

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization UNITED FOOD BANK
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
245 S. NINA DRIVE
City or town, state or province, country, and ZIP or foreign postal code
MESA, AZ 85210
D Employer identification number 86-0505273
E Telephone number (480) 926-4897
G Gross receipts \$ 54,313,388
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.UNITEDFOODBANK.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1985 M State of legal domicile: AZ

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement (UNITING COMMUNITIES TO ALLEVIATE HUNGER); 2-7. Governance and membership statistics; 8-12. Revenue breakdown (Total revenue: 54,292,077); 13-19. Expense breakdown (Total expenses: 54,729,687); 20-22. Net assets or fund balances (Total assets: 25,815,052).

Part II Signature Block

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

Sign Here: Signature of officer JASON REED, PRESIDENT & CEO; Date; Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name AMY BIBBY; Preparer's signature AMY BIBBY; Date 05/14/2026; Check [] if self-employed; PTIN P00445891; Firm's name FORVIS MAZARS, LLP; Firm's EIN 44-0160260; Firm's address ONE OAK PLAZA SUITE 300, ASHEVILLE, NC 28801; Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions [x] 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

1 Briefly describe the organization's mission:
UNITED FOOD BANK UNITES COMMUNITIES TO ALLEVIATE HUNGER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 48,767,999 including grants of \$ 43,270,270) (Revenue \$ 73,285)
UNITED FOOD BANK SOURCES, RESCUES, AND DISTRIBUTES FOOD TO A NETWORK OF COMMUNITY PARTNERS ACROSS A 19,000+-SQUARE-MILE REGION IN ARIZONA, INCLUDING PARTS OF MARICOPA, PINAL, GILA, NAVAJO, AND APACHE COUNTIES. IN 2025, UNITED FOOD BANK DISTRIBUTED 26.9 MILLION POUNDS OF FOOD THROUGH ITS NETWORK OF PARTNER AGENCIES, COMMUNITY FOOD PANTRIES, AND DIRECT SERVICE EFFORTS. THIS INCLUDED 13.4 MILLION POUNDS OF RESCUED FOOD FROM RETAIL AND WHOLESALE PARTNERS, REDUCING WASTE AND SUPPORTING A MORE SUSTAINABLE FOOD SYSTEM. ON AVERAGE, PARTNER AGENCIES RECORDED OVER 120,500 VISITS PER MONTH FROM INDIVIDUALS AND FAMILIES SEEKING FOOD ASSISTANCE. UNITED FOOD BANK ALSO ASSEMBLED AND DISTRIBUTES 509,640 EMERGENCY FOOD BAGS TO SUPPORT NEIGHBORS FACING URGENT NEED.

4b (Code:) (Expenses \$ 2,273,586 including grants of \$ 2,131,314) (Revenue \$)
UNITED FOOD BANK PROVIDES MONTHLY FOOD BOXES TO LOW-INCOME INDIVIDUALS AGE 60 AND OLDER THROUGH THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP). EACH BOX INCLUDES ITEMS FROM ALL FIVE FOOD GROUPS, INCLUDING SHELF-STABLE PROTEINS, GRAINS, FRUITS, VEGETABLES, AND CHEESE. IN 2025, 40,277 SENIOR FOOD BOXES WERE DISTRIBUTED IN PARTNERSHIP WITH LOCAL AGENCIES, HELPING OLDER ADULTS MAINTAIN A HEALTHY DIET AND ACCESS CONSISTENT FOOD SUPPORT ACROSS BOTH URBAN AND RURAL AREAS.

4c (Code:) (Expenses \$ 256,340 including grants of \$ 196,454) (Revenue \$)
TO ADDRESS CHILDHOOD HUNGER, UNITED FOOD BANK PARTNERS WITH AFTER-SCHOOL AND COMMUNITY-BASED PROGRAMS TO PROVIDE FREE, NUTRITIOUS MEALS AND SNACKS TO CHILDREN EXPERIENCING FOOD INSECURITY. IN 2025, 614,084 MEALS WERE DISTRIBUTED THROUGH THESE EFFORTS, ENSURING THAT CHILDREN HAD ACCESS TO RELIABLE NOURISHMENT OUTSIDE OF SCHOOL HOURS.

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

4e Total program service expenses 51,297,925

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	77		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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 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.
FELICIA HOUSTON, 245 S. NINA DRIVE, MESA, AZ 85210, (480) 398-4474

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON REED PRESIDENT & CEO	40.0 1.0			✓			198,830	0	5,596	
(2) FELICIA HOUSTON CFAO (CONTRACT)	40.0 1.0			✓			172,800	0	0	
(3) RAYNA PALMER CHIEF OPERATING OFFICER	40.0 1.0					✓	131,327	0	4,014	
(4) DALE EASTER DIRECTOR OF PLANNING	40.0 1.0					✓	100,803	0	1,033	
(5) CHRISTINA DICKSEN CHAIR	1.5 1.0	✓		✓			0	0	0	
(6) RICK WARREN VICE CHAIR	1.5 1.0	✓		✓			0	0	0	
(7) DAVE PLUMB TREASURER	1.5 1.0	✓		✓			0	0	0	
(8) JENNIFER HOLSMAN TETREULT SECRETARY	1.5 1.0	✓		✓			0	0	0	
(9) ADAM BROWN BOARD MEMBER	1.0 1.0	✓					0	0	0	
(10) BILL WARREN BOARD MEMBER	1.0 1.0	✓					0	0	0	
(11) CATHY CHLARSON PAST CHAIR	1.0 1.0	✓					0	0	0	
(12) CECILIA QUIROZ BOARD MEMBER	1.0 1.0	✓					0	0	0	
(13) CHRIS ADAMS BOARD MEMBER	1.0 1.0	✓					0	0	0	
(14) CHRIS MASON BOARD MEMBER	1.0 1.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ERIN PFEIFER BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) FRANCISCO HEREDIA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) HOLLY BARRETT BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) JENNIFER RIVERA WARGO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) KISSHELL WILSON BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) LINDE HARNED BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) MIKE SURIANO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) RAJ SISTLA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) SONIA MARTINEZ BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) SRIKANTH BALUSANI BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) STEVE MAYER BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								603,760	0	10,643
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								603,760	0	10,643

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 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLH BUSINESS SERVICES, PO BOX 1842, MT PLEASANT, SC 29465	CONSULTING SERVICES	172,800

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	3,676				
	b	Membership dues	1b					
	c	Fundraising events	1c	41,743				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,131,090				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	50,490,827				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 41,745,113				
	h	Total. Add lines 1a-1f		53,667,336				
	Program Service Revenue	2a	SHARED MAINTENANCE	Business Code	900099	73,285	73,285	
b								
c								
d								
e								
f		All other program service revenue . .			0	0	0	
g		Total. Add lines 2a-2f			73,285			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			366,861		366,861	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		64,947			
			7b		15,613			
	b	Less: cost or other basis and sales expenses	7b		15,613			
	c	Gain or (loss)	7c	0	49,334			
	d	Net gain or (loss)			49,334		49,334	
	8a	Gross income from fundraising events (not including \$ 41,743 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	5,698				
c	Net income or (loss) from fundraising events			(5,698)		(5,698)		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	32,484		32,484	
	b	MANAGEMENT FEES		900099	108,475		108,475	
	c							
	d	All other revenue			0	0	0	
	e	Total. Add lines 11a-11d			140,959			
12	Total revenue. See instructions			54,292,077	73,285	0	551,456	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	45,598,038	45,598,038		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	371,630		371,630	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,991,545	1,710,604	462,970	817,971
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,797	56,807	25,906	27,084
9 Other employee benefits	566,400	442,492	68,053	55,855
10 Payroll taxes	237,195	128,626	47,726	60,843
11 Fees for services (nonemployees):				
a Management				
b Legal	4,540		4,540	
c Accounting	61,728	30,864	24,691	6,173
d Lobbying				
e Professional fundraising services. See Part IV, line 17	345,560			345,560
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	401,249	308,415	29,721	63,113
12 Advertising and promotion	309,664			309,664
13 Office expenses	589,481	248,065	61,749	279,667
14 Information technology	31,971	22,664	9,183	124
15 Royalties				
16 Occupancy	299,699	240,749	34,305	24,645
17 Travel	51,836	6,780	43,338	1,718
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,215	27,418	55,385	4,412
20 Interest	79,353	71,621	3,866	3,866
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	842,948	785,798	34,229	22,921
23 Insurance	93,358	86,618	5,038	1,702
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>VEHICLE EXPENSE</u>	456,890	456,890		
b <u>WAREHOUSE EXP</u>	439,476	439,476		
c <u>OTHER</u>	403,189	317,316	5,459	80,414
d <u>UNUSABLE SALVAGE</u>	218,905	218,905		
e All other expenses	138,020	99,779	30,344	7,897
25 Total functional expenses. Add lines 1 through 24e	54,729,687	51,297,925	1,318,133	2,113,629
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	1,538,304	1	1,122,872
	2 Savings and temporary cash investments	8,335,904	2	10,032,560
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	343,997	4	595,921
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,236,258	8	1,605,764
	9 Prepaid expenses and deferred charges	23,460	9	19,205
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,950,283		
	b Less: accumulated depreciation	10b 5,306,931	10,334,341	10c 9,643,352
	11 Investments—publicly traded securities	2,477,996	11	2,782,118
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,300	15	13,260
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,305,560	16	25,815,052	
Liabilities	17 Accounts payable and accrued expenses	1,021,958	17	682,539
	18 Grants payable		18	
	19 Deferred revenue	170,721	19	1,250,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,833,497	23	1,761,658
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	3,026,176	26	3,694,197
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,278,699	27	20,501,767
	28 Net assets with donor restrictions	2,000,685	28	1,619,088
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,279,384	32	22,120,855
33 Total liabilities and net assets/fund balances	25,305,560	33	25,815,052	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,292,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,729,687
3	Revenue less expenses. Subtract line 2 from line 1	3	(437,610)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,279,384
5	Net unrealized gains (losses) on investments	5	279,081
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,120,855

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization UNITED FOOD BANK	Employer identification number 86-0505273
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,356,248	42,170,379	45,491,608	52,223,377	53,667,336	234,908,948
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,103,640	14,400	14,400	14,400	14,400	1,161,240
4 Total. Add lines 1 through 3	42,459,888	42,184,779	45,506,008	52,237,777	53,681,736	236,070,188
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						55,167,653
6 Public support. Subtract line 5 from line 4						180,902,535

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	42,459,888	42,184,779	45,506,008	52,237,777	53,681,736	236,070,188
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,762	205,243	354,505	507,197	366,861	1,479,568
9 Net income from unrelated business activities, whether or not the business is regularly carried on		6,916	32,818	(15,909)		23,825
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108,010	111,217	225,773	155,688	140,959	741,647
11 Total support. Add lines 7 through 10						238,315,228
12 Gross receipts from related activities, etc. (see instructions)					12	457,040
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	75.91 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	79.32 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	108,010	111,217	225,773	155,688	140,959	741,647
	Total	108,010	111,217	225,773	155,688	140,959	741,647

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,401,517	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 9,368,696	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 4,269,213	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 3,117,566	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 2,507,832	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 2,146,876	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 2,094,439	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 2,032,250	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 1,258,101	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 1,163,090	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED FOOD BANK	Employer identification number 86-0505273
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	COMMODITIES ----- ----- -----	\$ 10,401,517	06/30/2025
2	COMMODITIES ----- ----- -----	\$ 9,368,696	06/30/2025
3	COMMODITIES ----- ----- -----	\$ 4,269,213	06/30/2025
4	COMMODITIES ----- ----- -----	\$ 3,117,566	06/30/2025
5	COMMODITIES ----- ----- -----	\$ 2,507,832	06/30/2025
6	COMMODITIES ----- ----- -----	\$ 2,146,876	06/30/2025

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
7	COMMODITIES ----- ----- -----	\$ 2,094,439	06/30/2025
8	COMMODITIES ----- ----- -----	\$ 2,032,250	06/30/2025
9	COMMODITIES ----- ----- -----	\$ 1,258,101	06/30/2025
10	COMMODITIES ----- ----- -----	\$ 1,163,090	06/30/2025
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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.

Table with 3 columns: Line number, Description, Amount. Rows 1a-2 for art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,933,976	2,633,346	2,466,611	2,678,198	2,365,061
b Contributions			21,544		
c Net investment earnings, gains, and losses	336,196	314,130	145,191	(211,587)	313,137
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	14,000	13,500			
g End of year balance	3,256,172	2,933,976	2,633,346	2,466,611	2,678,198

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 68.80 %
- b** Permanent endowment 0.00 %
- c** Term endowment 31.20 %

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?		✓
(ii) Related organizations?		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,116,922		3,116,922
b Buildings		7,924,638	2,415,296	5,509,342
c Leasehold improvements		244,037	235,780	8,257
d Equipment		3,492,448	2,635,775	856,673
e Other		172,238	20,080	152,158
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,643,352

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED. IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE DEDUCTIONS UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.</p> <p>THE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.</p>

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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 nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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			
1 TRUESENSE MARKETING, 502 KEYSTONE DR, WARRENDALE, PA 15086	(SEE STATEMENT)		✓	1,007,706	294,560	713,146
2 RESOLUTE NONPROFIT CONSULTING, 9456 WEST POTTER DRIVE, PEORIA, AZ 85382	GRANT WRITER		✓	1,623,404	51,000	1,572,404
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,631,110	345,560	2,285,550

- 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
		<u>FRIENDS BREAKFAST</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	41,743			41,743
	2 Less: Contributions	41,743			41,743
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	1,826			1,826
	7 Food and beverages	439			439
	8 Entertainment				0
	9 Other direct expenses	3,433			3,433
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,698
11 Net income summary. Subtract line 10 from line 3, column (d)				(5,698)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	DIRECT MAIL AND ELECTRONIC AND ELECTRONIC FUNDRAISING

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED FOOD BANK

Employer identification number

86-0505273

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	55-0799053	501C3		4,888,985	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(2) FATHER MCGIVNEY FOOD BANK 20615 E. OCTOTILLO RD., QUEEN CREEK, AZ 85142	36-4643825	501C3		3,127,412	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(3) (SEE STATEMENT)	55-0896414	501C3		2,823,925	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(4) (SEE STATEMENT)	94-1156347	501C3		2,047,315	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(5) (SEE STATEMENT)	96-0454767	501C3		1,897,480	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(6) AZCEND FOOD PANTRY 345 S. CALIFORNIA ST., CHANDLER, AZ 85225	86-0428780	501C3		1,537,983	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(7) DESERT MANNA FOOD PANTRY 590 NORTH 96TH STREET, MESA, AZ 85207	45-4513048	501C3		1,450,722	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(8) (SEE STATEMENT)	86-0887516	501C3		1,389,176	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(9) RIO VISTA CENTER AT CASA DE AMOR 819 SOUTH MACDONALD, MESA, AZ 85210	86-6053028	501C3		1,293,369	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(10) NEW HOPE COMMUNITY CENTER 6915 EAST UNIVERSITY DRIVE, MESA, AZ 85207	94-2598831	501C3		1,180,267	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(11) T.C.A.A. 2146 EAST APACHE BOULEVARD, TEMPE, AZ 85281	86-0254820	501C3		1,088,688	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) STREETS OF JOY 451 EAST 4TH PLACE, MESA, AZ 85204	86-0820405	501C3		1,055,696	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(13) PAZ DE CRISTO COMMUNITY CENTER 424 WEST BROADWAY, MESA, AZ 85210	26-1669496	501C3		1,040,158	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(14) GILA COMMUNITY FOOD BANK 317 HACKNEY AVENUE, GLOBE, AZ 85501	86-0340833	501C3		910,418	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(15) GENESIS PROJECT 1050 W. SUPERSTITION BLVD., APACHE JUNCTION, AZ 85120	27-3994457	501C3		835,239	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(16) SILVER CREEK SENIOR CENTER 1658 SOUTH MAIN STREET, SNOWFLAKE, AZ 85937	94-2745417	501C3		806,520	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(17) H.O.P.E. OUTREACH - CHRIST THE KING 1616 EAST BROADWAY ROAD, MESA, AZ 85204	86-0096789	501C3		792,715	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(18) PUBLIC DISTRIBUTION - MARICOPA COUNTY 245 S NINA DRIVE, MESA, AZ 85210	N/A	501C3		788,329	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(19) HOLY CROSS SVDP 1244 SOUTH POWER ROAD, MESA, AZ 85206	86-0096789	501C3		763,892	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(20) GUADALUPE C.A.P. 9241 SOUTH AVENIDA DEL YAQUI, GUADALUPE, AZ 85283	86-0297728	501C3		633,490	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(21) APACHE JUNCTION SALVATION ARMY 605 E. BROADWAY AVE., APACHE JUNCTION, AZ 85119	94-1156347	501C3		610,253	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(22) SANTA CRUZ FOOD BANK 109 NORTH SUNSHINE BOULEVARD, ELOY, AZ 85131	86-0397693	501C3		553,839	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(23) ST. MARY'S - ST. JUAN DIEGO SVDP 230 WEST GALVESTON, CHANDLER, AZ 85225	86-0096789	501C3		544,947	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(24) NATIVE HEALTH 777 WEST SOUTHERN AVENUE, MESA, AZ 85210	94-2540194	501C3		465,586	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(25) CHRIST THE VICTOR FOOD PANTRY 6173 EAST ARIZONA FARMS ROAD, FLORENCE, AZ 85132	47-0987895	501C3		440,315	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(26) TIME OUT INC. P.O. BOX 306, PAYSON, AZ 85541	86-0723051	501C3		415,735	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(27) ROUND VALLEY CARES INC. 109B EAST C STREET, SPRINGVILLE, AZ 85938	20-2970159	501C3		413,089	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(28) OLD CONCHO COMMUNITY ASSISTANCE 35432 HIGHWAY 180A, CONCHO, AZ 85924	86-0907044	501C3		413,032	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(29) CHANDLER SALVATION ARMY 85 EAST SARAGOSA STREET, CHANDLER, AZ 85225	94-1156347	501C3		411,770	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(30) VINEYARD COMMUNITY CHURCH 601 SOUTH COOPER ROAD, GILBERT, AZ 85233	86-0607313	501C3		391,177	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(31) BUDDHIST TZU-CHI FOUNDATION 2145 W. ELLIOT RD., CHANDLER, AZ 85224	94-2952782	501C3		349,733	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(32) HOPE INTERNATIONAL FOOD PANTRY 1280 NORTH ARIZONA BOULEVARD, COOLIDGE, AZ 85128	84-2471262	501C3		343,558	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(33) SET FREE KEARNY 302 WEST DANBURY ROAD, KEARNY, AZ 85137	85-2213488	501C3		342,738	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(34) MISSION KITCHEN/FOUNTAIN OF LIFE 6625 E MAIN ST, MESA, AZ 85205	33-1054769	501C3		336,934	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(35) NEW COVENANT CHURCH 820 WEST CLEVELAND, ST. JOHNS, AZ 85936	46-4456551	501C3		310,037	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(36) ABIDING MINISTRIES TULAPI AVE, SAN CARLOS, AZ 85542	82-5404990	501C3		285,887	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(37) ST. ANNE FRIENDS OF THE NEEDY 14 N. COTTONWOOD DR., GILBERT, AZ 85234	87-3187174	501C3		277,486	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(38) COMMUNITY PRESBYTERIAN DEACON'S PANTRY 800 W. MAIN ST., PAYSON, AZ 85541	86-0441745	501C3		258,124	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(39) WHITE MOUNTAIN CATHOLIC CHARITIES 5091 WEST WHITE MOUNTAIN BLVD., LAKESIDE, AZ 85929	85-0225263	501C3		254,858	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(40) TRI-COMMUNITY FOOD BANK MAMMOTH 108 WEST REDWOOD DRIVE, MAMMOTH, AZ 85618	86-0998046	501C3		243,776	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(41) SUPERIOR FOOD BANK 99 NORTH LOBB AVENUE, SUPERIOR, AZ 85173	30-0020685	501C3		230,890	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(42) SHOW LOW FIRST BAPTIST CHURCH 700 NORTH CENTRAL AVENUE, SHOW LOW, AZ 85901	86-0428835	501C3		227,778	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(43) IMPACT OF SOUTHERN ARIZONA 3535 EAST HAWSER STREET, TUCSON, AZ 85739	86-0968242	501C3		227,553	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(44) FAITH WITH ACTION 2026 HOMESTEAD RD, LAKESIDE, AZ 85929	94-2576517	501C3		219,436	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(45) SPRINGERVILLE - ROUND VALLEY SENIOR CENTER 356 SOUTH PAPAGO STREET, SPRINGERVILLE, AZ 85938	86-0505273	501C3		209,745	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(46) SAN CARLOS APACHE TRIBE P.O. BOX 0, SAN CARLOS, AZ 85550	86-0505273	501C3		204,463	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(47) EMMA'S EATS 6515 E MAIN ST, MESA, AZ 85205	27-0843054	501C3		196,848	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(48) HOLDEMAN ELEMENTARY SCHOOL 1326 WEST 18TH STREET, TEMPE, AZ 85281	86-6000480	501C3		190,125	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(49) HEBER-OVERGAARD COMMUNITY FOOD BANK 3048 HIGHWAY 277, OVERGAARD, AZ 85933	86-0674184	501C3		189,670	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(50) ELOY FOOD PANTRY 605 N. SANTA CRUZ AVE., ELOY, AZ 85131	80-5157416	501C3		186,042	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(51) RE:CENTER 814 EAST WHITE MOUNTAIN BOULEVARD, PINETOP, AZ 85935	83-2835196	501C3		185,512	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(52) FIRST EVANGELICAL LUTHERAN CHURCH 142 NORTH DATE STREET, MESA, AZ 85201	86-0252302	501C3		180,009	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(53) CITY HOPE SOUTH 1120 S GILBERT RD, GILBERT, AZ 85296	47-3437813	501C3		172,013	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(54) GATEWAY BIBLE CHURCH 1621 NORTH PASADENA, MESA, AZ 85201	86-0623192	501C3		170,576	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(55) JOHN VOLKEN ACADEMY 26601 SOUTH VAL VISTA DRIVE, GILBERT, AZ 85298	91-2061674	501C3		161,089	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(56) PAYSON SVDP 511 SOUTH STREET PHILLIPS STREET, PAYSON, AZ 85541	86-0096789	501C3		156,689	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(57) ICNA RELIEF 5030 SOUTH MILL AVENUE, SUITE C5, TEMPE, AZ 85282	04-3810161	501C3		146,455	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(58) ST. MARK'S EPISCOPAL CHURCH 322 NORTH HORNE, MESA, AZ 85203	86-0207857	501C3		134,618	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(59) FEEDING FAMILIES FOOD PANTRY 1594 JOHNSON DRIVE, LAKESIDE, AZ 85929	86-0522229	501C3		126,156	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(60) ST. JOHNS SENIOR FOOD BANK 395 SOUTH 1ST STREET WEST, ST. JOHNS, AZ 85936	86-0505273	501C3		125,899	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(61) GILA RIVER INDIAN COMMUNITY 300 SOUTH OCOTILLO LANE, SACATON, AZ 85147	86-0107023	501C3		123,522	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(62) DESERT ROCK FOOD BANK 9230 W. FRANKLIN RD., FLORENCE, AZ 85132	81-1957963	501C3		118,183	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(63) CIBECUE MOBILE PANTRY 6 WEST 3RD STREET, CIBECUE, AZ 85911	27-2196285	501C3		116,094	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(64) A NEW LEAF - EAST VALLEY MENS CENTER 2345 N. COUNTRY CLUB DR., MESA, AZ 85201	86-0256667	501C3		112,481	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(65) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 5946 EAST UNIVERSITY DRIVE, MESA, AZ 85205	86-0252302	501C3		112,462	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(66) GOLD CANYON UNITED METHODIST CHURCH FOOD BANK 8330 EAST SUNRISE SKY DRIVE, GOLD CANYON, AZ 85118	36-2167731	501C3		111,712	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(67) CANYON DAY ASSEMBLY OF GOD FOOD PANTRY PO BOX 537, FORT APACHE, AZ 85926	20-4595770	501C3		89,049	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(68) WINGS OF LIFE WORSHIP CENTER 1030 NORTH VALLEY DRIVE, APACHE JUNCTION, AZ 85120	38-6095433	501C3		88,774	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(69) VERNON FOOD PANTRY 10 APACHE COUNTY ROAD, VERNON, AZ 85940	38-3754330	501C3		82,014	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(70) EMPOWERMENT SYSTEMS 2066 W. APACHE TR., SUITE 116, APACHE JUNCTION, AZ 85119	86-0664708	501C3		79,997	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(71) MATTHEW'S CLOSET LLC 2055 S POWER RD, MESA, AZ 85209	99-0562088	501C3		79,124	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(72) IMAGINE SCHOOLS AT EAST MESA 9701 EAST SOUTHERN AVENUE, MESA, AZ 85209	30-0047635	501C3		71,536	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(73) AZFBN ARIZONA FOOD BANK NETWORK 2100 NORTH CENTRAL AVENUE, PHOENIX, AZ 85004	94-2952782	501C3		70,329	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(74) YUMA COMMUNITY FOOD BANK 2325 SOUTH ANGLER AVENUE, YUMA, AZ 85365	86-0457836	501C3		66,734	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(75) EISENHOWER CENTER FOR INNOVATION 848 NORTH MESA DRIVE, MESA, AZ 85201	86-6000481	501C3		62,897	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(76) CITY HOPE NORTH 928 N. MCQUEEN RD #105, GILBERT, AZ 85233	47-3437813	501C3		61,794	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(77) PINE STRAWBERRY FOOD BANK 3886 NORTH HIGHWAY 87, #2, PINE, AZ 85544	86-0648675	501C3		59,719	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(78) CHANDLER CARE CENTER 777 EAST GALVESTON STREET, CHANDLER, AZ 85225	81-5402137	501C3		59,243	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(79) PALABRA DE VIDA FOOD PANTRY 4434 EAST UNIVERSITY DRIVE, SUITE 103, MESA, AZ 85205	73-6109354	501C3		56,678	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(80) T.L.C. - SOUTHERN HOUSE 54 WEST SOUTHERN AVENUE, MESA, AZ 85210	86-0723240	501C3		54,382	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(81) T.L.C. - ROBSON HOUSE 132 SOUTH ROBSON, MESA, AZ 85211	86-0723240	501C3		53,086	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(82) NEW HOPE COMMUNITY CHURCH 251 NORTH ROOSEVELT AVENUE, CHANDLER, AZ 85226	86-0627448	501C3		52,672	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(83) THE ORCHARD MESA CSFP 108 NORTH GREENFIELD ROAD, MESA, AZ 85205	85-0505273	501C3		51,172	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(84) T.L.C. - DANA HOUSE 745 WEST DANA AVENUE, MESA, AZ 85210	86-0723240	501C3		50,916	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(85) CHILD CRISIS ARIZONA 424 W. RIO SALADO PKWY, MESA, AZ 85201	86-0324144	501C3		50,455	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(86) WHITE MOUNTAIN COMMUNITY FOOD BANK 820 MOONRIDGE DRIVE, LAKESIDE, AZ 85929	80-0245130	501C3		49,342	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(87) CHANDLER GILBERT COMMUNITY COLLEGE WILLIAMS CAMPUS 7360 EAST TAHOE AVENUE, MESA, AZ 85212	86-0327449	501C3		47,545	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(88) SCOTTSDALE UNIFIED SCHOOL DISTRICT 7501 EAST OAK STREET, SCOTTSDALE, AZ 85257	86-6000535	501C3		46,076	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(89) OUR LADY OF MT. CARMEL SVPD 2121 SOUTH RURAL ROAD, TEMPE, AZ 85282	86-0096789	501C3		44,620	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(90) T.L.C. - ROOSEVELT HOUSE 2202 EAST ROOSEVELT STREET, PHOENIX, AZ 85006	86-0723240	501C3		44,344	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(91) MESA COMMUNITY COLLEGE DOBSON CAMPUS 1833 WEST SOUTHERN AVENUE, MESA, AZ 85202	86-0185552	501C3		43,199	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(92) ROOSEVELT ELEMENTARY SCHOOL 828 SOUTH VALENCIA, MESA, AZ 85202	86-6000509	501C3		42,461	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(93) T.L.C. - GLENDALE HOUSE 7119 NORTH 67TH AVENUE, GLENDALE, AZ 85301	86-0723240	501C3		39,822	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(94) FEEDING FAMILIES FOOD PANTRY CSFP 1594 JOHNSON DR., LAKESIDE, AZ 85929	86-0522229	501C3		39,369	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(95) WORSHIP LIFE CENTER CHURCH 4448 E. MAIN ST. #7, MESA, AZ 85205	82-1553054	501C3		37,832	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(96) NORTHERN ARIZONA ACADEMY PO BOX 125, TAYLOR, AZ 85939	86-0616006	501C3		34,480	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(97) MESA COMMUNITY COLLEGE RED MOUNTAIN 7110 EAST MCKELLIPS ROAD, MESA, AZ 85207	86-0185552	501C3		34,157	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(98) T.L.C. - APACHE JUNCTION HOUSE 560 NORTH SAN MARCOS, APACHE JUNCTION, AZ 85120	86-0723240	501C3		33,821	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(99) ASTER AGING CSFP 7550 EAST ADOBE STREET, MESA, AZ 85207	94-2596075	501C3		33,096	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(100) CHANDLER SALVATION ARMY CSFP 85 EAST SARAGOSA STREET, CHANDLER, AZ 85225	94-1156347	501C3		32,617	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(101) CHANDLER GILBERT COMMUNITY COLLEGE PECOS CAMPUS 2626 EAST PECOS ROAD, CHANDLER, AZ 85225	86-0327449	501C3		30,033	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(102) COMPASSION IN ACTION 4525 SOUTH MCCLINTOCK DRIVE, TEMPE, AZ 85282	36-2225484	501C3		27,734	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(103) SENIOR PERSONAL ASSISTANCE CORP. CSFP 1255 WEST BASELINE ROAD, SUITE D186, MESA, AZ 85202	45-4551483	501C3		26,477	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(104) A LOVING HEART, INC. 8341 W HOLLY ST, PHOENIX, AZ 85037	47-4220475	501C3		25,978	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(105) FLORENCE FOOD DISTRIBUTION 600 NORTH MAIN STREET, FLORENCE, AZ 85132	46-1555767	501C3		25,930	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(106) CITY HOPE TEMPE 1001 E. SOUTHERN AVE., TEMPE, AZ 85282	47-3437813	501C3		24,679	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(107) KYRENE SCHOOL DISTRICT 1050 E CARVER RD, TEMPE, AZ 85284	N/A	501C3		24,580	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(108) MOUNTAIN PARK HEALTH CENTER 1840 EAST BROADWAY ROAD, TEMPE, AZ 85281	86-0498020	501C3		24,149	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(109) A NEW LEAF - AUTUMN HOUSE 308 NORTH HOBSON (CONFIDENTIAL), MESA, AZ 85203	86-0256667	501C3		23,022	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(110) MESACAN 635 E. BROADWAY RD., MESA, AZ 85204	86-0558407	501C3		22,319	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(111) ST. BRIDGET SVDP 2213 NORTH LINDSEY ROAD, MESA, AZ 85213	86-0096789	501C3		21,043	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(112) LOCAL FIRST ARIZONA FOUNDATION 659 EAST MAIN STREET, MESA, AZ 85203	26-1657951	501C3		20,279	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(113) EAST FORK DISTRICT 3 COMMUNITY 5600 EAST FORK RD., WHITERIVER, AZ 85941	N/A	501C3		20,066	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(114) A NEW LEAF - CAAFA 879 N. PLAZA DR., APACHE JUNCTION, AZ 85120	86-0256667	501C3		19,351	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(115) ENCOUNTER AZ CHURCH OF GOD 1718 N. MESA DR., MESA, AZ 85201	86-0318223	501C3		17,948	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(116) RECOVERY CAFE ARIZONA 2992 N. ALMA SCHOOL RD., CHANDLER, AZ 85224	84-2396594	501C3		15,371	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(117) VERNON ELEMENTARY SCHOOL DISTRICT #9 90 COUNTRY ROAD NORTH 3139, VERNON, AZ 85940	86-0588602	501C3		15,287	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(118) VELDA ROSE UNITED METHODIST CHURCH FOOD BANK 5540 E MAIN ST, MESA, AZ 85205	86-0217703	501C3		14,959	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(119) TRANSITIONAL LIVING COMMUNITIES-MESA2 749 WEST 2ND STREET, MESA, AZ 85201	86-0723240	501C3		14,608	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(120) THE SALVATION ARMY- HERBERGER 2707 EAST VAN BUREN STREET, PHOENIX, AZ 85008	22-2406433	501C3		14,060	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(121) PAYSON WARMING CENTER 601 E. HWY 260, PAYSON, AZ 85541	84-4181341	501C3		13,106	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(122) PAYSON COMMUNITY KIDS 213 SOUTH COLCORD ROAD, PAYSON, AZ 85541	03-0376861	501C3		12,837	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(123) NEW HORIZON COMMUNITY CARE-CULINARY CENTER 2200 NORTH ARIZONA AVENUE, SUITE 6, CHANDLER, AZ 85225	86-1014335	501C3		10,292	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(124) VILLAGE FOOD BANK 33656 SOUTH AGUIRRE LANE, RED ROCK, AZ 85145	47-4764560	501C3		9,102	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(125) BOYS AND GIRLS CLUBS - SAN TAN HEIGHTS 2500 W SAN TAN HEIGHTS BLVD, QUEEN CREEK, AZ 85142	94-2952782	501C3		8,075	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(126) ROUND VALLEY BOYS AND GIRLS CLUB 75 HARLESS STREET, EAGAR, AZ 85925	27-5238993	501C3		8,063	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(127) NALWOODI DENZHONE STRENGTH AND BEAUTY COMMUNITY DRIPPING SPRING SALE RING ROAD, SAN CARLOS, AZ 85550	47-3741425	501C3		7,084	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(128) INTELLISCHOOL CHANDLER 1727 NORTH ARIZONA AVENUE #5, CHANDLER, AZ 85225	42-1533919	501C3		6,470	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(129) HOUSE OF REFUGE SUNNYSLOPE 9835 NORTH 7TH PLACE, PHOENIX, AZ 85020	86-1026266	501C3		5,490	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO LONGER BE ABLE TO RECEIVE DISTRIBUTIONS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RESURRECTION STREET MINISTRY, INCORPORATED 1135 EAST MAIN STREET, MESA, AZ 85203
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MATTHEW'S CROSSING 1368 NORTH ARIZONA AVENUE, #112, CHANDLER, AZ 85225
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MESA SALVATION ARMY 241 EAST 6TH STREET, BUILDING 3, MESA, AZ 85201
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SUPERSTITION COMMUNITY FOOD BANK 575 N. IDAHO ROAD, SUITE 701, APACHE JUNCTION, AZ 85119
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SHEPHERDS KITCHEN FOOD BANK 344 WEST 4TH STREET SOUTH, SNOWFLAKE, AZ 85937
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	RESURRECTION STREET MINISTRY, INCORPORATED: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	FATHER MCGIVNEY FOOD BANK: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	MATTHEW'S CROSSING: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	MESA SALVATION ARMY: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	SUPERSTITION COMMUNITY FOOD BANK: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	AZCEND FOOD PANTRY: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	DESERT MANNA FOOD PANTRY: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	SHEPHERDS KITCHEN FOOD BANK: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	RIO VISTA CENTER AT CASA DE AMOR: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	NEW HOPE COMMUNITY CENTER: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	T.C.A.A.: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	RESURRECTION STREET MINISTRY, INCORPORATED: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FATHER MCGIVNEY FOOD BANK: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MATTHEW'S CROSSING: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MESA SALVATION ARMY: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SUPERSTITION COMMUNITY FOOD BANK: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AZCEND FOOD PANTRY: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DESERT MANNA FOOD PANTRY: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SHEPHERDS KITCHEN FOOD BANK: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	RIO VISTA CENTER AT CASA DE AMOR: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NEW HOPE COMMUNITY CENTER: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	T.C.A.A.: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED FOOD BANK

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0505273

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JASON REED	(i)	177,120	21,710	0	5,596	0	204,426	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	FELICIA HOUSTON	(i)	172,800	0	0	0	0	172,800	0
	CFAO (CONTRACT)	(ii)	0	0	0	0	0	0	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	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 THE CEO, THIS INFORMATION IS DOCUMENTED TO SUBSTANTIATE THE DECISION AND MAINTAINED IN THE PERSONNEL FILE. THIS PROCESS WAS MOST RECENTLY PERFORMED IN 2025.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE PERFORMANCE OF THE CEO AND DETERMINE APPROPRIATE COMPENSATION COMMENSURATE WITH PERFORMANCE. THE COMMITTEE USES COMPARABILITY DATA FROM NON-PROFIT CEO MARKET SURVEY AND OTHER TAX EXEMPT ORGANIZATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED FOOD BANK

Employer identification number

86-0505273

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	240	41,745,113	FEEDING AMERICA VALUE
20				
21				
22				
23				
24				
25				
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	2
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Food Bank

Employer identification number

86-0505273

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER AND IMMEDIATE PAST CHAIRMAN OF THE BOARD WILL CONSTITUTE THE OFFICERS OF THE BOARD OTHERWISE KNOWN AS THE EXECUTIVE COMMITTEE. THE DESIGNATION OF SUCH COMMITTEE AND THE OBLIGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO 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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DOCUMENT HAS BEEN REVIEWED BY THE CFAO, CEO AND BOARD TREASURER, IT WILL BE REVIEWED BY THE BOARD FINANCE COMMITTEE. UPON CONSENSUS TO MOVE FORWARD, IT WILL BE DISTRIBUTED TO THE BOD FOR FINAL REVIEW AND APPROVAL.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT, ARE TO BE REPORTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE BOARD OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN APPROPRIATE ONE FOR THE UNITED FOOD BANK. THE PERSON DECLARING THE CONFLICT WILL HAVE NO VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE PERSON SHALL BE PERMITTED TO PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR TO LEAVING THE MEETING. EACH BOARD MEMBER AND ALL SENIOR STAFF ARE TO READ AND SIGN THE CONFLICT OF INTEREST STATEMENT AND GIVE IT TO THE BOARD CHAIR AT THE ANNUAL BOARD MEETING EACH YEAR. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. 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, 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 2025.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WASTE NOT INC (86-0650514) 1700 N GRANITE REEF RD, SCOTTSDALE, AZ 85257	FOOD RESCUE	AZ	501(C)(3)	12 TYPE I	UNITED FOOD BANK	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
WASTE NOT INC	Q	802,238	FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART V, LINE 2	THE REIMBURSEMENT AMOUNT INCLUDES COSTS ASSOCIATED WITH PERSONNEL AND SPACE USE.