

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED FOOD BANK		D Employer identification number 86-0505273
	Doing business as		E Telephone number 480-926-4897
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	245 S. NINA DRIVE		G Gross receipts \$ 43,449,209.
	City or town, state or province, country, and ZIP or foreign postal code MESA, AZ 85210-8490		
F Name and address of principal officer: JASON REED SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITING COMMUNITIES TO ALLEVIATE HUNGER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	6027
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,916.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	5,916.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,356,248.	42,170,379.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,203.	85,528.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	403,589.	161,131.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,010.	142,218.
		41,978,050.	42,559,256.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,369,987.	32,487,316.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,705,394.	3,062,746.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	93,298.	101,157.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,024,140.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,955,996.	2,429,468.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,124,675.	38,080,687.	
19 Revenue less expenses. Subtract line 18 from line 12	2,853,375.	4,478,569.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,110,479.	20,866,081.
	22 Net assets or fund balances. Subtract line 21 from line 20	591,856.	3,231,135.
	13,518,623.	17,634,946.	

Part II Signature Block

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

Sign Here	Signature of officer JOHN GIBSON	Date 5/1/2023
	Signature of preparer JOHN GIBSON, INTERIM TREASURER	Date

Paid Preparer Use Only	Print/Type preparer's name JACQUELINE ECKMAN	Preparer's signature JACQUELINE ECKMAN	Date 05/01/23	Check if self-employed <input type="checkbox"/>	PTIN P01300648
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (602) 266-2248		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO UNITE COMMUNITIES TO ALLEVIATE HUNGER.

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

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 expenses.

4a (Code:) (Expenses \$ 34,496,173. including grants of \$ 31,030,523.) (Revenue \$ 85,528.) EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM - SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,205,714. including grants of \$ 1,205,714.) (Revenue \$ 0.) COMMODITY SUPPLEMENTAL FOOD PROGRAM:

UNITED FOOD BANK HAS ADMINISTERED CSFP TO OUR SERVICE AREA SINCE JUNE 2021 THROUGH A SUBCONTRACT WITH ST. MARY'S FOOD BANK. ELDER ADULTS RECEIVE A MONTHLY FOOD PACKAGE CONSISTING OF ALL 5 MAJOR FOOD GROUPS AND A LOAF OF CHEESE FROM THEIR LOCAL PARTICIPATING UNITED FOOD BANK PARTNER AGENCY. UNITED FOOD BANK IS PARTNERED WITH 30 AGENCIES THAT INCLUDE FOOD PANTRIES, CHURCHES, AND NONPROFITS THAT PROVIDE NUTRITIOUS, HEALTHY MEALS TO SENIORS WHO QUALIFY. IN 2022, UNITED FOOD BANK PROVIDED SENIORS WITH OVER 27,000 FOOD BOXES.

4c (Code:) (Expenses \$ 262,848. including grants of \$ 251,079.) (Revenue \$ 0.) KIDS LIFE PROGRAM:

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

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

4e Total program service expenses 35,964,735.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MEGAN MONTALVO - 480-926-4897**
245 S. NINA DRIVE, MESA, AZ 85210-8490

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID RICHINS PRESIDENT & CEO	35.00 5.00			X				161,187.	0.	36,537.
(2) MEGAN MONTALVO CFO	35.00 5.00			X				98,145.	0.	18,678.
(3) JASON PORTER CHAIR	1.50 0.00	X		X				0.	0.	0.
(4) CATHY CHLARSON VICE CHAIR	1.25 0.00	X		X				0.	0.	0.
(5) MIKE SURIANO TREASURER	1.25 0.00	X		X				0.	0.	0.
(6) BILL WARREN SECRETARY	1.25 0.00	X		X				0.	0.	0.
(7) JENNIFER HOLSMAN TETREULT ASSISTANT SECRETARY	1.25 0.50	X		X				0.	0.	0.
(8) RAVEEN ARORA DIRECTOR	1.10 0.00	X						0.	0.	0.
(9) DAVE PLUMB DIRECTOR	1.10 0.00	X						0.	0.	0.
(10) SRIKANTH BALUSANI DIRECTOR	1.10 0.00	X						0.	0.	0.
(11) CHRISTINA DICKSEN DIRECTOR	1.10 1.00	X						0.	0.	0.
(12) JEFFREY EDUOARD DIRECTOR	1.10 0.00	X						0.	0.	0.
(13) JOHN GIBSON DIRECTOR	1.10 0.00	X						0.	0.	0.
(14) TREVOR HANSEN DIRECTOR	1.10 0.00	X						0.	0.	0.
(15) LINDE HARNED DIRECTOR	1.10 1.00	X						0.	0.	0.
(16) ROBIN HARRIS DIRECTOR (LEFT 06/22)	1.10 0.00	X						0.	0.	0.
(17) SCOTT KOOIMAN DIRECTOR	1.10 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS MASON DIRECTOR	1.10 0.00	X						0.	0.	0.
(19) JILL NORGAARD DIRECTOR (LEFT 01/22)	1.25 0.00	X						0.	0.	0.
(20) MARTY RIOS DIRECTOR	1.10 0.00	X						0.	0.	0.
(21) JENNIFER WARGO DIRECTOR	1.10 0.50	X						0.	0.	0.
(22) JOSEPH SHELLEY DIRECTOR	1.10 0.00	X						0.	0.	0.
(23) RUSTYN SHERER DIRECTOR (LEFT 08/21)	1.10 0.00	X						0.	0.	0.
(24) KISSHELL WILSON DIRECTOR	1.10 0.00	X						0.	0.	0.
(25) CHRIS WODARCYK DIRECTOR	1.10 0.50	X						0.	0.	0.
(26) WENDY BROOKS DIRECTOR	1.10 0.50	X						0.	0.	0.
1b Subtotal								259,332.	0.	55,215.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								259,332.	0.	55,215.

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

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

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 967.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 12,201,357.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 29,968,055.					
	g Noncash contributions included in lines 1a-1f	1g \$ 33,662,323.					
	h Total. Add lines 1a-1f		42,170,379.				
	Program Service Revenue	2 a SHARED MAINTENANCE	Business Code 900099	85,528.	85,528.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			85,528.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		68,104.			68,104.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 170,126.				
			(ii) Personal				
			6b Less: rental expenses ...	134,455.			
	c Rental income or (loss)	6c 35,671.					
	d Net rental income or (loss)		35,671.		6,916.	28,755.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 831,501.				
			(ii) Other				
			7b Less: cost or other basis and sales expenses	738,474.			
	c Gain or (loss)	7c 93,027.					
	d Net gain or (loss)		93,027.			93,027.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	12,354.				
8b Less: direct expenses			17,024.				
c Net income or (loss) from fundraising events			-4,670.		-4,670.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MANAGEMENT FEES	Business Code 900099	82,716.			82,716.	
	b OTHER INCOME	900099	28,501.			28,501.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		111,217.				
12 Total revenue. See instructions		42,559,256.	85,528.	6,916.	296,433.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	32,487,316.	32,487,316.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	329,454.		329,454.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,933,027.	1,342,392.	246,495.	344,140.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,407.	24,328.	5,174.	4,905.
9 Other employee benefits	591,224.	327,437.	182,742.	81,045.
10 Payroll taxes	174,634.	89,982.	62,380.	22,272.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,222.		11,222.	
c Accounting	29,340.		29,340.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	101,157.			101,157.
f Investment management fees	924.		924.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	236,420.	27,971.	103,906.	104,543.
12 Advertising and promotion	261,346.			261,346.
13 Office expenses	205,521.	75,275.	80,083.	50,163.
14 Information technology	12,064.	3,616.	6,820.	1,628.
15 Royalties				
16 Occupancy	116,162.	113,643.	-5,970.	8,489.
17 Travel	5,519.	2,960.	2,215.	344.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,111.	3,640.	9,354.	3,117.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	671,075.	634,061.	17,062.	19,952.
23 Insurance	41,035.	36,029.	2,375.	2,631.
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 O.)				
a VEHICLE EXPENSE	355,701.	355,701.		
b WAREHOUSE EXPENSE	291,662.	284,781.	3,375.	3,506.
c UNUSABLE SALVAGE	130,716.	130,716.		
d OTHER	22,709.	14,113.	1,264.	7,332.
e All other expenses	21,941.	10,774.	3,597.	7,570.
25 Total functional expenses. Add lines 1 through 24e	38,080,687.	35,964,735.	1,091,812.	1,024,140.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,419,894.	1	2,121,354.
	2 Savings and temporary cash investments	3,521,812.	2	2,832,234.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	421,135.	4	772,765.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,469,177.	8	1,704,269.
	9 Prepaid expenses and deferred charges	19,883.	9	52,535.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,309,931.		
	b Less: accumulated depreciation	10b 2,969,910.	5,026,530.	10c 11,340,021.
	11 Investments - publicly traded securities	2,232,048.	11	2,023,523.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	19,380.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,110,479.	16	20,866,081.	
Liabilities	17 Accounts payable and accrued expenses	241,356.	17	505,455.
	18 Grants payable		18	
	19 Deferred revenue	350,500.	19	733,132.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,967,986.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	24,562.
	26 Total liabilities. Add lines 17 through 25	591,856.	26	3,231,135.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,370,897.	27	16,342,429.
	28 Net assets with donor restrictions	1,147,726.	28	1,292,517.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,518,623.	32	17,634,946.
33 Total liabilities and net assets/fund balances	14,110,479.	33	20,866,081.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,559,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,080,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,478,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,518,623.
5	Net unrealized gains (losses) on investments	5	-362,246.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	17,634,946.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,465,988.	32,712,565.	40,448,123.	41,356,248.	42,170,379.	191,153,303.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	14,400.	14,400.	447,733.	1,103,640.	14,400.	1,594,573.
4 Total. Add lines 1 through 3	34,480,388.	32,726,965.	40,895,856.	42,459,888.	42,184,779.	192,747,876.
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)						30,598,352.
6 Public support. Subtract line 5 from line 4.						162,149,524.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	34,480,388.	32,726,965.	40,895,856.	42,459,888.	42,184,779.	192,747,876.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	42,779.	36,662.	40,382.	45,762.	205,243.	370,828.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...					6,916.	6,916.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,391.	4,819.	74,756.	108,010.	111,217.	301,193.
11 Total support. Add lines 7 through 10						193,426,813.
12 Gross receipts from related activities, etc. (see instructions)					12	1,016,443.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	83.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.01 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C - Distributable Amount			Current Year
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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

UNITED FOOD BANK

Employer identification number

86-0505273

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization UNITED FOOD BANK	Employer identification number 86-0505273
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,116,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,189,401.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 6,560,454.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,389,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 892,455.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,164,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED FOOD BANK	Employer identification number 86-0505273
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 12,201,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,012,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,157,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED FOOD BANK	Employer identification number 86-0505273
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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 received
1	FOOD COMMODITIES _____ _____ _____	\$ 2,056,913.	06/30/22
2	FOOD COMMODITIES _____ _____ _____	\$ 1,189,401.	06/30/22
3	FOOD COMMODITIES _____ _____ _____	\$ 6,560,454.	06/30/22
4	FOOD COMMODITIES _____ _____ _____	\$ 1,389,760.	06/30/22
5	FOOD COMMODITIES _____ _____ _____	\$ 892,455.	06/30/22
6	FOOD COMMODITIES _____ _____ _____	\$ 1,139,620.	06/30/22

Name of organization UNITED FOOD BANK	Employer identification number 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 received
7	FOOD COMMODITIES _____ _____ _____	\$ 9,353,263.	06/30/22
8	FOOD COMMODITIES _____ _____ _____	\$ 1,012,829.	06/30/22
9	BUILDING _____ _____ _____	\$ 2,000,000.	06/30/22
10	FOOD COMMODITIES _____ _____ _____	\$ 1,157,170.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization UNITED FOOD BANK	Employer identification number 86-0505273
--	--

Part 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED FOOD BANK **Employer identification number** 86-0505273

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,678,198.	2,365,061.	1,687,614.	1,685,339.	1,828,060.
b Contributions			451,000.	100,000.	
c Net investment earnings, gains, and losses	-211,587.	313,137.	226,447.	233,275.	152,279.
d Grants or scholarships					
e Other expenditures for facilities and programs				331,000.	295,000.
f Administrative expenses					
g End of year balance	2,466,611.	2,678,198.	2,365,061.	1,687,614.	1,685,339.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.0000 %
 - b Permanent endowment 12.0000 %
 - c Term endowment 19.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,116,922.		3,116,922.
b Buildings		8,048,496.	1,604,782.	6,443,714.
c Leasehold improvements				
d Equipment		2,842,215.	1,345,048.	1,497,167.
e Other		302,298.	20,080.	282,218.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,340,021.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) STATE TAX PAYABLE	24,562.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,562.

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

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

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

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

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

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED. IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE DEDUCTIONS UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

Part XIII Supplemental Information (continued)

THE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR
 UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED
 FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND
 MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
 POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
 CERTAIN TO BE REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S
 CONSOLIDATED FINANCIAL STATEMENTS.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	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)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RESOLUTE NONPROFIT CONSULTING

(I) ADDRESS OF FUNDRAISER: 9456 WEST POTTER DRIVE, PEORIA, AZ 85382

**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

2021

**Open to Public
Inspection**

Name of the organization **UNITED FOOD BANK** Employer identification number **86-0505273**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	1,268.	226,745.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
APACHE JUNCTION UNIFIED SCHOOL DISTRICT - 1575 WEST SOUTHERN AVENUE, STE. #5 - APACHE JUNCTION, AZ 85120	86-0951340	STATE OF ARIZONA	0.	39,450.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ASTER AGING CSFP 7550 EAST ADOBE STREET MESA, AZ 85207	94-2596075	501(C)(3)	0.	13,049.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
AZ HEROES TO HOMETOWNS 40 W. BROWN RD STE. 105 MESA 8520 MESA, AZ 85275	80-0658257	501(C)(3)	0.	5,598.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
AZCEND FOOD PANTRY 345 S. CALIFORNIA ST. CHANDLER, AZ 85225	86-0428780	501(C)(3)	1,765.	1,165,887.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
BUDDHIST TZU-CHI FOUNDATION 2145 W. ELLIOT RD. CHANDLER, AZ 85224	94-2952782	501(C)(3)	354.	160,455.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 88.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

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
CANYON DAY ASSEMBLY OF GOD FOOD PANTRY - 4518 S. 7TH ST. - WHITERIVER, AZ 85941	20-4595770	501(C)(3)	6,298.	90,475.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHANDLER CARE CENTER 777 EAST GALVESTON STREET CHANDLER, AZ 85225	81-5402137	501(C)(3)	0.	103,204.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHILD CRISIS ARIZONA 817 NORTH COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	6.	52,239.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CHRIST THE VICTOR LUTHERAN CHURCH 6173 EAST ARIZONA FARMS ROAD FLORENCE, AZ 85132	41-1991463	501(C)(3)	595.	315,577.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
CIBECUE MOBILE PANTRY 6 WEST 3RD STREET CIBECUE, AZ 85911	27-2196285	501(C)(3)	5,095.	77,735.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY ACTION HUMAN RESOURCES AGENCY BP - 109 NORTH SUNSHINE BOULEVARD - ELOY, AZ 85131	26-1219058	501(C)(3)	0.	5,190.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMMUNITY PRESBYTERIAN DEACON'S PANTRY - 800 W. MAIN ST. - PAYSON, AZ 85541	86-0441745	501(C)(3)	377.	162,368.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMPASSION CENTER 33 EAST COMSTOCK DRIVE #5 CHANDLER, AZ 85225	47-3437813	501(C)(3)	104.	68,828.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
COMPASSION IN ACTION 4525 SOUTH MCCLINTOCK DRIVE TEMPE, AZ 85282	36-2225484	501(C)(3)	0.	17,005.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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DESERT MANNA FOOD PANTRY 590 NORTH 96TH STREET MESA, AZ 85207	45-4513048	501(C)(3)	1,115.	2,477,902.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
DIOCESAN COUNCIL FOR THE SOCIETY OF ST. VINCENT DE PAUL DIOCESE PHOENIX - 20615 E. OCTOTILLO RD. - QUEEN CREEK, AZ 85142	86-0096789	501(C)(3)	2,948.	3,022,298.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
EISENHOWER CENTER FOR INNOVATION 848 NORTH MESA DRIVE MESA, AZ 85201	86-6000481	STATE OF ARIZONA	0.	58,300.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ELOY FOOD PANTRY 605 N. SANTA CRUZ AVE. ELOY, AZ 85131	86-0469348	501(C)(3)	83.	292,965.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
EMPOWERMENT SYSTEMS 2066 W. APACHE TR., SUITE 116 APACHE JUNCTION, AZ 85119	86-0664708	501(C)(3)	0.	79,893.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ENCOUNTER AZ CHURCH OF GOD 1718 N. MESA DR. MESA, AZ 85201	62-0484177	501(C)(3)	0.	17,996.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST EVANGELICAL LUTHERAN CHURCH 142 NORTH DATE STREET MESA, AZ 85201	41-1568278	501(C)(3)	101.	154,518.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FIRST PRESBYTERIAN CHURCH - DEACON'S PANTRY - 161 NORTH MESA DRIVE - MESA, AZ 85201	23-6393377	501(C)(3)	69.	21,009.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
FLORENCE FOOD DISTRIBUTION 600 NORTH MAIN STREET FLORENCE, AZ 85132	46-1555767	501(C)(3)	7,506.	45,420.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY BIBLE CHURCH 1621 NORTH PASADENA MESA, AZ 85201	86-0623192	501(C)(3)	344.	154,109.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GENESIS PROJECT 564 NORTH IDAHO ROAD APACHE JUNCTION, AZ 85119	27-3994457	501(C)(3)	535.	764,434.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GILA COMMUNITY FOOD BANK 317 HACKNEY AVENUE GLOBE, AZ 85501	86-0340833	501(C)(3)	406.	809,208.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GOLD CANYON UNITED METHODIST CHURCH FOOD BANK - 8330 EAST SUNRISE SKY DRIVE - GOLD CANYON, AZ 85118	86-0621002	501(C)(3)	143.	95,177.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283	86-0297728	501(C)(3)	19.	375,673.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HEBER-OVERGAARD COMMUNITY FOOD BANK - 3048 HIGHWAY 277 - OVERGAARD, AZ 85933	86-0674184	501(C)(3)	10,011.	97,149.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HELPING HANDS HEALTH SERVICES 401 W BASELINE RD. TEMPE, AZ 85283	47-2000510	501(C)(3)	1,056.	43,445.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOLDEMAN ELEMENTARY SCHOOL 1326 WEST 18TH STREET TEMPE, AZ 85281	86-6000480	STATE OF ARIZONA	0.	171,045.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
HOPE INTERNATIONAL FOOD PANTRY 1280 NORTH ARIZONA BOULEVARD COOLIDGE, AZ 85128	46-5017655	501(C)(3)	413.	225,191.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICNA RELIEF 5030 SOUTH MILL AVENUE, SUITE C5 TEMPE, AZ 85282	04-3810161	501(C)(3)	0.	23,462.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
IMAGINE SCHOOLS AT EAST MESA 9701 EAST SOUTHERN AVENUE MESA, AZ 85209	30-0047635	STATE OF ARIZONA	0.	79,784.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
IMPACT OF SOUTHERN ARIZONA 3535 EAST HAWSER STREET TUCSON, AZ 85739	86-0968242	501(C)(3)	0.	100,740.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
JOHN VOLKEN ACADEMY 26601 SOUTH VAL VISTA DRIVE GILBERT, AZ 85298	91-2061674	501(C)(3)	166.	17,248.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
LIVING HOPE HELPING HAND 13270 SOUTH SUNLAND GIN ROAD ARIZONA CITY, AZ 85223	65-1238877	501(C)(3)	48.	41,794.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
LOCAL FIRST ARIZONA FOUNDATION 659 EAST MAIN STREET MESA, AZ 85203	26-1657951	501(C)(3)	76.	22,009.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST - 5946 EAST UNIVERSITY DRIVE - MESA, AZ 85205	86-0252302	501(C)(3)	165.	101,598.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MATTHEW'S CROSSING 1368 NORTH ARIZONA AVENUE, #112 CHANDLER, AZ 85225	55-0896414	501(C)(3)	1,226.	2,111,861.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MISSION KITCHEN/FOUNTAIN OF LIFE 6056 EAST BASELINE ROAD #137 MESA, AZ 85206	33-1054769	501(C)(3)	595.	264,217.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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
MOUNTAIN PARK HEALTH CENTER 1840 EAST BROADWAY ROAD TEMPE, AZ 85281	86-0498020	501(C)(3)	0.	31,227.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MOUNTAIN VIEW CHURCH 4815 WEST HUNT HIGHWAY QUEEN CREEK, AZ 85142	58-1542098	501(C)(3)	144.	80,108.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
MY SISTERS' PLACE P.O. BOX 1869 CHANDLER, AZ 85224	86-0223999	501(C)(3)	0.	5,770.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NALWOODI DENZHONE COMMUNITY DRIPPING SPRING SALE RING RD. SAN CARLOS, AZ 85550	47-3741425	501(C)(3)	75,000.	54,030.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NATIVE HEALTH SERVICES 777 WEST SOUTHERN AVENUE MESA, AZ 85210	94-2540194	501(C)(3)	69.	118,114.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NDEE BIKYAA, THE PEOPLE'S FARM PO BOX 708 FORT APACHE, AZ 85926	86-0092030	501(C)(3)	137,940.	0.			GROWTH & SUSTAINABILITY
NEW COVENANT CHURCH 820 WEST CLEVELAND ST. JOHNS, AZ 85936	80-0011888	501(C)(3)	162.	319,975.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HOPE COMMUNITY CENTER 6915 EAST UNIVERSITY DRIVE MESA, AZ 85207	94-2598831	501(C)(3)	505.	431,672.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
NEW HOPE COMMUNITY CHURCH FOOD PANTRY - 251 NORTH ROOSEVELT AVENUE - CHANDLER, AZ 85226	86-0627448	501(C)(3)	67.	42,842.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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
NEW HORIZON COMMUNITY CARE-CULINARY CENTER - 2200 NORTH ARIZONA AVENUE, SUITE 6 - CHANDLER, AZ 85225	86-1014335	501(C)(3)	312.	19,746.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OLD CONCHO COMMUNITY ASSISTANCE 35432 HIGHWAY 180A CONCHO, AZ 85924	86-0907044	501(C)(3)	264.	384,966.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
OPEN ARMS CARE CENTER 925 NORTH MCQUEEN ROAD #105 GILBERT, AZ 85233	86-1040036	501(C)(3)	0.	36,078.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PALABRA DE VIDA CHURCH 4434 EAST UNIVERSITY DRIVE SUITE 10 MESA, AZ 85205	73-6109354	501(C)(3)	0.	43,701.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAYSON COMMUNITY KIDS 213 SOUTH COLCORD ROAD PAYSON, AZ 85541	03-0376861	501(C)(3)	10,003.	13,380.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PAZ DE CRISTO COMMUNITY CENTER 424 WEST BROADWAY MESA, AZ 85210	26-1669496	501(C)(3)	530.	491,051.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PINAL COUNTY CITIES IN SCHOOLS PO BOX 9 COOLIDGE, AZ 85128	86-0594129	STATE OF ARIZONA	0.	43,723.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
PINE STRAWBERRY FOOD BANK 3886 NORTH HIGHWAY 87, #2 PINE, AZ 85544	80-0648675	501(C)(3)	0.	54,045.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
RE: CENTER 814 EAST WHITE MOUNTAIN BOULEVARD PINETOP, AZ 85935	83-2835196	501(C)(3)	0.	69,486.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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
RESTORATION COMMUNITY CENTER 374 NORTH HAMILTON STREET CHANDLER, AZ 85225	95-6087955	501(C)(3)	701.	181,007.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
RESURRECTION STREET MINISTRY 1135 EAST MAIN STREET MESA, AZ 85201	55-0799053	501(C)(3)	2,826.	1,085,894.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
RIO VISTA CENTER AT CASA DE AMOR 819 SOUTH MACDONALD MESA, AZ 85210	86-6053028	501(C)(3)	1,154.	683,896.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROUND VALLEY BOYS AND GIRLS CLUB 216 EAST SECOND AVENUE EAGAR, AZ 85925	27-5238993	501(C)(3)	347.	32,542.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ROUND VALLEY CARES INC. 109 EAST C STREET SPRINGERVILLE, AZ 85938	20-2970159	501(C)(3)	1,797.	354,370.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SANTA CRUZ VALLEY FOOD BANK 109 NORTH SUNSHINE BOULEVARD ELOY, AZ 85131	86-0397693	501(C)(3)	0.	291,639.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SCOTTSDALE UNIFIED SCHOOL DISTRICT 7601 EAST MCKELLIPS ROAD SCOTTSDALE, AZ 85257	86-6000535	STATE OF ARIZONA	0.	44,990.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SENIOR PERSONAL ASSISTANCE CORP. CSFP - 1255 WEST BASELINE ROAD, SUITE A212 - MESA, AZ 85202	45-4551483	501(C)(3)	0.	223,433.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SHEPHERDS KITCHEN FOOD BANK 344 WEST 4TH STREET SOUTH SNOWFLAKE, AZ 85937	85-2213488	501(C)(3)	5,453.	1,095,310.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SHOW LOW FIRST BAPTIST CHURCH 700 NORTH CENTRAL AVENUE SHOW LOW, AZ 85901	86-0887516	501(C)(3)	154.	167,140.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SPRINGERVILLE - ROUND VALLEY SENIOR CENTER (UFB) - 356 SOUTH PAPAGO STREET - SPRINGERVILLE, AZ 85938	94-2745417	501(C)(3)	10,133.	214,856.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
ST. MARK'S EPISCOPAL CHURCH 322 NORTH HORNE MESA, AZ 85203	13-5562208	501(C)(3)	251.	94,681.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
STREETS OF JOY 451 EAST 4TH PLACE MESA, AZ 85204	86-0820405	501(C)(3)	2,068.	1,166,714.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SUPERIOR FOOD BANK 99 NORTH LOBB AVENUE SUPERIOR, AZ 85173	30-0020685	501(C)(3)	193.	162,826.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
SUPERSTITION COMMUNITY FOOD BANK 575 N. IDAHO ROAD, SUITE 701 APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	2,431.	1,774,024.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
T.C.A.A. 2146 EAST APACHE BOULEVARD TEMPE, AZ 85281	86-0254820	501(C)(3)	974.	784,137.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
THE SALVATION ARMY 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	1,434.	1,968,027.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
TIME OUT INC. P.O. BOX 306 PAYSON, AZ 85541	86-0723051	501(C)(3)	7,699.	787,768.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

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
TRANSITIONAL LIVING COMMUNITIES PO BOX 1586 MESA, AZ 85211	86-0723240	501(C)(3)	0.	737,317.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
TRI-COMMUNITY FOOD BANK MAMMOTH 108 WEST REDWOOD DRIVE MAMMOTH, AZ 85618	86-0998046	501(C)(3)	0.	171,032.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VERNON ELEMENTARY SCHOOL DISTRICT #9 - 90 COUNTRY ROAD NORTH 3139 - VERNON, AZ 85940	86-0588602	STATE OF ARIZONA	0.	7,175.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VERNON FOOD PANTRY 10 APACHE COUNTY ROAD VERNON, AZ 85940	38-3754330	501(C)(3)	2,013.	96,280.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VESTED INTEREST 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283	86-0833455	501(C)(3)	642.	297,163.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
VINEYARD COMMUNITY CHURCH 601 SOUTH COOPER ROAD GILBERT, AZ 85233	86-0607313	501(C)(3)	510.	288,994.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITE MOUNTAIN CATHOLIC CHARITIES 5091 SOUTH WHITE MOUNTAIN BLVD. LAKESIDE, AZ 85929	85-0225263	501(C)(3)	11,703.	243,502.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITE MOUNTAIN COMMUNITY FOOD BANK 820 MOONRIDGE DRIVE LAKESIDE, AZ 85929	80-0245130	501(C)(3)	154.	47,249.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE
WHITERIVER FOOD BANK 312 NORTH CHIEF AVENUE WHITERIVER, AZ 85941	32-0217942	501(C)(3)	0.	139,596.	FEEDING AMERICA VALUATION	FOOD COMMODITIES	COMMUNITY FOOD ASSISTANCE

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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

Part IV Supplemental Information

THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO
LONGER BE ABLE TO RECEIVE DISTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED FOOD BANK

Employer identification number
86-0505273

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE
PERFORMANCE OF THE CEO AND DETERMINE APPROPRIATE COMPENSATION COMMENSURATE
WITH PERFORMANCE. THE COMMITTEE USES COMPARABILITY DATA FROM NON-PROFIT CEO
MARKET SURVEY AND OTHER TAX EXEMPT ORGANIZATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **UNITED FOOD BANK** Employer identification number **86-0505273**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	2,000,000.	
18 Collectibles				
19 Food inventory	X	636	31,658,471.	FEEDING AMERICA VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	2	3,284.	FAIR VALUE
26 Other (SUPPLIES)	X	8	568.	FAIR VALUE
27 Other				
28 Other				

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

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF DONORS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED FOOD BANK

Employer identification number

86-0505273

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

UNITED FOOD BANK STARTED A SUBCONTRACT AGREEMENT WITH ST. MARY'S FOOD

BANK TO ADMINISTER THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) WHICH

BEGAN IN JUNE 2021. ELDER ADULTS RECEIVE A MONTHLY FOOD PACKAGE

CONSISTING OF ALL 5 MAJOR FOOD GROUPS AND A LOAF OF CHEESE FROM THEIR

LOCAL PARTICIPATING UNITED FOOD BANK PARTNER AGENCIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM:

EMERGENCY & SUPPLEMENTAL FOOD ASSISTANCE: UNITED FOOD BANK HAS PROVIDED

HUNGER RELIEF TO PEOPLE IN THE EAST VALLEY AND EASTERN ARIZONA SINCE

1983. UFB DISTRIBUTES BULK FOOD AND EMERGENCY FOOD BAGS TO A NETWORK OF

PARTNER AGENCIES THAT INCLUDE FOOD PANTRIES, FAITH-BASED ORGANIZATIONS,

CONGREGATE MEAL SITES, RESIDENTIAL FACILITIES, SCHOOLS, MOBILE

PANTRIES, AND OTHER NONPROFITS THAT PROVIDE FOOD ASSISTANCE TO

INDIVIDUALS AND FAMILIES THAT ARE EXPERIENCING FOOD INSECURITY. OUR

PARTNER AGENCIES ARE PRIMARILY IN THE EAST VALLEY AND EASTERN ARIZONA

RURAL COMMUNITIES THAT LIE WITHIN OUR 19,500-SQUARE-MILE SERVICE AREA.

DURING FISCAL 2022, UNITED FOOD BANK DISTRIBUTED MORE THAN 21 MILLION

POUNDS OF FOOD, PROVIDING 15.6 MILLION MEALS.

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

THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, ASSISTANT SECRETARY, AND TREASURER

OF THE BOARD WILL CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS

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

Schedule O (Form 990) 2021

Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
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THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIRPERSON WILL BE A VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE DESIGNATION OF SUCH COMMITTEE AND THE OBLIGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD, OR ANY DIRECTORS THEREOF, OF ANY RESPONSIBILITY IMPOSED BY LAW.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE AND EXCEPT ALSO THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD IN REFERENCE TO AMENDING THE ARTICLES OF INCORPORATION, ADOPTING A PLAN OF MERGER OR CONSOLIDATION, RECOMMENDING TO THE DIRECTORS THE SALE, LEASE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATION OTHERWISE THAN IN THE USUAL AND REGULAR COURSE OF ITS BUSINESS, RECOMMENDING TO THE DIRECTORS A VOLUNTARY DISSOLUTION OF THE CORPORATION OR A REVOCATION THEREOF, OR AMENDING THE BY-LAWS OF THE CORPORATION.

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

FORM 990, PART VI, SECTION B, LINE 12C:
ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT,

Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
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ARE TO BE REPORTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE BOARD OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN APPROPRIATE ONE FOR THE UNITED FOOD BANK. THE PERSON DECLARING THE CONFLICT WILL HAVE NO VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE PERSON SHALL BE PERMITTED TO PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR TO LEAVING THE MEETING.

EACH BOARD MEMBER AND ALL SENIOR STAFF ARE TO READ AND SIGN THE CONFLICT OF INTEREST STATEMENT AND GIVE IT TO THE BOARD CHAIR AT THE ANNUAL BOARD MEETING EACH YEAR. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

OUR CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE AND REVIEWED BY AN ATTORNEY. THE POLICY IS REQUIRED TO BE SIGNED ANNUALLY BY ALL BOARD MEMBERS AND ALL SENIOR STAFF. ADDITIONALLY WHEN A NEW BOARD MEMBER OR SENIOR STAFF IS ADDED TO THE ORGANIZATION THE ONBOARDING PROCESS INCLUDES THE SIGNING OF THIS POLICY. ANY PARTY HAVING ANY CONFLICT AS IDENTIFIED IN THE POLICY WILL COMPLETE A CONFLICT OF INTEREST NOTIFICATION AND FILE WITH THE COMPLIANCE OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD USES ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING AMERICA TO DETERMINE THE APPROPRIATE RANGE OF COMPENSATION AND WHEN CONSIDERING COMPENSATION CHANGES FOR THEIR CEO, THIS INFORMATION IS

Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
--	--

DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL
FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2022.

THE BOARD REVIEWS ASU LODESTAR, COMP ANALYST SURVEY DATABASE, AND FEEDING
AMERICA TO SEE WHAT OTHER ORGANIZATIONS OF A SIMILAR SIZE ARE PAYING THEIR
KEY EMPLOYEES TO SEE IF THEY ARE IN THE RIGHT RANGE. THIS INFORMATION IS
DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL
FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2022.

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

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS
DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization <p style="text-align: center;">UNITED FOOD BANK</p>	Employer identification number <p style="text-align: center;">86-0505273</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2021

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.