

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED FOOD BANK</b>   |   | <b>D</b> Employer identification number<br><b>86-0505273</b> |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>480-926-4897</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                             | Room/suite  |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>MESA, AZ 85210-8490</b> |   | <b>G</b> Gross receipts \$ <b>41,530,116.</b>                |
| <b>F</b> Name and address of principal officer: <b>DAVID RICHINS</b><br><b>SAME AS C ABOVE</b>   |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |  |
| <b>J</b> Website: ▶ <b>WWW.UNITEDFOODBANK.ORG</b>  |  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   | <b>L</b> Year of formation: <b>1985</b>                      |
|  |  |   | <b>M</b> State of legal domicile: <b>AZ</b>                  |

**Part I Summary**

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>                                       |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>24</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>24</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                         | <b>57</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>17806</b>        |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | <b>7b</b>  | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 32,712,565.                      | 40,448,123.         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 329,294.                         | 94,790.             |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 147,517.                         | 307,828.            |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | -17,090.                         | 54,647.             |
|   |  | 33,172,286.                      | 40,905,388.         |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.                               | 30,390,457.         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                               | 0.                  |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 2,282,844.                       | 2,405,849.          |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 55,752.                          | 85,705.             |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>826,562.</b>   |                                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 30,015,823.                      | 2,287,985.          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 32,354,419.  | 35,169,996.                      |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 817,867.   | 5,735,392.                       |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 7,667,362.                       | 13,950,455.         |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 2,651,654.                       | 3,273,635.          |
|   | 5,015,708.   | 10,676,820.                      |                     |

**Part II Signature Block**

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

|                               |   |  |                          |   |                          |
|-------------------------------|---|--|--------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer  | Date   |                          |   |                          |
|                               | <b>RAVEEN ARORA, BOARD CHAIR</b><br>Type or print name and title                    |  |                          |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JACQUELINE ECKMAN</b>                              | Preparer's signature<br><b>JACQUELINE ECKMAN</b> | Date<br><b>05/04/21</b>  | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01300648</b> |
|                               | Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>   | Firm's EIN ▶ <b>41-0746749</b>                   | Phone no. (602) 266-2248 |   |                          |
|                               | Firm's address ▶ <b>20 EAST THOMAS ROAD, SUITE 2300</b><br><b>PHOENIX, AZ 85012</b> |  |                          |   |                          |

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: SEE SCHEDULE O

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? [X] Yes [ ] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 33,535,603. including grants of \$ 30,327,395. ) (Revenue \$ 94,790. ) EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 90,590. including grants of \$ 63,062. ) (Revenue \$ ) 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.

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

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

4e Total program service expenses 33,626,193.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| <b>8</b> 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  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| <b>10</b> 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   |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b> 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>b</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  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| <b>12a</b> 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| <b>b</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  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | X   |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| <b>19</b> 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  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 16 regarding employee counts, tax returns, 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

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 [X] 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 NAGLE - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>PRESIDENT & CEO       | 35.00<br>5.00   |   |                       | X       |              |                              | 107,120. | 0.   | 24,301.   |   |
| (2) MARTIN TERRIEN<br>CFO (RESIGNED 12/19) | 40.00<br>0.00   |   |                       | X       |              |                              | 81,150.  | 0.   | 0.  |   |
| (3) MEGAN NAGLE<br>CFO                     | 35.00<br>5.00   |   |                       | X       |              |                              | 66,332.  | 0.   | 7,396.  |   |
| (4) MARIANN WARD<br>CHAIR                  | 1.50<br>0.50  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) CHRISTOPHER WODARCYK<br>FORMER CHAIR   | 1.00<br>0.50  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (6) RAVEEN ARORA<br>VICE CHAIR             | 1.10<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) DAVE PLUMB<br>TREASURER                | 1.10<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (8) MIKE SURIANO<br>ASSISTANT TREASURER    | 1.10<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9) BILL WARREN<br>SECRETARY               | 1.10<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10) KATIE ARRINGTON<br>DIRECTOR           | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) KELLIE DONELY-WILLIAMS<br>DIRECTOR    | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) JILL NORGAARD<br>DIRECTOR             | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) SONIA MARTINEZ<br>DIRECTOR            | 1.10<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) JASON PORTER<br>DIRECTOR              | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) CATHY CHLARSON<br>DIRECTOR            | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) MARTY RIOS<br>DIRECTOR                | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) MICHAEL SOELBERG<br>DIRECTOR          | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) KEVIN THOMPSON<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) SCOTT KOOIMAN<br>DIRECTOR                                 | 0.50<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) TREVOR HANSEN<br>DIRECTOR                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) JEFFREY EDUOARD<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) JOSEPH SHELLEY<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) JENNIFER RIVERA<br>DIRECTOR                               | 1.00<br>0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) JENNIFER HOLSMAN TETREULT<br>DIRECTOR                     | 1.00<br>0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) RUSTYN SHERER<br>DIRECTOR                                 | 0.50<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) LINDE HARNED<br>DIRECTOR                                  | 1.00<br>0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 254,602.   | 0.  | 31,697.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 254,602.   | 0.  | 31,697.   |

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

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

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

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

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

|  |  | (A)                   |             | (B)         |
|--|--|-----------------------|-------------|-------------|
|  |  | Beginning of year     |             | End of year |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 95,249.               | <b>1</b>    | 1,144,602.  |
|  | <b>2</b> Savings and temporary cash investments .....  | 136,526.              | <b>2</b>    | 2,890,832.  |
|  | <b>3</b> Pledges and grants receivable, net .....  |                       | <b>3</b>    |             |
|  | <b>4</b> Accounts receivable, net .....  | 408,067.              | <b>4</b>    | 471,492.    |
|  | <b>5</b> Loans and other 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 ..... |                       | <b>5</b>    |             |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                       | <b>6</b>    |             |
|  | <b>7</b> Notes and loans receivable, net .....   |                       | <b>7</b>    |             |
|  | <b>8</b> Inventories for sale or use .....   | 1,359,498.            | <b>8</b>    | 2,963,176.  |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 5,925.                | <b>9</b>    | 3,981.      |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 6,754,907. |             |             |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 2,192,696. |             |             |
|  | <b>11</b> Investments - publicly traded securities .....   | 3,974,382.            | <b>10c</b>  | 4,562,211.  |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 1,687,715.            | <b>11</b>   | 1,914,161.  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                       | <b>12</b>   |             |
|  | <b>14</b> Intangible assets .....  |                       | <b>13</b>   |             |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                       | <b>14</b>   |             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 7,667,362.   | <b>15</b>             |             |             |
|  |  | <b>16</b>             | 13,950,455. |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 514,817.              | <b>17</b>   | 255,352.    |
|  | <b>18</b> Grants payable .....   |                       | <b>18</b>   |             |
|  | <b>19</b> Deferred revenue .....   |                       | <b>19</b>   | 947,164.    |
|  | <b>20</b> Tax-exempt bond liabilities .....  | 2,022,272.            | <b>20</b>   | 1,938,374.  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                       | <b>21</b>   |             |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                       | <b>22</b>   |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                       | <b>23</b>   |             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                       | <b>24</b>   |             |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 114,565.              | <b>25</b>   | 132,745.    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 2,651,654.            | <b>26</b>   | 3,273,635.  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                       |             |             |
|  | <b>27</b> Net assets without donor restrictions .....  | 4,099,801.            | <b>27</b>   | 9,529,473.  |
|  | <b>28</b> Net assets with donor restrictions .....   | 915,907.              | <b>28</b>   | 1,147,347.  |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                       |             |             |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                       | <b>29</b>   |             |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                       | <b>30</b>   |             |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                       | <b>31</b>   |             |
|  | <b>32</b> Total net assets or fund balances .....  | 5,015,708.            | <b>32</b>   | 10,676,820. |
| <b>33</b> Total liabilities and net assets/fund balances .....                   | 7,667,362.   | <b>33</b>             | 13,950,455. |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 40,905,388. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 35,169,996. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,735,392.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 5,015,708.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -56,100.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -18,180.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 10,676,820. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain 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 |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

Form **990** (2019)



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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 41,186,572. | 41,866,915. | 34,465,988. | 32,712,565. | 40,895,856. | 191,127,896.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   | 29,083.     | 38,499.     | 42,779.     | 36,662.     | 40,382.     | 187,405.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 6,016.      | 1,115.      | 2,391.      | 4,819.      | 74,756.     | 89,097.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |             | 191,404,398.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | 12          | 1,765,994.               |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 84.50 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 81.03 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

| 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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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 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                                | <b>Distributable Amount.</b> 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 or 990-EZ) 2019

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

SCHEDULE A, PART II, LINE 5:

IT WAS DETERMINED IN THE FISCAL YEAR 6/30/2016 THAT THE ORGANIZATION SHOULD AGGREGATE THE FOOD COMMODITY DONATIONS THAT ARE RECEIVED FROM ONE CORPORATE DONOR EVEN THOUGH NUMEROUS INDIVIDUAL GROCERY STORES ARE INVOLVED. AS A RESULT, AN ESTIMATE WAS MADE OF THE DONATIONS RECEIVED FROM THESE CORPORATE DONORS IN THE FIRST YEAR OF THE 4-YEAR LOOKBACK PERIOD INCLUDED IN THIS SCHEDULE A. TO THE EXTENT THESE AMOUNTS EXCEEDED THE 2% THRESHOLD, THEY ARE INCLUDED IN THE CURRENT SCHEDULE A ON LINE 5, THIS HAS REDUCED THE PUBLIC SUPPORT PERCENTAGE IN THE CURRENT YEAR DOWN TO 81.03% THAT IS STILL SIGNIFICANTLY ABOVE THE MINIMUM 33 1/3% REQUIRED.

IF THESE DONATIONS WERE NOT AGGREGATED BUT WERE RECORDED ON A PER STORE BASIS, THERE WOULD BE NO EXCESS CONTRIBUTIONS REPORTED ON LINE 5 AS IN PRIOR YEARS.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 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, II, and III.

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

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

|  |  |
|--|--|
| Name of organization<br><br>UNITED FOOD BANK | Employer identification number<br><br>86-0505273 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/> <hr/> <hr/>                 | \$ 1,929,107.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/> <hr/> <hr/>                 | \$ 914,853.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | <hr/> <hr/> <hr/>                 | \$ 4,036,044.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | <hr/> <hr/> <hr/>                 | \$ 1,186,065.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | <hr/> <hr/> <hr/>                 | \$ 16,904,230.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|  |  |
|--|--|
| Name of organization<br><br>UNITED FOOD BANK | Employer identification number<br><br>86-0505273 |
|--|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 1                            | FOOD COMMODITIES<br>_____<br>_____<br>_____  | \$ 1,929,107.                                   | 06/30/20             |
| 2                            | FOOD COMMODITIES<br>_____<br>_____<br>_____  | \$ 914,853.                                     | 06/30/20             |
| 3                            | FOOD COMMODITIES<br>_____<br>_____<br>_____  | \$ 4,036,044.                                   | 06/30/20             |
| 4                            | FOOD COMMODITIES<br>_____<br>_____<br>_____  | \$ 1,186,065.                                   | 06/30/20             |
| 5                            | FOOD COMMODITIES<br>_____<br>_____<br>_____  | \$ 15,126,166.                                  | 06/30/20             |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |



|  |  |
|--|--|
| Name of organization<br><br>UNITED FOOD BANK | Employer identification number<br><br>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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |

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

OMB No. 1545-0047

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

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

**Part I 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) 2019

**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                     | 1,687,614.       | 1,685,339.     | 1,828,060.         | 1,685,021.           | 1,855,203.          |
| b Contributions                                  | 451,000.         | 100,000.       |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 226,447.         | 233,275.       | 152,279.           | 143,039.             | -20,182.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  | 331,000.       | 295,000.           |                      | 150,000.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 2,365,061.       | 1,687,614.     | 1,685,339.         | 1,828,060.           | 1,685,021.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  68.49 %
  - b Permanent endowment  12.72 %
  - c Term endowment  18.79 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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  |                                      | 850,000.                        |                              | 850,000.       |
| b Buildings  |                                      | 1,750,000.                      | 617,361.                     | 1,132,639.     |
| c Leasehold improvements   |                                      | 2,166,456.                      | 733,144.                     | 1,433,312.     |
| d Equipment  |                                      | 1,904,983.                      | 825,792.                     | 1,079,191.     |
| e Other  |                                      | 83,468.                         | 16,399.                      | 67,069.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,562,211.     |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 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 FINANCIAL  
 STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT  
 PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN  
 OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE  
 REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL  
 STATEMENTS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

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

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

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

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

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

AZ

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

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|--------------|------------------------|--|
|                 |    | JAVELINA OPEN<br>HOUSE<br>(event type)                       | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 57,417.      |                        | 57,417.  |
|                 | 2  | Less: Contributions  | 57,417.      |                        | 57,417.  |
|                 | 3  | Gross income (line 1 minus line 2)                           |              |                        |  |
| Direct Expenses | 4  | Cash prizes  |              |                        |  |
|                 | 5  | Noncash prizes   |              |                        |  |
|                 | 6  | Rent/facility costs  |              |                        |  |
|                 | 7  | Food and beverages   | 6,653.       |                        | 6,653.   |
|                 | 8  | Entertainment  | 2,820.       |                        | 2,820.   |
|                 | 9  | Other direct expenses  | 10,636.      |                        | 10,636.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        | 20,109.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        | -20,109.   |

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

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

(I) NAME OF FUNDRAISER: THE MARKETBUILDER

(I) ADDRESS OF FUNDRAISER: 5135 EAST INGRAM STREET, MESA, AZ 85205



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**Part I 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.

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| A NEW LEAF<br>868 EAST UNIVERSITY DRIVE<br>MESA, AZ 85203  | 86-0256667     | 501(C)(3)                              | 730.                            | 155,983.                                 | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |
| AGAINST ABUSE - LA CASA DE PAZ<br>119 N. FLORENCE STREET<br>CASA GRANDE, AZ 85122                      | 94-2856310     | 501(C)(3)                              | 1,100.                          | 30,102.                                  | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |
| APACHE JUNCTION SALVATION ARMY<br>605 EAST BROADWAY AVENUE<br>APACHE JUNCTION, AZ 85119                | 94-1156347     | 501(C)(3)                              | 1,035.                          | 320,819.                                 | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |
| APACHE JUNCTION UNIFIED SCHOOL DISTRICT - 1575 WEST SOUTHERN AVE., STE. #5 - APACHE JUNCTION, AZ 85210 | 86-0951340     | GOVERNMENT                             | 0.                              | 15,022.                                  | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |
| ARIZONA BRAINFOOD<br>143 SOUTH ALMA SCHOOL ROAD<br>MESA, AZ 85210                                      | 26-3946158     | 501(C)(3)                              | 0.                              | 25,652.                                  | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |
| ASTER AGING<br>247 NORTH MACDONALD STREET<br>MESA, AZ 85201  | 94-2596075     | 501(C)(3)                              | 0.                              | 34,033.                                  | FEEDING AMERICA VALUATION REPORT                             | FOOD COMMODITIES                             | COMMUNITY FOOD ASSISTANCE                 |

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

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

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AZCEND FOOD PANTRY<br>345 SOUTH CALIFORNIA STREET<br>CHANDLER, AZ 85224                                | 86-0428780 | 501(C)(3)                     | 1,000.                   | 1,272,431.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| BOYS & GIRLS CLUB - EV -<br>AJ/SUPERSTITION MTN - 1755 N.<br>IDAHO ROAD - APACHE JUNCTION, AZ<br>85119 | 86-0550646 | 501(C)(3)                     | 0.                       | 15,179.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| BUDDHIST TZU-CHI FOUNDATION<br>2145 WEST ELLIOT ROAD<br>CHANDLER, AZ 85224                             | 94-2952782 | 501(C)(3)                     | 0.                       | 154,974.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CALVARY CHAPEL OF QUEEN CREEK<br>19248 EAST SAN TAN BOULEVARD<br>QUEEN CREEK, AZ 85142                 | 51-0445629 | 501(C)(3)                     | 0.                       | 39,438.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CANYON DAY ASSEMBLY OF GOD FOOD<br>PANTRY - P.O. BOX 537 - FORT<br>APACHE, AZ 85926                    | 20-4595770 | 501(C)(3)                     | 253.                     | 104,155.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CARING HANDS OF PINAL COUNTY<br>1451 N. PINAL AVE., #76<br>CASA GRANDE, AZ 85122                       | 47-5417759 | 501(C)(3)                     | 36.                      | 251,945.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CASA GRANDE FOOD BANK<br>235 EAST 4TH STREET<br>CASA GRANDE, AZ 85122                                  | 94-2525394 | 501(C)(3)                     | 0.                       | 79,386.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CASA GRANDE SALVATION ARMY<br>1333 NORTH CENTER AVENUE<br>CASA GRANDE, AZ 85122                        | 94-1156347 | 501(C)(3)                     | 225.                     | 23,275.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CASA GRANDE SVDP<br>405 EAST 2ND STREET<br>CASA GRANDE, AZ 85122                                       | 86-0570967 | 501(C)(3)                     | 1,000.                   | 108,920.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHANDLER CARE CENTER<br>777 EAST GALVESTON STREET<br>CHANDLER, AZ 85225                 | 81-5402137 | 501(C)(3)                     | 1,000.                   | 248,908.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CHANDLER GILBERT COMMUNITY COLLEGE<br>2626 EAST PECOS ROAD<br>CHANDLER, AZ 85225        | 86-0185552 | GOVERNMENT                    | 0.                       | 24,166.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CHANDLER SALVATION ARMY<br>P.O. BOX 250<br>CHANDLER, AZ 85224                           | 94-1156347 | 501(C)(3)                     | 998.                     | 251,003.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CHILD CRISIS ARIZONA<br>817 NORTH COUNTRY CLUB DRIVE<br>MESA, AZ 85201                  | 86-0324144 | 501(C)(3)                     | 0.                       | 8,956.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CHRIST THE VICTOR LUTHERAN CHURCH<br>6175 EAST ARIZONA FARMS ROAD<br>FLORENCE, AZ 85132 | 41-1991463 | 501(C)(3)                     | 1,137.                   | 336,119.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CHRISTIAN ASSISTANCE NETWORK<br>6659 EAST UNIVERSITY DRIVE<br>MESA, AZ 85205            | 27-2196285 | 501(C)(3)                     | 47.                      | 36,754.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| CIBECUE MOBILE PANTRY<br>6 WEST 3RD STREET<br>CIBECUE, AZ 85911                         | 86-0505273 | 501(C)(3)                     | 0.                       | 107,011.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COBRE VALLEY YOUTH CLUB<br>1435 SOUTH HAGEN ROAD<br>GLOBE, AZ 85501                     | 26-1219058 | 501(C)(3)                     | 0.                       | 17,938.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COMMUNITY ACTION HUMAN RESOURCES AGENCY - 109 NORTH SUNSHINE BOULEVARD - ELOY, AZ 85131 | 86-0397693 | 501(C)(3)                     | 1,179.                   | 184,365.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COMMUNITY ALLIANCE AGAINST FAMILY ABUSE - 879 NORTH PLAZA DRIVE - APACHE JUNCTION, AZ 85120 | 86-0912044 | 501(C)(3)                     | 1,195.                   | 30,988.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COMMUNITY PRESBYTERIAN DEACON'S PANTRY - 800 WEST MAIN STREET - PAYSON, AZ 85541            | 86-0441745 | 501(C)(3)                     | 1,270.                   | 173,232.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COMPASSION IN ACTION<br>4525 SOUTH MCCLINTOCK DRIVE<br>TEMPE, AZ 85282                      | 36-2225484 | 501(C)(3)                     | 0.                       | 24,347.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COOLIDGE UNIFIED SCHOOL DISTRICT<br>450 NORTH ARIZONA BLVD.<br>COOLIDGE, AZ 85128           | 23-2999060 | GOVERNMENT                    | 0.                       | 5,031.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| COPA HEALTH<br>422 WEST IVY GLEN<br>MESA, AZ 85201  | 86-0137109 | 501(C)(3)                     | 114.                     | 42,865.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| DESERT MANNA FOOD PANTRY<br>590 NORTH 96TH STREET<br>MESA, AZ 85207                         | 45-4513048 | 501(C)(3)                     | 120.                     | 1,775,845.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| EISENHOWER CENTER FOR INNOVATION<br>848 NORTH MESA DRIVE<br>MESA, AZ 85201                  | 86-6000481 | GOVERNMENT                    | 0.                       | 56,331.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ELOY FOOD PANTRY<br>605 NORTH SANTA CRUZ AVENUE<br>ELOY, AZ 85131                           | 86-0469348 | 501(C)(3)                     | 1,000.                   | 319,710.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ELOY PARKS & RECREATION DEPARTMENT<br>100 EAST 7TH STREET<br>ELOY, AZ 85131                 | 86-0397693 | GOVERNMENT                    | 235.                     | 8,509.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EMPOWERMENT SYSTEMS (UFB)<br>2066 W. APACHE TRIAL STE 116<br>APACHE JUNCTION, AZ 85120   | 86-0664708 | 501(C)(3)                     | 1,000.                   | 69,908.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| ENCOUNTER AZ CHURCH OF GOD<br>1718 NORTH MESA DRIVE<br>MESA, AZ 85201                    | 62-0484177 | 501(C)(3)                     | 1,000.                   | 13,455.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| F.O.R. MARICOPA<br>44625 WEST GARVEY AVENUE<br>MARICOPA, AZ 85238                        | 26-0527262 | 501(C)(3)                     | 0.                       | 109,786.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FAITH WITH ACTION<br>PO BOX 174<br>SHOW LOW, AZ 85902                                    | 94-2576517 | 501(C)(3)                     | 1,340.                   | 91,456.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FATHER MCGIVNEY FOOD BANK<br>29050 NORTH TAYLOR TRAIL<br>SAN TAN VALLEY, AZ 85113        | 86-0096789 | 501(C)(3)                     | 894.                     | 1,340,627.                        | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FIRE & WATER INTERNATIONAL CHURCH<br>1937 EAST DIAMOND STREET<br>PHOENIX, AZ 85006       | 86-0928650 | 501(C)(3)                     | 0.                       | 2,399.                            | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FIRST BAPTIST CHURCH OF CASA<br>GRANDE - 6395 EAST MONITOR STREET<br>- PICACHO, AZ 85141 | 86-0123683 | 501(C)(3)                     | 1,000.                   | 180,873.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FIRST BAPTIST CHURCH OF STANFIELD<br>PO BOX 250<br>STANFIELD, AZ 85172                   | 86-0123683 | 501(C)(3)                     | 1,029.                   | 362,371.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FIRST EVANGELICAL LUTHERAN CHURCH<br>142 NORTH DATE STREET<br>MESA, AZ 85201             | 41-1568278 | 501(C)(3)                     | 48.                      | 171,215.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FIRST PRESBYTERIAN CHURCH -<br>DEACON'S PANTRY - 161 NORTH MESA<br>DRIVE - MESA, AZ 85201 | 23-6393377 | 501(C)(3)                     | 154.                     | 24,615.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FORT APACHE FOOD PANTRY<br>ROUTE 22 TESSLER ROAD<br>FORT APACHE, AZ 85926                 | 84-1608050 | 501(C)(3)                     | 0.                       | 104,620.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| FOUR PEAKS ELEMENTARY SCHOOL<br>1785 NORTH IDAHO ROAD<br>APACHE JUNCTION, AZ 85119        | 11-0243102 | 501(C)(3)                     | 0.                       | 11,075.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GATEWAY BIBLE CHURCH<br>1621 NORTH PASADENA<br>MESA, AZ 85201                             | 86-0623192 | 501(C)(3)                     | 1,107.                   | 176,916.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GENESIS PROJECT<br>P.O. BOX 5156<br>APACHE JUNCTION, AZ 85178                             | 27-3994457 | 501(C)(3)                     | 1,166.                   | 168,082.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GILA COMMUNITY FOOD BANK<br>P.O. BOX 1410<br>GLOBE, AZ 85501                              | 86-0340833 | 501(C)(3)                     | 1,149.                   | 668,295.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GILA RIVER D6 MP<br>5230 WEST ST. JOHNS ROAD<br>LAVEEN, AZ 85339                          | 86-0505273 | 501(C)(3)                     | 0.                       | 187,848.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GILA RIVER D7 MP<br>8035 SOUTH 83RD AVENUE<br>LAVEEN, AZ 85339                            | 86-0505273 | 501(C)(3)                     | 0.                       | 174,039.                          | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |
| GILA RIVER NUTRITION ASSISTANCE<br>PROGRAM - P.O. BOX 1539 - SACATON,<br>AZ 85147         | 86-0505273 | 501(C)(3)                     | 0.                       | 58,585.                           | FEEDING<br>AMERICA<br>VALUATION<br>REPORT             | FOOD<br>COMMODITIES                    | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GOLD CANYON UNITED METHODIST CHURCH FOOD BANK - 8330 EAST SUNRISE SKY DRIVE - GOLD CANYON, AZ 85118 | 86-0621002 | 501(C)(3)                     | 219.                     | 317,232.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI GUADALUPE, AZ 85283                                   | 86-0297728 | 501(C)(3)                     | 1,000.                   | 337,561.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| H.O.P.E. OUTREACH - CHRIST THE KING - 1551 EAST DANA AVENUE - MESA, AZ 85204                        | 86-0096789 | 501(C)(3)                     | 1,943.                   | 397,763.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HARVEST COMPASSION CENTER EAST VALLEY - 1120 SOUTH GILBERT ROAD - GILBERT, AZ 85296                 | 47-3437813 | 501(C)(3)                     | 188.                     | 59,864.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HAYDEN SENIOR CENTER 520 VELASCO AVENUE HAYDEN, AZ 85135  | 86-0289725 | 501(C)(3)                     | 60.                      | 23,489.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HEBER-OVERGAARD COMMUNITY FOOD BANK - PO BOX 3058 - OVERGAARD, AZ 85933                             | 86-0674184 | 501(C)(3)                     | 0.                       | 26,858.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HELPING HANDS HEALTH SERVICES 1330 W. AUTO DRIVE #201 TEMPE, AZ 85284                               | 47-2000510 | 501(C)(3)                     | 345.                     | 46,373.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HOLBROOK SEVENTH DAY ADVENTIST INDIAN SCHOOL - 2001 MCLAWS ROAD - HOLBROOK, AZ 86025                | 86-0505273 | 501(C)(3)                     | 118.                     | 33,509.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HOLBROOK UNIFIED SCHOOL DISTRICT NO. 3 - 600 WEST BUFFALO STREET - HOLBROOK, AZ 86025               | 09-0203104 | 501(C)(3)                     | 0.                       | 54,221.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HOLY CROSS SVDP<br>1244 SOUTH POWER ROAD<br>MESA, AZ 85206                      | 86-0096789 | 501(C)(3)                     | 799.                     | 175,350.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HOPE 4 ALL<br>1487 N. CRANE STREET<br>CASA GRANDE, AZ 85122                     | 86-0096789 | 501(C)(3)                     | 0.                       | 10,836.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HOPE INTERNATIONAL FOOD PANTRY<br>173 SOUTH 17TH STREET<br>COOLIDGE, AZ 85128   | 46-5017655 | 501(C)(3)                     | 1,131.                   | 96,177.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| HOUSE OF REFUGE<br>6858 EAST URSULA AVENUE #2<br>MESA, AZ 85212                 | 86-0662244 | 501(C)(3)                     | 1,000.                   | 24,276.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| IMAGINE SCHOOLS AT EAST MESA<br>9701 EAST SOUTHERN AVE.<br>MESA, AZ 85209       | 30-0047635 | GOVERNMENT                    | 0.                       | 48,678.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| IMPACT OF SOUTHERN ARIZONA<br>3535 EAST HAWSER STREET<br>CATALINA, AZ 85738     | 86-0968242 | 501(C)(3)                     | 0.                       | 65,222.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| J.O. COMBS SCHOOL DIST. #44<br>2505 E. GERMANN ROAD<br>SAN TAN VALLEY, AZ 85140 | 11-0244106 | 501(C)(3)                     | 0.                       | 6,842.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| JOHN VOLKEN ACADEMY<br>26601 SOUTH VAL VISTA DRIVE<br>GILBERT, AZ 85298         | 91-2061674 | 501(C)(3)                     | 0.                       | 3,216.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| LOCAL FIRST ARIZONA FOUNDATION<br>P.O. BOX 30363<br>MESA, AZ 85275              | 26-1657951 | 501(C)(3)                     | 32.                      | 20,671.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LOVE KITCHEN<br>1715 SOUTH PENROD ROAD<br>PINETOP, AZ 85935                                   | 47-3910808 | 501(C)(3)                     | 1,000.                   | 192,466.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| LUTHERAN SOCIAL SERVICES OF THE<br>SOUTHWEST - 5946 EAST UNIVERSITY<br>DRIVE - MESA, AZ 85205 | 86-0252302 | 501(C)(3)                     | 1,278.                   | 49,764.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MARANA COMMUNITY FOOD BANK<br>11734 WEST GRIER ROAD<br>MARANA, AZ 85653                       | 51-0192519 | 501(C)(3)                     | 0.                       | 6,980.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MATTHEW'S CROSSING<br>1368 NORTH ARIZONA AVENUE, #115<br>CHANDLER, AZ 85225                   | 55-0896414 | 501(C)(3)                     | 1,000.                   | 1,435,529.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MESA COMMUNITY COLLEGE<br>1833 WEST SOUTHERN AVENUE<br>MESA, AZ 85202                         | 86-0185552 | GOVERNMENT                    | 0.                       | 66,892.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MESA SALVATION ARMY<br>241 EAST 6TH STREET<br>MESA, AZ 85201                                  | 94-1156347 | 501(C)(3)                     | 1,861.                   | 2,830,104.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MISSION KITCHEN/FOUNTAIN OF LIFE<br>6056 E. BASELINE ROAD, STE. 137<br>MESA, AZ 85206         | 33-1054769 | 501(C)(3)                     | 1,000.                   | 208,212.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MOUNTAIN VIEW CHURCH<br>4815 WEST HUNT HIGHWAY<br>QUEEN CREEK, AZ 85242                       | 58-1542098 | 501(C)(3)                     | 1,392.                   | 84,537.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| MULLIGAN'S MANOR<br>1935 E. DIAMOND DRIVE<br>TEMPE, AZ 85283                                  | 26-4089175 | 501(C)(3)                     | 66.                      | 5,189.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NATIVE AMERICAN CHRISTIAN ACADEMY<br>P.O. BOX 4013<br>SUN VALLEY, AZ 86029              | 86-0580967 | 501(C)(3)                     | 1,038.                   | 148,950.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| NATIVE HEALTH SERVICES<br>4041 N. CENTRAL AVE., BLDG. C<br>PHOENIX, AZ 85012            | 94-2540194 | 501(C)(3)                     | 1,824.                   | 166,121.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| NEW COVENANT CHURCH<br>PO BOX 875<br>ST JOHNS, AZ 85936                                 | 80-0011888 | 501(C)(3)                     | 267.                     | 449,029.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| NEW HOPE COMMUNITY CENTER<br>6915 E. UNIVERSITY DRIVE<br>MESA, AZ 85207                 | 94-2598831 | 501(C)(3)                     | 1,051.                   | 162,670.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| NEW HOPE COMMUNITY CHURCH FOOD PANTRY - 251 NORTH ROOSEVELT AVENUE - CHANDLER, AZ 85226 | 86-0627448 | 501(C)(3)                     | 1,243.                   | 36,623.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| NEW HORIZON COMMUNITY CARE<br>4625 SOUTH ASH AVE., STE. J2<br>TEMPE, AZ 85282           | 86-1014335 | 501(C)(3)                     | 489.                     | 66,556.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OASIS FOOD PANTRY<br>208 SOUTH MCLANE ROAD<br>PAYSON, AZ 85541                          | 47-3689168 | 501(C)(3)                     | 1,177.                   | 78,024.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OASIS MINISTRIES<br>8485 E. MCDONALD DRIVE, #214<br>SCOTTSDALE, AZ 25250                | 82-1166657 | 501(C)(3)                     | 1,279.                   | 16,767.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OLD CONCHO COMMUNITY ASSISTANCE<br>P.O. BOX 50<br>CONCHO, AZ 85924                      | 86-0907044 | 501(C)(3)                     | 1,144.                   | 352,592.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OPEN ARMS CARE CENTER<br>522 NORTH GILBERT ROAD, #103<br>GILBERT, AZ 85234                | 86-1040036 | 501(C)(3)                     | 1,000.                   | 54,601.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OPEN HANDS OUTREACH PROGRAM<br>151 WEST CENTRAL AVENUE<br>COOLIDGE, AZ 85128              | 46-0948519 | 501(C)(3)                     | 268.                     | 68,829.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OPERATION LOVE FOOD BANK<br>360 NORTH 1ST AVENUE<br>HOLBROOK, AZ 86025                    | 86-0123683 | 501(C)(3)                     | 219.                     | 238,150.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OUR LADY OF MT. CARMEL SVDP<br>2121 SOUTH RURAL ROAD<br>TEMPE, AZ 85282                   | 86-0096789 | 501(C)(3)                     | 1,163.                   | 48,497.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| OUR LADY OF THE ASSUMPTION<br>3048 HIGHWAY 277<br>OVERGAARD, AZ 85933                     | 86-0785214 | 501(C)(3)                     | 0.                       | 72,780.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| PASCUA YAQUI TRIBE - VICTIM SERVICES - 9405 SOUTH AVENIDA DEL YAQUI - GUADALUPE, AZ 85283 | 86-0203228 | GOVERNMENT                    | 0.                       | 28,333.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| PAYSON COMMUNITY KIDS<br>213 SOUTH COLCORD ROAD<br>PAYSON, AZ 85541                       | 03-0376861 | 501(C)(3)                     | 0.                       | 25,532.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| PAYSON SVDP<br>511 SOUTH ST. PHILLIPS STREET<br>PAYSON, AZ 85541                          | 86-0096789 | 501(C)(3)                     | 1,335.                   | 116,697.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| PAZ DE CRISTO COMMUNITY CENTER<br>424 WEST BROADWAY<br>MESA, AZ 85210                     | 26-1669496 | 501(C)(3)                     | 1,207.                   | 499,204.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PINE STRAWBERRY FOOD BANK<br>P.O. BOX 1534<br>PINE, AZ 85544                       | 80-0648675 | 501(C)(3)                     | 1,266.                   | 99,715.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| QUEEN CREEK BOYS AND GIRLS CLUB<br>22301 S. HAWES ROAD<br>QUEEN CREEK, AZ 85142    | 86-0550646 | 501(C)(3)                     | 0.                       | 17,913.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| RE:STORE FOOD PANTRY<br>21803, SUITE E102, ELLSWORTH ROAD<br>QUEEN CREEK, AZ 85142 | 20-4619609 | 501(C)(3)                     | 0.                       | 74,055.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| RESILIENT HEALTH<br>4665 S. ASH STREET<br>TEMPE, AZ 85282                          | 86-0220306 | 501(C)(3)                     | 0.                       | 8,104.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| RESTORATION COMMUNITY CENTER<br>374 NORTH HAMILTON STREET<br>CHANDLER, AZ 85225    | 95-6087955 | 501(C)(3)                     | 734.                     | 261,822.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| RESURRECTION CONFERENCE SVDP<br>3201 SOUTH EVERGREEN DRIVE<br>TEMPE, AZ 85282      | 86-0096789 | 501(C)(3)                     | 0.                       | 11,217.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| RIO VISTA CENTER AT CASA DE AMOR<br>819 SOUTH MACDONALD STREET<br>MESA, AZ 85210   | 86-6053028 | 501(C)(3)                     | 1,052.                   | 520,575.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ROOSEVELT BAPTIST CHURCH FOOD PANTRY - HIGHWAY 188 - ROOSEVELT, AZ 85545           | 86-0123683 | 501(C)(3)                     | 0.                       | 8,319.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ROUND VALLEY BOYS & GIRLS CLUB<br>216 EAST SECOND AVENUE<br>EAGAR, AZ 85925        | 27-5238993 | 501(C)(3)                     | 0.                       | 8,519.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ROUND VALLEY CARES INC.<br>P.O. BOX 1386<br>SPRINGERVILLE, AZ 85938                            | 20-2970159 | 501(C)(3)                     | 1,092.                   | 218,335.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SACATON BOYS & GIRLS CLUB<br>116 S. HOLLY ST.<br>SACATON, AZ 85147                             | 86-0550646 | 501(C)(3)                     | 0.                       | 13,668.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SAN CARLOS APACHE TRIBE<br>P.O. BOX 0<br>SAN CARLOS, AZ 85550                                  | 86-0505273 | 501(C)(3)                     | 0.                       | 180,463.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SANDERS UNIFIED SCHOOL DISTRICT<br>INTERSTATE 40 NORTH HIGHWAY 191<br>SANDERS, AZ 86512        | 86-6000393 | GOVERNMENT                    | 0.                       | 10,200.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SCOTTSDALE PUBLIC SCHOOLS<br>8500 EAST JACKRABBIT ROAD<br>SCOTTSDALE, AZ 25250                 | 86-6000535 | GOVERNMENT                    | 0.                       | 56,787.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SENIOR PERSONAL ASSISTANCE CORPORATION - 610 NORTH ALMA SCHOOL - CHANDLER, AZ 85224            | 45-4551483 | 501(C)(3)                     | 0.                       | 12,334.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SHOW LOW FIRST BAPTIST CHURCH<br>700 NORTH CENTRAL AVENUE<br>SHOW LOW, AZ 85901                | 94-2576517 | 501(C)(3)                     | 145.                     | 260,938.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SILVER CREEK SENIOR CENTER<br>P.O. BOX 1495<br>SNOWFLAKE, AZ 85937-1495                        | 94-2745417 | 501(C)(3)                     | 1,196.                   | 322,562.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SPRINGERVILLE - ROUND VALLEY SENIOR CENTER - 356 SOUTH PAPAGO STREET - SPRINGERVILLE, AZ 85938 | 86-0505273 | 501(C)(3)                     | 1,040.                   | 202,574.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. BRIDGET SVDP<br>2213 NORTH LINDSEY ROAD<br>MESA, AZ 85213                                 | 86-0096789 | 501(C)(3)                     | 3.                       | 23,130.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ST. JOHNS CONCHO SENIOR CENTER<br>395 SOUTH 1ST STREET WEST<br>SAINT JOHNS, AZ 85936          | 86-0505273 | 501(C)(3)                     | 48.                      | 69,768.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ST. MARK'S COPTIC ORTHODOX CHURCH<br>525 NORTH 74TH STREET<br>SCOTTSDALE, AZ 85257            | 86-0670937 | 501(C)(3)                     | 117.                     | 9,758.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ST. MARK'S EPISCOPAL CHURCH<br>322 NORTH HORNE STREET<br>MESA, AZ 85203                       | 13-5562208 | 501(C)(3)                     | 320.                     | 110,040.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ST. MARY'S SVDP<br>230 WEST GALVESTON<br>CHANDLER, AZ 85225                                   | 86-0096789 | 501(C)(3)                     | 940.                     | 193,602.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| ST. VINCENT DE PAUL FOOD BANK<br>420 WEST WATKINS STREET<br>PHOENIX, AZ 85016                 | 86-0096789 | 501(C)(3)                     | 0.                       | 5,832.                            | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| STREETS OF JOY<br>451 EAST 4TH PLACE<br>MESA, AZ 85204  | 86-0820405 | 501(C)(3)                     | 0.                       | 534,193.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SUPERIOR FOOD BANK<br>PO BOX 171<br>SUPERIOR, AZ 85173  | 30-0020685 | 501(C)(3)                     | 231.                     | 257,699.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| SUPERSTITION COMMUNITY FOOD BANK<br>575 N. IDAHO ROAD, SUITE 701<br>APACHE JUNCTION, AZ 85119 | 86-0454767 | 501(C)(3)                     | 1,223.                   | 1,746,148.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TEMPE COMMUNITY ACTION AGENCY<br>2146 EAST APACHE BOULEVARD<br>TEMPE, AZ 85281          | 86-0254820 | 501(C)(3)                     | 133.                     | 1,103,814.                        | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| TEMPE LIGHT HOUSE APOSTOLIC ASSEMBLY - 903 SOUTH GEORGE -<br>TEMPE, AZ 85281            | 95-6087955 | 501(C)(3)                     | 1,562.                   | 74,901.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| TEMPE SALVATION ARMY<br>714 SOUTH MYRTLE AVENUE<br>TEMPE, AZ 85281                      | 94-1156347 | 501(C)(3)                     | 2,030.                   | 70,162.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| TIME OUT INC.<br>P.O. BOX 306<br>PAYSON, AZ 85541                                       | 86-0723051 | 501(C)(3)                     | 0.                       | 330,772.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| TRANSITIONAL LIVING COMMUNITIES<br>438 SOUTH DREW<br>MESA, AZ 85210                     | 86-0723240 | 501(C)(3)                     | 6,652.                   | 631,471.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| TRI-COMMUNITY FOOD BANK MAMMOTH<br>108 WEST REDWOOD DRIVE<br>MAMMOTH, AZ 85618          | 86-0998046 | 501(C)(3)                     | 0.                       | 199,635.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| VERNON ELEMENTARY SCHOOL DISTRICT #9 - 90 COUNTRY ROAD NORTH 3139 -<br>VERNON, AZ 85940 | 86-0588602 | GOVERNMENT                    | 0.                       | 19,927.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| VERNON FOOD PANTRY<br>P.O. BOX 244<br>VERNON, AZ 85940                                  | 38-3754330 | 501(C)(3)                     | 100.                     | 68,187.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| VESTED INTEREST<br>1900 WEST CHANDLER BLVD. SUITE 15-3<br>CHANDLER, AZ 85224            | 86-0833455 | 501(C)(3)                     | 0.                       | 212,040.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VINEYARD COMMUNITY CHURCH<br>601 SOUTH COOPER ROAD<br>GILBERT, AZ 85233                                 | 86-0607313 | 501(C)(3)                     | 899.                     | 309,563.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| WHITE MOUNTAIN APACHE MINISTRIES<br>710 SOUTH CHIEF AVE.<br>WHITERIVER, AZ 85941                        | 43-1477774 | 501(C)(3)                     | 0.                       | 113,595.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| WHITE MOUNTAIN CATHOLIC CHARITIES<br>2190 E. WHITE MOUNTAIN BLVD.<br>PINETOP, AZ 85935                  | 85-0225263 | 501(C)(3)                     | 1,348.                   | 419,493.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| WHITE MOUNTAIN CATHOLIC CHARITIES<br>- WHITERIVER - 3807 B PORTER<br>MOUNTAIN ROAD - LAKESIDE, AZ 85929 | 32-0217942 | 501(C)(3)                     | 121.                     | 135,991.                          | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| WHITE MOUNTAIN COMMUNITY FOOD BANK<br>2340 WEST PIONEER COURT<br>SHOW LOW, AZ 85901                     | 80-0245130 | 501(C)(3)                     | 146.                     | 95,834.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
| WINGS OF LIFE WORSHIP CENTER<br>1092 NORTH VALLEY DRIVE<br>APACHE JUNCTION, AZ 85120                    | 38-6095433 | 501(C)(3)                     | 244.                     | 56,783.                           | FEEDING AMERICA VALUATION REPORT                      | FOOD COMMODITIES                       | COMMUNITY FOOD ASSISTANCE          |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |

**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.

**Supplemental Information on Tax-Exempt Bonds**

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

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

| <b>Part I Bond Issues</b> |                               | SEE PART VI FOR COLUMN (F) CONTINUATIONS |             |                 |                 |  |              |    |                         |    |                      |    |
|---------------------------|-------------------------------|--|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|----------------------|----|
|                           | (a) Issuer name               | (b) Issuer EIN                           | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                   | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|                           |                               |  |             |                 |                 |  | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b>                  | IDA OF THE COUNTY OF MARICOPA | 86-0445263                               | NONE        | 08/28/13        | 2,432,395.      | REFUND SERIES 2009 FACILITY REVENUE BONDS US |              | X  |                         | X  |                      | X  |
| <b>B</b>                  |                               |  |             |                 |                 |  |              |    |                         |    |                      |    |
| <b>C</b>                  |                               |  |             |                 |                 |  |              |    |                         |    |                      |    |
| <b>D</b>                  |                               |  |             |                 |                 |  |              |    |                         |    |                      |    |

| <b>Part II Proceeds</b> |  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-------------------------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b>                | Amount of bonds retired .....  | 494,021.   |           |            |           |            |           |            |           |
| <b>2</b>                | Amount of bonds legally defeased .....   |            |           |            |           |            |           |            |           |
| <b>3</b>                | Total proceeds of issue .....  | 2,432,395. |           |            |           |            |           |            |           |
| <b>4</b>                | Gross proceeds in reserve funds .....  | 16,370.    |           |            |           |            |           |            |           |
| <b>5</b>                | Capitalized interest from proceeds .....   |            |           |            |           |            |           |            |           |
| <b>6</b>                | Proceeds in refunding escrows .....  |            |           |            |           |            |           |            |           |
| <b>7</b>                | Issuance costs from proceeds .....   | 6,936.     |           |            |           |            |           |            |           |
| <b>8</b>                | Credit enhancement from proceeds .....   |            |           |            |           |            |           |            |           |
| <b>9</b>                | Working capital expenditures from proceeds .....   |            |           |            |           |            |           |            |           |
| <b>10</b>               | Capital expenditures from proceeds .....   |            |           |            |           |            |           |            |           |
| <b>11</b>               | Other spent proceeds .....   | 2,425,459. |           |            |           |            |           |            |           |
| <b>12</b>               | Other unspent proceeds .....   |            |           |            |           |            |           |            |           |
| <b>13</b>               | Year of substantial completion .....   | 2013       |           |            |           |            |           |            |           |
|                         |  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>14</b>               | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... | X          |           |            |           |            |           |            |           |
| <b>15</b>               | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   |            | X         |            |           |            |           |            |           |
| <b>16</b>               | Has the final allocation of proceeds been made? .....  | X          |           |            |           |            |           |            |           |
| <b>17</b>               | Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X          |           |            |           |            |           |            |           |

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

**Part III Private Business Use**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X  |     |    |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X  |     |    |     |    |     |    |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X  |     |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | %  |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | %  |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 .....   |     | %  |     | %  |     | %  |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   |     | X  |     |    |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %  |     | %  |     | %  |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |    |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |    |     |    |     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... | X   |    |     |    |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? .....  |     |    |     |    |     |    |     |    |
| <b>b</b> Exception to rebate? .....   |     |    |     |    |     |    |     |    |
| <b>c</b> No rebate due? .....   |     |    |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? .....   | X   |    |     |    |     |    |     |    |

**Part IV Arbitrage** (continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     |    |     |    |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: IDA OF THE COUNTY OF MARICOPA

(F) DESCRIPTION OF PURPOSE:

REFUND SERIES 2009 FACILITY REVENUE BONDS USED FOR CAPITAL EXPENDITURES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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

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

**Part I Types of Property**

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

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

- 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? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

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

Schedule M (Form 990) 2019



**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 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED FOOD BANK

Employer identification number

86-0505273

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO DIMINISH HUNGER IN ARIZONA BY PROVIDING ACCESS TO  
NUTRITIOUS FOOD THROUGH COMMUNITY PARTNERSHIPS, FOOD DISTRIBUTION AND  
EDUCATION IN EASTERN MARICOPA, GILA, PINAL AND SOUTHERN NAVAJO AND  
APACHE COUNTIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

OUR HELP YOURSELF PROGRAM MOVED TO A NO COST FOOD DISTRIBUTION PROGRAM  
IN JULY 2019. WITH THE START OF THE COVID-19 PANDEMIC BEGINNING IN

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

Schedule O (Form 990 or 990-EZ) (2019)

|  |  |
|--|--|
| Name of the organization<br>UNITED FOOD BANK | Employer identification number<br>86-0505273 |
|--|--|

MARCH 2020, THE FOOD DISTRIBUTION MOVED FROM IN PERSON TO A DRIVE THRU MODEL FOR THE COMMUNITY TO RECEIVE FOOD.

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

EMERGENCY AND SUPPLEMENTAL FOOD DISTRIBUTION PROGRAM:

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

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

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

|  |  |
|--|--|
| Name of the organization<br>UNITED FOOD BANK | Employer identification number<br>86-0505273 |
|--|--|

CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIRPERSON WILL BE A VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE DESIGNATION OF SUCH COMMITTEE AND THE OBLIGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD, OR ANY DIRECTORS THEREOF, OF ANY RESPONSIBILITY IMPOSED BY LAW.

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

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION WERE AMENDED DURING FISCAL 2020 TO REFLECT THE FOLLOWING CHANGES -

- ARTICLE III CLARIFIED LANGUAGE REGARDING THE CHARACTER OF BUSINESS AND AFFAIRS.

- ARTICLE VII UPDATED THE NUMBER OF BOARD MEMBERS ALLOWED

- ARTICLE IX UPDATED LANGUAGE REGARDING LIABILITY AND INDEMNIFICATION

|  |  |
|--|--|
| Name of the organization<br>UNITED FOOD BANK | Employer identification number<br>86-0505273 |
|--|--|

AND DIRECTOR LIABILITY.

THE BYLAWS WERE AMENDED DURING FISCAL 2020 TO REFLECT THE FOLLOWING CHANGES

-

- UPDATED SECTION 1.02, NUMBER AND ELIGIBILITY

- UPDATED LANGUAGE REGARDING TENURE AND LANGUAGE REGARDING COMMITTEES,

APPOINTEES, AND OFFICERS

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,

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

|  |  |
|--|--|
| Name of the organization<br>UNITED FOOD BANK | Employer identification number<br>86-0505273 |
|--|--|

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 DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2020.

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

|  |  |
|--|--|
| Name of the organization<br>UNITED FOOD BANK | Employer identification number<br>86-0505273 |
|--|--|

FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2020.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

|                            |          |
|----------------------------|----------|
| LOSS ON INTEREST RATE SWAP | -18,180. |
|----------------------------|----------|

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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



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

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

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

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

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

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

**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 |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) WASTE NOT, INC.                 | M                             | 74,001.                | FAIR VALUE                                   |
| (2) WASTE NOT, INC.                 | P                             | 228,968.               | FAIR VALUE                                   |
| (3) WASTE NOT, INC.                 | O                             | 69,804.                | FAIR VALUE                                   |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br>UNITED FOOD BANK                           | Taxpayer identification number (TIN)<br><br>86-0505273 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>245 S. NINA DRIVE                     |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>MESA, AZ 85210-8490 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

MEGAN NAGLE

- The books are in the care of ▶ 245 S. NINA DRIVE - MESA, AZ 85210-8490  
Telephone No. ▶ 480-926-4897 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 17, 2021    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     JUL 1, 2019    , and ending     JUN 30, 2020    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.