modification condition			That been notined	10.0		goration

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

UNITED FOOD BANK Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

2022.05050 UNITED FOOD BANK

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G	(Form 990) 2022 UNITED FOOD BANK	86-0505273	Page 3
11 Does t	ne organization conduct gaming activities with nonmembers?	Yes	s No
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	inister charitable gaming?	Yes	s No
	e the percentage of gaming activity conducted in:		
		425	07
	ganization's facility		<u>%</u>
	side facility		%
14 Enter	ne name and address of the person who prepares the organization's gaming/special events books and records:		
Name			
Addre	s		
15a Does t	ne organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b If "Yes	enter the amount of gaming revenue received by the organization \$ and the amou	ınt	
	ing revenue retained by the third party \$		
	" enter name and address of the third party:		
0 II 100	onto hamo and address of the time party.		
Nama			
Name			
Addre	s		
16 Gamin	g manager information:		
Name			
Gamin	g manager compensation \$		
Descri	otion of services provided		
	·		
	Director/officer Employee Independent contractor		
	Director/officer Employee maependent contractor		
4= 14 1			
	tory distributions:		
	organization required under state law to make charitable distributions from the gaming proceeds to		
	he state gaming license?	Yes	s L No
b Enter t	ne amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	ation's own exempt activities during the tax year \$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE	G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(T) NAME	OF FUNDRAISER: RESOLUTE NONPROFIT CONSULTING		
(1) 1411111	or remainder. Reported Howkrotti Combolitie		
/T\ 3DDD	CC OF BUNDDATCED. DAES WEST DOMMED DOTTE DEODTA AZ 05202		
(I) ADDRI	SS OF FUNDRAISER: 9456 WEST POTTER DRIVE, PEORIA, AZ 85382		
-			
1			
	-		

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED FOOD BA	ANK						Employer identification number 86-0505273
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	tance?						
Part II Grants and Other Assistance to I recipient that received more than \$	_				anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
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 noncash assistance	(h) Purpose of grant or assistance
A NEW LEAF 868 E UNIVERSITY DR MESA, AZ 85203	86-0256667	501C3	10,106.	218,677.	FEEDING AMERICA VALUATION	FOOD	OPERATING COSTS
ABIDING MINISTRIES TULAPI AVE SAN CARLOS, AZ 85542	82-5404990	501C3	10,121.	72,627.	FEEDING AMERICA VALUATION	FOOD	GROWTH & SUSTAINABILITY,OPERATING COSTS
APACHE JUNCTION SALVATION ARMY 605 E. BROADWAY AVE. APACHE JUNCTION, AZ 85119	94-1156347	501C3	5,767.	691,919.	FEEDING AMERICA VALUATION	FOOD	EQUIPMENT & SUPPLIES
APACHE JUNCTION UNIFIED SCHOOL DISTRICT - 1575 WEST SOUTHERN AVENUE, STE. #5 - APACHE JUNCTION, AZ 85120	86-0951340	GOVERNMENT	0.	22,112.	FEEDING AMERICA VALUATION	FOOD	FOOD DONATIONS
ASTER AGING CSFP 7550 EAST ADOBE STREET MESA, AZ 85207	94-2596075	501C3	0.	23,916.	FEEDING AMERICA VALUATION	FOOD	FOOD DONATIONS
AZCEND FOOD PANTRY 345 S. CALIFORNIA ST. CHANDLER, AZ 85225	86-0428780	501C3	11,716.	1,279,941.	FEEDING AMERICA VALUATION	FOOD	EQUIPMENT & SUPPLIES,OPERATING COSTS
2 Enter total number of section 501(c)(3) ar	•	•					114.
3 Enter total number of other organizations							
I HA For Panerwork Reduction Act Notice	see the Instructi	ons for Form 990					Schedule I (Form 990) 2022

Part II Continuation of Grants and Other A							
(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
BUDDHIST TZU-CHI FOUNDATION					FEEDING		
2145 W. ELLIOT RD.					AMERICA		
CHANDLER, AZ 85224	94-2952782	501C3	5,178.	244,687.	VALUATION	FOOD	EQUIPMENT & SUPPLIES
CANYON DAY ASSEMBLY OF GOD FOOD					FEEDING	FOOD AND	
PANTRY - 4518 S. 7TH ST					AMERICA	EQUIPMENT &	EQUIPMENT &
WHITERIVER, AZ 85941	20-4595770	501C3	10,118.	95,479.	VALUATION	SUPPLIES	SUPPLIES, OPERATING COSTS
CHANDLER CARE CENTER					FEEDING		
777 EAST GALVESTON STREET	01 5400127	E0103		F1 202	AMERICA	EOOD	HOOD DOWN HIONG
CHANDLER, AZ 85225	81-5402137	50103	0.	51,292.	VALUATION	FOOD	FOOD DONATIONS
CHANDLER GILBERT COMMUNITY COLLEGE					FEEDING	FOOD AND	
PECOS CAMPUS - 2626 EAST PECOS					AMERICA	EQUIPMENT &	
ROAD - CHANDLER, AZ 85225	81-5402137	GOVERNMENT	0.	19,148.	VALUATION	SUPPLIES	FOOD DONATIONS
CHANDLER GILBERT COMMUNITY COLLEGE					FEEDING		
WILLIAMS CAMPUS - 7360 EAST TAHOE					AMERICA		
AVENUE - MESA, AZ 85212	86-0185552	GOVERNMENT	0.	26,701.	VALUATION	FOOD	FOOD DONATIONS
CHANDLER SALVATION ARMY					FEEDING		
85 EAST SARAGOSA STREET	86-0185552	E0102	410	442 042	AMERICA	ECOD	ODED A MILNIG. GOGMG
CHANDLER, AZ 85225	86-0185552	20103	419.	442,942.	VALUATION	FOOD	OPERATING COSTS
CHILD CRISIS ARIZONA					FEEDING	FOOD AND	
817 NORTH COUNTRY CLUB DRIVE					AMERICA	EQUIPMENT &	
MESA, AZ 85201	86-0324144	501C3	0.	20,768.	VALUATION	SUPPLIES	FOOD DONATIONS
CHRIST THE VICTOR LUTHERAN CHURCH					FEEDING		
6173 EAST ARIZONA FARMS ROAD					AMERICA		EQUIPMENT &
FLORENCE, AZ 85132	41-1991463	501C3	9,411.	414,008.	VALUATION	FOOD	SUPPLIES, OPERATING COSTS
CIBECUE MOBILE PANTRY					FEEDING	FOOD AND	
6 WEST 3RD STREET					AMERICA	EQUIPMENT &	
CIBECUE, AZ 85911	27-2196285	501C3	0.	90,214.	VALUATION	SUPPLIES	FOOD DONATIONS

Schedule I (Form 990)

Schedule I (Form 990) UNITED FOOD BA	ANK						86-0505273 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	nestic 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
CITY HOPE CHANDLER					FEEDING		
33 EAST COMSTOCK DRIVE #5 CHANDLER, AZ 85225	47-3437813	501C3	10,125.	126,159.	AMERICA VALUATION	FOOD	EQUIPMENT & SUPPLIES, OPERATING COSTS
COMMUNITY OF HELPING HANDS 401 W BASELINE RD.					FEEDING AMERICA		
TEMPE, AZ 85283	47-2000510	501C3	0.	49,556.	VALUATION	FOOD	FOOD DONATIONS
COMMUNITY PRESBYTERIAN DEACON'S					FEEDING	FOOD AND	
PANTRY - 800 W. MAIN ST PAYSON, AZ 85541	86-0441745	501C3	209.	181 /1/	AMERICA VALUATION	EQUIPMENT & SUPPLIES	OPERATING COSTS
W7 033#1	00-0441743	30103	209.	101,414.	VALUATION	SOFFEEES	OFERATING COSTS
COMPASSION IN ACTION					FEEDING		
4525 SOUTH MCCLINTOCK DRIVE					AMERICA		
TEMPE, AZ 85282	36-2225484	501C3	0.	20,727.	VALUATION	FOOD	FOOD DONATIONS
DESERT MANNA FOOD PANTRY					FEEDING		
590 NORTH 96TH STREET					AMERICA		
MESA, AZ 85207	45-4513048	501C3	0.	1,884,465.		FOOD	FOOD DONATIONS
EISENHOWER CENTER FOR INNOVATION 848 NORTH MESA DRIVE					FEEDING AMERICA	FOOD AND EQUIPMENT &	
MESA, AZ 85201	86-6000481	GOVERNMENT	0.	51 051	VALUATION	SUPPLIES	FOOD DONATIONS
<u> </u>	00 0000101		1	31,031.	VIII OIII I OII		TOOD BOWNIEGE
ELOY FOOD PANTRY					FEEDING		
605 N. SANTA CRUZ AVE.					AMERICA		EQUIPMENT &
ELOY, AZ 85131	86-0469348	501C3	10,636.	288,964.	VALUATION	FOOD	SUPPLIES, OPERATING COSTS
EMMA'S EATS					FEEDING		
2055 SOUTH POWER ROAD					AMERICA		
MESA, AZ 85209	27-0843054	501C3	150.	71,293.	VALUATION	FOOD	OPERATING COSTS
EMPOWERMENT SYSTEMS					FEEDING		
2066 W. APACHE TR., SUITE 116 APACHE JUNCTION, AZ 85119	86-0664708	501C3	0.	50 501	AMERICA	FOOD	FOOD DONATIONS
AFACHE CUNCTION, AZ 05113	00-0004/08	50163	1 0.	59,301.	VALUATION	F 00D	FOOD DONALIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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		
ENCOUNTER AZ CHURCH OF GOD					FEEDING				
1718 N. MESA DR.					AMERICA				
MESA, AZ 85201	62-0484177	501 <i>0</i> 3	0.	15 904	VALUATION	FOOD	FOOD DONATIONS		
MESA, AZ 05201	02-0404177	30103	0.	13,004.	VALUATION	FOOD	FOOD DONATIONS		
FAITH WITH ACTION					FEEDING				
2468 RUNNING BEAR ROAD					AMERICA				
LAKESIDE, AZ 85929	94-2576517	501C3	0.	151 111	VALUATION	FOOD	FOOD DONATIONS		
<u> </u>	31 2370317	30103	•	131,111.	VIIIOIIIIOI	1 002	POST BONNITONS		
FATHER MCGIVNEY FOOD BANK					FEEDING				
20615 E. OCTOTILLO RD.					AMERICA				
QUEEN CREEK, AZ 85142	86-0096789	501C3	1,123.	2,228,142.		FOOD	OPERATING COSTS		
- ,			, -	, , ,					
FEEDING FAMILIES FOOD PANTRY					FEEDING				
1594 JOHNSON DRIVE					AMERICA				
LAKESIDE, AZ 85929	86-0522229	501C3	10,000.	147,301.	VALUATION	FOOD	EQUIPMENT & SUPPLIES		
			,	,					
FIRST EVANGELICAL LUTHERAN CHURCH					FEEDING				
142 NORTH DATE STREET					AMERICA				
MESA, AZ 85201	41-1568278	501C3	0.	168,216.	VALUATION	FOOD	FOOD DONATIONS		
FLORENCE FOOD DISTRIBUTION					FEEDING	FOOD AND			
600 NORTH MAIN STREET					AMERICA	EQUIPMENT &			
FLORENCE, AZ 85132	46-1555767	501C3	0.	39,984.	VALUATION	SUPPLIES	FOOD DONATIONS		
GATEWAY BIBLE CHURCH					FEEDING				
1621 NORTH PASADENA					AMERICA				
MESA, AZ 85201	86-0623192	501C3	0.	133,259.	VALUATION	FOOD	FOOD DONATIONS		
GENESIS PROJECT					FEEDING				
564 NORTH IDAHO ROAD	0.7.0004:5-	504.50		1 060 45-	AMERICA	L			
APACHE JUNCTION, AZ 85119	27-3994457	501C3	217.	1,068,425.	VALUATION	FOOD	OPERATING COSTS		
CILA COMMINITAL FOOD BANK					PPPDING				
GILA COMMUNITY FOOD BANK					FEEDING		EOIII DMENIII C		
317 HACKNEY AVENUE	06 0240022	E01@2	10 205	065 511	AMERICA	EOOD	EQUIPMENT &		
GLOBE, AZ 85501	86-0340833	DOTC3	10,305.	865,511.	VALUATION	FOOD	SUPPLIES, OPERATING COS		

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
GILL DIVID NUMBERS NO AGGIGNANCE					THE TWO		
GILA RIVER NUTRITION ASSISTANCE					FEEDING		
PROGRAM - 300 SOUTH OCOTILLO LANE	06 0505272	E0102		71 155	AMERICA	ECOD	EOOD DONAETONG
- SACATON, AZ 85147	86-0505273	201C2	0.	/1,155.	VALUATION	FOOD	FOOD DONATIONS
GOLD CANYON UNITED METHODIST					EEEDING		
CHURCH FOOD BANK - 8330 EAST					FEEDING		
SUNRISE SKY DRIVE - GOLD CANYON,	06.0601000	F01 G2		0.7.02.7	AMERICA	TOOR	Loop Down Hirong
AZ 85118	86-0621002	501C3	0.	97,837.	VALUATION	FOOD	FOOD DONATIONS
CHARALURE C. A. R.					EEEDING		
GUADALUPE C.A.P.					FEEDING		
9241 SOUTH AVENIDA DEL YAQUI	06 0007700	F01 G3		F07 C03	AMERICA	HOOD	HOOD DONATIONS
GUADALUPE, AZ 85283	86-0297728	50103	0.	507,603.	VALUATION	FOOD	FOOD DONATIONS
II O D E OUMDEAGU GUDIGM MUE					EEEDING		
H.O.P.E. OUTREACH - CHRIST THE					FEEDING		TOUT DATE S
KING - 1616 EAST BROADWAY ROAD -	06 0006700	F01 G2	10 200	250 005	AMERICA	TOOR	EQUIPMENT &
MESA, AZ 85204	86-0096789	501C3	10,328.	358,205.	VALUATION	FOOD	SUPPLIES, OPERATING COSTS
HERED OVERGAARD COMMUNITES FOOD					EEEDING		
HEBER-OVERGAARD COMMUNITY FOOD					FEEDING		
BANK - 3048 HIGHWAY 277 -	06 06 11 04	F01 G2		150 000	AMERICA	TOOR	
OVERGAARD, AZ 85933	86-0674184	501C3	0.	158,228.	VALUATION	FOOD	FOOD DONATIONS
HOLDEMAN ELEMENTARY SCHOOL					FEEDING	FOOD AND	
1326 WEST 18TH STREET					AMERICA	EQUIPMENT &	
	86-6000480	COVEDNMENT	0.	01 020			EOOD DONATIONS
TEMPE, AZ 85281	86-6000460	GOVERNMENT	1	91,030.	VALUATION	SUPPLIES	FOOD DONATIONS
HOLY CROSS SVDP					FEEDING		
1244 SOUTH POWER ROAD					AMERICA		
	86-0096789	E0102	0.4.4	264 512		FOOD	ODEDAMINA GOGMA
MESA, AZ 85206	86-0096789	201C2	844.	364,513.	VALUATION	FOOD	OPERATING COSTS
HODE INTERNATIONAL FOOD DANTEY					PPPDING		
HOPE INTERNATIONAL FOOD PANTRY					FEEDING		
1280 NORTH ARIZONA BOULEVARD	46 5045655	E01.03		202 562	AMERICA	TOOD	HOOD DOWN HITCHS
COOLIDGE, AZ 85128	46-5017655	50103	0.	323,760.	VALUATION	FOOD	FOOD DONATIONS
TONA DELTEE					EEEDING		
ICNA RELIEF					FEEDING		
5030 SOUTH MILL AVENUE, SUITE C5	0.4.00.00.00	504.50	_		AMERICA		
TEMPE, AZ 85282	04-3810161	501C3	0.	49,746.	VALUATION	FOOD	FOOD DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 490
(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
IMAGINE SCHOOLS AT EAST MESA					FEEDING		
9701 EAST SOUTHERN AVENNUE					AMERICA		
MESA, AZ 85209	30-0047635	GOVERNMENT	0.	65 614.	VALUATION	FOOD	FOOD DONATIONS
				,			
IMPACT OF SOUTHERN ARIZONA					FEEDING		
3535 EAST HAWSER STREET					AMERICA		
TUCSON, AZ 85739	86-0968242	501C3	0.	164,364.	VALUATION	FOOD	FOOD DONATIONS
JOHN VOLKEN ACADEMY					FEEDING		
26601 SOUTH VAL VISTA DRIVE					AMERICA		
GILBERT, AZ 85298	91-2061674	501C3	0.	25,578.	VALUATION	FOOD	FOOD DONATIONS
							EQUIPMENT &
LOCAL FIRST ARIZONA FOUNDATION					FEEDING		SUPPLIES, OPERATING
659 EAST MAIN STREET					AMERICA		COSTS,GROWTH &
MESA, AZ 85203	26-1657951	501C3	10,111.	17,276.	VALUATION	FOOD	SUSTAINABILITY
LUTHERAN SOCIAL SERVICES OF THE					FEEDING		
SOUTHWEST - 5946 EAST UNIVERSITY					AMERICA		
DRIVE - MESA, AZ 85205	86-0252302	501C3	45.	101,541.	VALUATION	FOOD	OPERATING COSTS
MATTHEW'S CROSSING					FEEDING		
1368 NORTH ARIZONA AVENUE, #112					AMERICA		EQUIPMENT &
CHANDLER, AZ 85225	55-0896414	501C3	11,692.	2,308,000.		FOOD	SUPPLIES, OPERATING COSTS
,			,	, ,			,
MESA COMMUNITY COLLEGE DOBSON					FEEDING	FOOD AND	
CAMPUS - 1833 WEST SOUTHERN AVENUE					AMERICA	EQUIPMENT &	
- MESA, AZ 85202	86-0185552	GOVERNMENT	0.	56,921.	VALUATION	SUPPLIES	FOOD DONATIONS
MESA COMMUNITY COLLEGE RED					FEEDING	FOOD AND	
MOUNTAIN - 7110 EAST MCKELLIPS					AMERICA	EQUIPMENT &	
ROAD - MESA, AZ 85207	86-0185552	GOVERNMENT	0.	30,715.	VALUATION	SUPPLIES	FOOD DONATIONS
MEGA GALVARION ADMI					EEEDING		
MESA SALVATION ARMY					FEEDING		
241 EAST 6TH STREET, BUILDING 3	04 4456045	F01 G2		4 840 000	AMERICA		
MESA, AZ 85201	94-1156347	POTC3	542.	1,719,022.	VALUATION	FOOD	OPERATING COSTS

Schedule I (Form 990)

(a) Name and address of	(b) EINI	(a) IBC conting	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(b) Durpose of great
(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
MESACAN					FEEDING		
635 E. BROADWAY RD.					AMERICA		
MESA, AZ 85204	86-0558407	501C3	18.	12,116.	VALUATION	FOOD	OPERATING COSTS
MISSION KITCHEN/FOUNTAIN OF LIFE					FEEDING		
6056 EAST BASELINE ROAD #137					AMERICA		
MESA, AZ 85206	33-1054769	501C3	63.	441,195.	VALUATION	FOOD	OPERATING COSTS
MOUNTAIN PARK HEALTH CENTER					FEEDING	FOOD AND	
1840 EAST BROADWAY ROAD					AMERICA	EQUIPMENT &	
TEMPE, AZ 85281	86-0498020	501C3	0.	22,157.	VALUATION	SUPPLIES	FOOD DONATIONS
MOUNTAIN VIEW CHURCH					FEEDING		
4815 WEST HUNT HIGHWAY					AMERICA		
	58-1542098	E01@2	20.	62 500		FOOD	OPERATING COSTS
QUEEN CREEK, AZ 85142	36-1342036	501C3	20.	03,399.	VALUATION	FOOD	OPERATING COSTS
MY SISTERS' PLACE					FEEDING		
P.O. BOX 1869					AMERICA		
CHANDLER, AZ 85224	86-0223999	501C3	19.	11,486.	VALUATION	FOOD	OPERATING COSTS
NALWOODI DENZHONE COMMUNITY					FEEDING	FOOD AND	
DRIPPING SPRING SALE RING RD.					AMERICA	EQUIPMENT &	
SAN CARLOS, AZ 85550	47-3741425	501C3	0.	32,736.	VALUATION	SUPPLIES	FOOD DONATIONS
NATIVE HEALTH SERVICES					FEEDING		
777 WEST SOUTHERN AVENUE					AMERICA		
MESA, AZ 85210	94-2540194	501C3	0.	184,095.	VALUATION	FOOD	FOOD DONATIONS
NEW COVENANT CHURCH					FEEDING		L
820 WEST CLEVELAND	00 0011055	F01.73	10.015	000 000	AMERICA		EQUIPMENT &
ST. JOHNS, AZ 85936	80-0011888	DU1C3	10,010.	290,604.	VALUATION	FOOD	SUPPLIES, OPERATING COST
NEW HOPE COMMUNITY CENTER					FEEDING		
6915 EAST UNIVERSITY DRIVE					AMERICA		
MESA, AZ 85207	94-2598831	501C3	701.	678,256.	VALUATION	FOOD	OPERATING COSTS

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NEW HORE COMMINITARY CHILDCH FOOD					EEEDING		
NEW HOPE COMMUNITY CHURCH FOOD PANTRY - 251 NORTH ROOSEVELT					FEEDING AMERICA		
	86-0627448	E01@2	0.	<i>16</i> 005	VALUATION	FOOD	FOOD DONATIONS
AVENUE - CHANDLER, AZ 85226 NEW HORIZON COMMUNITY	00-002/440	501C3	1 0.	40,005.	VALUATION	FOOD	FOOD DONATIONS
CARE-CULINARY CENTER - 2200 NORTH					EEEDING		
					FEEDING		
ARIZONA AVENUE, SUITE 6 -	06 1014225	E01 d2	7.6	11 516	AMERICA	TOOD	ODEDARING GOGEG
CHANDLER, AZ 85225	86-1014335	20103	76.	11,516.	VALUATION	FOOD	OPERATING COSTS
NORTHERN ARIZONA ACADEMY					FEEDING		
					AMERICA		
1300 CENTENNIAL BOULEVARD	96 0616006	E0102	0.	22 426		TOOD	HOOD DONAHITONG
TAYLOR, AZ 85939	86-0616006	20162	0.	22,420.	VALUATION	FOOD	FOOD DONATIONS
OLD CONCHO COMMUNITY ASSISTANCE					FEEDING		
35432 HIGHWAY 180A					AMERICA		
	86-0907044	E01@2	180.	270 740	VALUATION	FOOD	OPERATING COSTS
CONCHO, AZ 85924	00-0907044	501C3	180.	3/3,/40.	VALUATION	FOOD	OPERATING COSTS
OPEN ARMS CARE CENTER					FEEDING		
925 NORTH MCQUEEN ROAD #105					AMERICA		
GILBERT, AZ 85233	86-1040036	501 <i>C</i> 3	0.	50 112	VALUATION	FOOD	FOOD DONATIONS
GILBERI, AZ 03233	00-1040030	30103	0.	30,112.	VALUATION	FOOD	FOOD DONATIONS
OUR LADY OF MT. CARMEL SVDP					FEEDING		
2121 SOUTH RURAL ROAD					AMERICA		
TEMPE, AZ 85282	86-0096789	501 <i>C</i> 3	0.	39 793	VALUATION	FOOD	FOOD DONATIONS
11M11, N2 03202	00 0030703	30103		35,155.	VILLOITION	1 002	TOOD DOMITTONS
PALABRA DE VIDA FOOD PANTRY					FEEDING		
4434 EAST UNIVERSITY DRIVE SUITE 10					AMERICA		
MESA, AZ 85205	73-6109354	501C3	0.	74 949	VALUATION	FOOD	FOOD DONATIONS
	, 5 0103331	30103		, 1, 313,	VIII. 1011	1 502	TOOD BONITIONS
PAYSON CHURCH OF GOD					FEEDING		
208 S. MCLANE RD.					AMERICA		
PAYSON, AZ 85541	88-1009407	501C3	0.	12 551	VALUATION	FOOD	FOOD DONATIONS
1115011, 1111 05511	20 1007407	20103	1	12,331.	711101111011	1 305	L COD DOMILITONS
PAYSON COMMUNITY KIDS					FEEDING		
213 SOUTH COLCORD ROAD					AMERICA		
-10 200111 COLCOID NOID	03-0376861		1		[1	1

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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		
DAYGON GUDD					EEEDING				
PAYSON SVDP					FEEDING AMERICA				
511 SOUTH STREET PHILLIPS STREET	86-0096789	E0102	169.	146 104		FOOD	OPERATING COSTS		
PAYSON, AZ 85541	80-0030783	30103	109.	140,194.	VALUATION	FOOD	GROWTH &		
PAZ DE CRISTO COMMUNITY CENTER					FEEDING				
424 WEST BROADWAY					AMERICA		SUSTAINABILITY, EQUIPMENT & SUPPLIES, OPERATING		
	26-1669496	E01@2	10,739.	712 060	VALUATION	FOOD	COSTS		
MESA, AZ 85210	20-1009490	201C2	10,739.	713,066.	VALUATION	FOOD	COSTS		
PINE STRAWBERRY FOOD BANK					FEEDING				
3886 NORTH HIGHWAY 87, #2					AMERICA				
	80-0648675	501 <i>0</i> 3	0.	56 757	VALUATION	FOOD	FOOD DONATIONS		
PINE, AZ 85544	80-0048075	501C3	· · · · · ·	30,737.	VALUATION	FOOD	FOOD DONATIONS		
RE: CENTER					FEEDING				
814 EAST WHITE MOUNTAIN BOULEVARD					AMERICA				
PINETOP, AZ 85935	83-2835196	501C3	0.	101 754	VALUATION	FOOD	FOOD DONATIONS		
TINETOF, AZ 03933	03-2033130	30103	0.	101,754.	VALUATION	FOOD	FOOD DONATIONS		
RESTORATION CENTER					FEEDING				
374 NORTH HAMILTON STREET					AMERICA				
CHANDLER, AZ 85225	95-6087955	501C3	0.	58 831	VALUATION	FOOD	FOOD DONATIONS		
CHANDLER, AZ 03223	73 0007733	30103	· ·	30,031.	VALUATION	1000	FOOD DONATIONS		
RIO VISTA CENTER AT CASA DE AMOR					FEEDING				
819 SOUTH MACDONALD					AMERICA		EQUIPMENT &		
MESA, AZ 85210	86-6053028	501C3	10,774.	1,254,052.		FOOD	SUPPLIES, OPERATING COSTS		
<u> </u>	00 0033020	30103	10,774.	1,234,032.	VILOIIIION	1002	BOTTELES, OT BRATTING COSTS		
ROOSEVELT ELEMENTARY SCHOOL					FEEDING				
828 SOUTH VALENCIA					AMERICA				
MESA, AZ 85202			0.	28 518	VALUATION	FOOD	FOOD DONATIONS		
				20,310.	VILLOITION	1002	I COD DOMITTOND		
ROUND VALLEY BOYS AND GIRLS CLUB					FEEDING				
216 EAST SECOND AVENUE					AMERICA				
EAGAR, AZ 85925	27-5238993	501c3	0.	9 284	VALUATION	FOOD	FOOD DONATIONS		
	27 3230333	30103	1	5,204.	VIIIONI TON	1 000	LOOP DOMATIONS		
ROUND VALLEY CARES INC.					FEEDING				
109 EAST C STREET					AMERICA				
	20-2970159	501C3	120.	407 364	VALUATION	FOOD	OPERATING COSTS		
SPRINGERVILLE, AZ 85938	20-2370133	20163	1 120.	407,304.	AUTOULTON	F 00D	PIERATING COSTS		

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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			
SAN CARLOS APACHE TRIBE FOOD					FEEDING					
DISTRIBUTION - P.O. BOX 0 - SAN					AMERICA					
CARLOS, AZ 85550	86-0505273	501 <i>C</i> 3	0.	310 406	VALUATION	FOOD	FOOD DONATIONS			
CARDOS, AZ 03330	00 0303273	30103	0.	310,400.	VALUATION	FOOD	FOOD DONATIONS			
SANTA CRUZ VALLEY FOOD BANK					FEEDING					
109 NORTH SUNSHINE BOULEVARD					AMERICA					
ELOY, AZ 85131	86-0397693	501C3	400.	481,519.	VALUATION	FOOD	OPERATING COSTS			
•				,						
SCOTTSDALE UNIFIED SCHOOL DISTRICT					FEEDING					
7601 EAST MCKELLIPS ROAD					AMERICA					
SCOTTSDALE, AZ 85257	86-6000535	GOVERNMENT	0.	34,765.	VALUATION	FOOD	FOOD DONATIONS			
SENIOR PERSONAL ASSISTANCE CORP.					FEEDING					
CSFP - 1255 WEST BASELINE ROAD,					AMERICA					
SUITE A212 - MESA, AZ 85202	45-4551483	501C3	0.	30,589.	VALUATION	FOOD	FOOD DONATIONS			
SET FREE KEARNY					FEEDING	FOOD AND				
302 WEST DANBURY ROAD					AMERICA	EQUIPMENT &				
KEARNY, AZ 85137	45-4551483	501C3	3,113.	225,627.	VALUATION	SUPPLIES	EQUIPMENT & SUPPLIES			
SHEPHERDS KITCHEN FOOD BANK					FEEDING					
344 WEST 4TH STREET SOUTH					AMERICA					
SNOWFLAKE, AZ 85937	85-2213488	501C3	139.		VALUATION	FOOD	OPERATING COSTS			
	33 2213400		133.	031,034.						
SHOW LOW FIRST BAPTIST CHURCH					FEEDING					
700 NORTH CENTRAL AVENUE					AMERICA					
SHOW LOW, AZ 85901	86-0887516	501C3	51.	140.286.	VALUATION	FOOD	OPERATING COSTS			
,				, -						
SILVER CREEK SENIOR CENTER					FEEDING					
1658 SOUTH MAIN STREET					AMERICA					
SNOWFLAKE, AZ 85937	94-2576517	501C3	0.	605,514.	VALUATION	FOOD	FOOD DONATIONS			
SPRINGERVILLE - ROUND VALLEY				,						
SENIOR CENTER (UFB) - 356 SOUTH					FEEDING					
PAPAGO STREET - SPRINGERVILLE, AZ					AMERICA					
85938	94-2745417	501C3	156.	173.159.	VALUATION	FOOD	OPERATING COSTS			

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Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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			
ST. BRIDGET SVDP					FEEDING					
2213 NORTH LINDSEY ROAD					AMERICA					
MESA, AZ 85213	86-0096789	501C3	0.	10,323.	VALUATION	FOOD	FOOD DONATIONS			
				·						
ST. JOHNS SENIOR FOODBANK LLC					FEEDING					
395 SOUTH 1ST STREET WEST					AMERICA		EQUIPMENT &			
ST. JOHNS, AZ 85936	86-0505273	501C3	6,000.	111,851.	VALUATION	FOOD	SUPPLIES, OPERATING COSTS			
ST. MARK'S EPISCOPAL CHURCH					FEEDING					
322 NORTH HORNE					AMERICA					
MESA, AZ 85203	13-5562208	501C3	178.	129 295	VALUATION	FOOD	OPERATING COSTS			
<u> </u>	13 3302200	30103	170.	123,233.	VILDITION	1002	or marring costs			
ST. MARY'S - ST. JUAN DIEGO SVDP					FEEDING					
230 WEST GALVESTON					AMERICA					
CHANDLER, AZ 85225	86-0096789	501C3	338.	319,599.	VALUATION	FOOD	OPERATING COSTS			
STREETS OF JOY					FEEDING					
451 EAST 4TH PLACE					AMERICA					
MESA, AZ 85204	86-0820405	501C3	1,498.	824,379.	VALUATION	FOOD	OPERATING COSTS			
GUDEDTOD HOOD DANK					EDDDING					
SUPERIOR FOOD BANK					FEEDING					
99 NORTH LOBB AVENUE	30-0020685	E0102	51.		AMERICA	FOOD				
SUPERIOR, AZ 85173	30-0020665	501C3	51.	131,135.	VALUATION	FOOD	OPERATING COSTS			
SUPERSTITION COMMUNITY FOOD BANK					FEEDING					
575 N. IDAHO ROAD, SUITE 701					AMERICA		EQUIPMENT &			
APACHE JUNCTION, AZ 85119	86-0454767	501C3	7,301.	1,939,400.	VALUATION	FOOD	SUPPLIES OPERATING COSTS			
			, -	, , ,			,			
T.C.A.A.					FEEDING					
2146 EAST APACHE BOULEVARD					AMERICA					
TEMPE, AZ 85281	86-0254820	501C3	626.	706,330.	VALUATION	FOOD	OPERATING COSTS			
T.L.C APACHE JUNCTION HOUSE					FEEDING					
560 NORTH SAN MARCOS					AMERICA					
APACHE JUNCTION, AZ 85120	86-0723240	501C3	0.	52,849.	VALUATION	FOOD	FOOD DONATIONS			

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 4
(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
T C DANA HOUGE					EEEDING		
T.L.C DANA HOUSE					FEEDING AMERICA		
745 WEST DANA AVENUE	86-0723240	E0103	0.	E0 01E		FOOD	FOOD DONATIONS
MESA, AZ 85210	80-0723240	301C3	0.	30,813.	VALUATION	FOOD	FOOD DONATIONS
T.L.C GLENDALE HOUSE					FEEDING		
7119 NORTH 67TH AVENUE					AMERICA		
GLENDALE, AZ 85301	86-0723240	501C3	0.	50,643.	VALUATION	FOOD	FOOD DONATIONS
T.L.C ROBSON HOUSE					FEEDING		
132 SOUTH ROBSON					AMERICA		L
MESA, AZ 85211	86-0723240	501C3	0.	44,604.	VALUATION	FOOD	FOOD DONATIONS
T.L.C ROOSEVELT HOUSE					FEEDING		
2202 EAST ROOSEVELT STREET					AMERICA		
PHOENIX, AZ 85006	86-0723240	501C3	0.	34 753	VALUATION	FOOD	FOOD DONATIONS
THOUNTA, NO 03000	00 0723240	30103	· ·	34,733.	VILDITION	1000	TOOD DOWNTIONS
T.L.C SOUTHERN HOUSE					FEEDING		
54 WEST SOUTHERN AVENUE					AMERICA		
MESA, AZ 85210	86-0723240	501C3	0.	192,040.	VALUATION	FOOD	FOOD DONATIONS
T.L.C SUNNYSLOPE HOUSE					FEEDING		
9424 NORTH 9TH AVENUE	06.0700040	F 0.4 @ 0		55 400	AMERICA		
PHOENIX, AZ 85021	86-0723240	501C3	0.	55,139.	VALUATION	FOOD	FOOD DONATIONS
THE ORCHARD MESA CSFP					FEEDING	FOOD AND	
108 NORTH GREENFIELD ROAD					AMERICA	EQUIPMENT &	
MESA, AZ 85205			0.	54 647	VALUATION	SUPPLIES	FOOD DONATIONS
MBN, NE 03203			· ·	34,047.	VILDITION	DOTTELLO	TOOD BONZITIONS
TIME OUT INC.					FEEDING		
P.O. BOX 306					AMERICA		
PAYSON, AZ 85541	86-0723051	501C3	223.	569,998.	VALUATION	FOOD	OPERATING COSTS
TRI-COMMUNITY FOOD BANK MAMMOTH					FEEDING		
108 WEST REDWOOD DRIVE					AMERICA		
MAMMOTH, AZ 85618	86-0998046	501C3	209.	201,540.	VALUATION	FOOD	OPERATING COSTS

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(B) Env	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
VERNON ELEMENTARY SCHOOL DISTRICT					FEEDING		
#9 - 90 COUNTRY ROAD NORTH 3139 -					AMERICA		
VERNON, AZ 85940	86-0588602	GOVERNMENT	0.	12,946.	VALUATION	FOOD	FOOD DONATIONS
				,			
VERNON FOOD PANTRY					FEEDING		
10 APACHE COUNTY ROAD					AMERICA		OPERATING COSTS, EQUIPMEN
VERNON, AZ 85940	38-3754330	501C3	5,082.	79,591.	VALUATION	FOOD	& SUPPLIES
VESTED INTEREST					FEEDING		
9241 SOUTH AVENIDA DEL YAQUI					AMERICA		
GUADALUPE, AZ 85283	86-0833455	501C3	0.	123,594.	VALUATION	FOOD	FOOD DONATIONS
				-			
VINEYARD COMMUNITY CHURCH					FEEDING		
601 SOUTH COOPER ROAD					AMERICA		EQUIPMENT &
GILBERT, AZ 85233	86-0607313	501C3	5,950.	331,479.	VALUATION	FOOD	SUPPLIES, OPERATING COSTS
WHITE MOUNTAIN CATHOLIC CHARITIES					FEEDING		
5091 SOUTH WHITE MOUNTAIN BLVD.					AMERICA		
LAKESIDE, AZ 85929	85-0225263	501C3	86.	303,163.	VALUATION	FOOD	OPERATING COSTS
WHITE MOUNTAIN COMMUNITY FOOD BANK					FEEDING		
820 MOONRIDGE DRIVE					AMERICA		
LAKESIDE, AZ 85929	80-0245130	501C3	0.	46,326.	VALUATION	FOOD	FOOD DONATIONS
WHITE MOUNTAIN MEALS ON WHEELS					FEEDING		
CSFP - 301 E. MCNEIL - SHOW LOW,					AMERICA		
AZ 85901	86-1007764	501C3	0.	15,927.	VALUATION	FOOD	FOOD DONATIONS
WITED THE BOOK DAW					HIPD ING		
WHITERIVER FOOD BANK					FEEDING		
312 NORTH CHIEF AVENUE	22 0217042	E0103		64 220	AMERICA	TOOD	HOOD DONATIONS
WHITERIVER, AZ 85941	32-0217942	DU1C3	0.	04,228.	VALUATION	FOOD	FOOD DONATIONS
WINGS OF LIFE WORSHIP CENTER					FEEDING		
1030 NORTH VALLEY DRIVE					AMERICA		
APACHE JUNCTION, AZ 85120	38-6095433	501C3	176.	73,063.	VALUATION	FOOD	OPERATING COSTS

Schedule I (Form 990)

Schedule I (Form 990) 2022 UNITED FOOD BANK 86-0505273 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (b) Number of (f) Description of noncash assistance (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: EMPLOYEES MAKE ANNUAL SITE VISITS TO ENSURE THAT THE AGENCIES ARE OPERATING AS INTENDED. AGENCIES THAT ARE ALLOWED TO MAKE FOOD PURCHASES OR RECEIVE FOOD OR COMMODITIES UNDER THE GOVERNMENTAL PROGRAMS ARE REVIEWED ANNUALLY TO ENSURE ELIGIBILITY. SITE VISITS ARE PERFORMED ON A RANDOM BASIS TO ENSURE THAT THE AGENCY IS IN COMPLIANCE WITH FOOD STORAGE REQUIREMENTS AND TO SEE THAT THE FOOD IS BEING USED APPROPRIATELY, ADDITIONALLY, ALL DISTRIBUTIONS ARE VERIFIED MONTHLY TO ENSURE THAT THE DISTRIBUTIONS ARE APPROPRIATE FOR THE TYPE OF AGENCY OPERATIONS. AGENCIES THAT DO NOT MEET

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.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED FOOD BANK

Employer identification number
86-0505273

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

UNITED FOOD BANK

86-0505273

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.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID RICHINS	(i)	123,194.	22,574.	0.	13,635.	25,756.	185,159.	0.
PRESIDENT & CEO (THROUGH 10/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

UNITED FOOD BANK 86-0505273 Schedule J (Form 990) 2022 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 3: THE BOARD USES ASU LODESTAR COMP ANALYST SURVEY DATABASE AND FEEDING AMERICA TO DETERMIN THE APPROPRAITE RANGE OF COMPENSATION AND WHEN CONSIDERING COMPENSATION CHANGES FOR THE CEO. THIS INFORMATION IS DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2023. 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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	UNITED FOOD BANK				86-0	505273	3	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	697	36,399,483.	FEEDING AMERICA	VALUE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	ization durinç	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	Oonee Acknowledg	ement 29			2	
						$ \longrightarrow $	Yes	No
30a	During the year, did the organization receive b	•			•			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	or			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule M	И (Form	1 990)	2022

Schedule M (Form 990) 2022 UNITED FOOD BANK	86-0505273	Page 2
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 conthis part for any additional information.	3, and whether the organia nbination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPSENTS THE NUMBER OF DONORS.		

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** UNITED FOOD BANK 86-0505273 FORM 990, PART VI, SECTION A, LINE 1A: THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER AND IMMEDIATE PAST CHAIRMAN OF THE BOARD WILL CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS THE EXECUTIVE COMMITTEE. THE DESIGNATION OF SUCH COMMITTEE AND THE OBLIGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIVE 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, REVIEWED BY MANAGEMENT AND ANY CHANGES ARE INCORPORATED INTO THE FILING, ONCE THIS DETAILED REVIEW IS COMPLETE, THE DRAFT 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, COMMENTS, AND APPROVAL BEFORE

FILING WITH THE IRS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** UNITED FOOD BANK 86-0505273 FORM 990, PART VI, SECTION B, LINE 12C: ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT, ARE TO BE REPORTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE BOARD OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN THE PERSON DECLARING THE APPROPRIATE ONE FOR THE UNITED FOOD BANK. 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:

15040223 131839 A314930

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
THE BOARD USES ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING	
AMERICA TO DETERMINE THE APPROPRIATE RANGE OF COMPENSATION AND WHEN	
CONSIDERING COMPENSATION CHANGES FOR THEIR CEO, THIS INFORMATION IS	
DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL	
FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2023.	
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 2023.	
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) 2022

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

UNITED FOOD BANK						36-0505273		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	I	Direct co	f) ontrolling tity	ı
	-							
	-							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more re	lated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	Section 5 contro enti	olled ty?
WASTE NOT, INC 86-0650514				(-)(-)/			Yes	No
1700 N GRANITE REEF RD	7							
SCOTTSDALE, AZ 85257	FOOD RESCUE	ARIZONA	501(C)(3)	LINE 12A, I	UNITED F	FOOD BANK	Х	
	_ -							
	_							
	-							
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	I	<u> </u>		1	Schedule R (Form 99	0) 2022

Schedule R (Form 990) 2022 UNITED FOOD BANK

86-0505273

Page 2

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

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	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)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
_				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Vee " see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASTE NOT INC.	0	75,360.	FMV
(2) WASTE NOT INC.	N	9,516.	FMV
(3) WASTE NOT INC.	Q	677,978.	FMV
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R	(Form 990) 2022	UNITED FOOD BANK	86-0505273	Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmation		
		nation for responses to questions on Schedule R. See instructions.		
	T TO VIGO GGGILIOTIGI IIIIOTI	nation to responded to questione on consequent it. Coo interrestions.		

32165 09-14-22 Schedule R (Form 990) 2022