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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 Open to Public

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.

Inte		nue Service			n 990 and its in	structions is at	www.irs.	gov/form99	0.	Inspection		
<u>A</u>	For the		ndar year, or tax year l		07-01	, 2014, a	nd endin	9 0	3-30	, 20 15		
В	Check r	applicable	C Name of organization	United Food B	ank				D Employ	er identification number		
	Address	change	Doing business as							86-0505273		
	Name c	hange	Number and street (or P	O box if mail is r	not delivered to str	eet address)	Room/sui	te	E Telepho	ne number		
	Initial re	turn	245 South Nina Drive	e						480-926-4897		
	Final retu	rn/terminated	City or town, state or pro		nd ZIP or foreign p	ostal code						
	Amende	ed return	Mesa, AZ 85210						G Gross re	eceipts \$ 33,991,683		
	Applicat	ion pending	F Name and address of pri	ncipal officer	John Seli		".	H(a) is this a c	a group return for subordinates? Yes No			
			same as C above					1		s included? Yes No		
$\overline{}$	Tax-exe	mpt status		501(c) () ◀ (insert no)	4947(a)(1) or	527	⊣ ' '		a list (see instructions)		
J	Website		v.unitedfoodbank.org		, (,)	<u></u>		H(c) Group	exemption	number ▶		
K	Form of		Corporation Trust	Association	Other ▶	L Yea	r of formati			of legal domicile AZ		
_	art I	Summ						1303	1 0.2.0	To rioga dorniono PAL		
	1		scribe the organization	on's mission o	or most signific	ant activities:	Our mis	ssion is to e	nd hunge	r in Arizona by		
ģ	'		access to nutritious for				*******		· · · ·			
Governance						iersnips, rood C	วเรน เมนนต์	m and educ	auon in E	astern maricopa,		
Ĕ	2		and Sourthern Navajo s box ► ☐ if the orga			orations or di	oposed s	f mara tha	250/ of	to not consta		
Š	3		of voting members of				sposeu c	ii iiiore iiiai				
<u>ن</u>	4		of independent voting						3	23		
Activities &	5					• •	•			23		
Ϋ́	6		ber of individuals em		•	14 (Part V, line	2a) .		5	34		
Ş			ber of volunteers (es		• •		· · ·		6			
•	7a		elated business reven						7a			
_	b	Net unrei	ated business taxable	e income from	1 Form 390-1.	iine 34	163. T	Prior Y	7b	Current Year		
		O a maluula										
95	8		ions and grants (Part	•	R = 1 1 1 0 v	v 2 2015.	100	3	6,439 <u>,6</u> 43	33,350,210		
Revenue	9		service revenue (Part		(O)		_jř.		438,500	506,067		
æ	10		nt income (Part VIII, c					·	27,799	27,618		
	11		enue (Part VIII, colum			(24,305)	62,407					
_	12		nue-add lines 8 thro		<u> </u>		ie 12)	3	6,881,637	33,946,302		
	13		id similar amounts pa				· · _		0	0		
	14		oald to or for membel			0	0					
ΘS	15		other compensation, e				_		1,456,488	1,720,660		
Expenses	16a		nal fundraisıng fees (•	· · L		305,600	325,116		
ά×	b	Total fund	draising expenses (Pa	art IX, column	(D), line 25) ▶		L					
Ш	17	Other exp	enses (Part IX, colun	nn (A), lines 1	1a-11d, 11f-2	4e)		3	5,282,715	32,303,835		
	18	Total exp	enses. Add lines 13-	17 (must equa	ai Part IX, colu	mn (A), line 25)) . [3	7,044,803	34,349,611		
	19	Revenue	less expenses. Subtr	act line 18 fro	m line 12 .			_	(163,166)	(403,309)		
58							E	Beginning of Co	ırrent Year	End of Year		
sets	20	Total ass	ets (Part X, line 16)				[8,136,273	7,733,895		
Net Assets	21	Total liab	lities (Part X, line 26)				[2,914,834	2,732,342		
ž	22	Net asset	s or fund balances. S	Subtract line 2	1 from line 20		[5,221,439	5,001,552		
P	art II	Signat	ure Block									
Ur	ider pena	alties of perjui	y, I declare that I have exa	mined this return	, including accomp	panying schedules	and stater	nents, and to	the best of r	my knowledge and belief, it is		
tn	ie, correc	t, and compl	ete. Declaration of preparer	(otter than office	er) is based on all i	nformation of whic	h preparer	has any know	ledge	•		
			7 %	<u>Z</u> -		· · ·						
Sig	gn	Signa	ture of officer		- 0.1			Da	ate	100/00/00		
He	ere	1 7	OHN SELI	, CHAIR	MAIV				10	0 23 2015		
		Туре	or print name and title	•						-		
Pa	nid	Pnnt/Typ	e preparer's name	Prep	arer's signature		Da	te	Chaol	PTIN		
	iiu epare			j					Check self-em			
	•	1	ame ►	-·				Fire	n's EIN ▶			
U	se On	יי עי	idress ▶						one no.			
Ma	y the If		this return with the p	oreparer show	vn above? (see	instructions)				🔲 Yes 🗌 No		
			ction Act Notice, see the		<u></u>		Cat N	o 11282Y		Form 990 (2014)		
							Jul. 14					

Other program services (Describe in Schedule O.)

	90 (2014)			Page :
Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	•	1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_4		✓
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>*</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	The state of the s	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<i>'</i>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	√	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	√	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
00	Did the assessment as a surface of the surface of t	ٽ		-

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	✓	

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 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
22	reportable gaming (gambling) winnings to prize winners?	1c	✓	 -
2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		J
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<u> </u>
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		1
b	If "Yes," enter the name of the foreign country: ▶	- 10		
-	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		/
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	√	├─
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	V	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			$\dot{\vdash}$
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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			i
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30	 	
a	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders	i		
b	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
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.	40-	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			,
-	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation in Schedule O .	14b		
		For	n 990	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in							
	Check if Schedule O contains a response or note to any line in this Part VI			_ 🗸				
Secti	on 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 in Schedule O.		res	No				
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1				
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		√ √ √				
b	one or more members of the governing body?							
8	stockholders, or persons other than the governing body?							
a b	The governing body?	8a 8b	√					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	√				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	 				
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	j	1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	<u>▼</u>	_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓					
13	Did the organization have a written whistleblower policy?	13	✓					
14 15	Did the organization have a written document retention and destruction policy?	14	✓					
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.00	<u> </u>					
	with a taxable entity during the year?	16a		1				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
	ion C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)				
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (policy	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re United Food Bank, 245 South Nina Drive, Mesa, AZ 85210 (480) 926-4897	cords	>					

		990	

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any relate	d org	aniz			omper	ısa	ted any currer	t officer, directo	r, or trustee.
	}	}		•	C)					
(A)	(B)	(do n	ot ch		ition	e than or	10	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles	s pe d a d	rson	is both or/truste	an e)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Seli Chairman	2.0	1		/				0	o	
(2) Jo Martin	2.0		T	H	t			<u> </u>	<u> </u>	
Vice-Chairman		1	1	1				o	l 0	
(3) Deanna Villanueva-Saucedo	2.0									
Secretary		1		✓				0	o	
(4) David Plumb	2.0									
Treasurer		1	╙	✓		$\sqcup \sqcup$		0		
(5) Katie Arrington Member	2.0	1						o	o	
(6) Jill Benza	2.0				Ì			<u> </u>		
Member		✓		}	ļ			o	o	
(7) David Bertrando Member	2.0	1						0	0	
(8) Melissa Buxton	2.0		1	·		\vdash		-		
Member		✓						o	o	
(9) James Christensen	2.0									
Member		✓	L	_		LЦ		0	0	<u> </u>
(10) Timothy Coons	2.0				Γ^{-}					
Member		1						0	0	
(11) Cynthia Dunham	2.0									
Member		✓		_		<u> </u>		0	0	
(12) Peter Duran	2.0									
Member		1	<u> </u>		_	igspace		0	0	
(13) Ellen Owens-Karcsay	2.0	١.	1							
Member		✓	ļ	<u> </u>		<u> </u>		0		
(14) Shane McCord	2.0			-				1	•	
Member		✓				<u>L</u>		0	0	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (contin	nued)	raye	
	(A) Name and title		box, office	unles er and	Pos eck s pe	rson	than of is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo o comp	(F) mated ount of other ensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	er :	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)		orga and	m the nization related nizations	
	onya Pearson ember	2.0	1						0	0			
	arbara Reardon	2.0											
	ember ennis Runyan	2.0	✓	-	-			┝	0	0		0	
	ember		✓						0	o		0	
(18) R	ustyn Sherer	2.0											
	ember	2.0	✓		_	-		-	0	0		0	
	ichael Soelberg ember	<u> </u>	1						0	0	1	o	
	nda Tate	2.0											
	ember				_				0	0			
	evin Thompson ember	2.0	1						0		Ţ	O	
	nristopher Wodarcyk	2.0											
	ember	-	1		-			L	0	0			
	rian Yazzie ember	2.0	1						0			c	
	inny Hildebrand	40.0									-		
Pr	esident and CEO				_	1	✓		113,453			10,000	
(25)		 									1		
	Sub-total		· ·				· ·		113,453			10,000	
C	Total from continuation sheets to Part	VII, Sectio	n A					>	0	· · · · · · · · · · · · · · · · · · ·			
_ <u>d</u>		<u> </u>						<u> </u>	113,453			10,000	
2	Total number of individuals (including bu reportable compensation from the organ		i to tr	iose	IISI	ea a	above	∋) W	no receivea m	ore than \$100,00	JU OT		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	ployee, or high	nest compensate	ed 3	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	nper	nsatio				he		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu	ıal	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Section	on B. Independent Contractors	: II Tes, C	Jonny	ere	301	lear	ne J	OI 3	Such person		5	1	
1	Complete this table for your five highest compensation from the organization. Rej year.												
(A) Name and business address					-				(B) Description of s	services	(C) Compensation		
								├					
	Total number of independent contractor							th	nose listed ab	ove) who			
	received more than \$100,000 of compen	sation from	the o	rga	niza	tion	<u> </u>						
											For	m 990 (2014	

Part	VIII							
		Check if Schedule O contains a	ı res	ponse or note to	any line in this	Part VIII		🗆
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
ara our	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	106,939				
Giff	d	Related organizations	1 d					
rs, imi	е	Government grants (contributions)	1e	1,584,488				
ıtio er S	f	All other contributions, gifts, grants,						
ğ ţ		and similar amounts not included above	1f	31,661,783				
ont od (g	Noncash contributions included in lines 1a-		29,643,179				
	<u>h</u>	Total. Add lines 1a-1f	-		33,350,210			
anue	0-	14-1- 14		Business Code				
leve	2a	Help Yourself		900099	215,180	215,180		-
ě.	b	Shared Maintenance		900099	199,157	199,157		
ž	d	First Things First		900099	91,730	91,730		
n Se	e							<u></u>
Program Service Revenue	f	All other program service revenue						
Pro	g	Total. Add lines 2a-2f		•	506,067	<u> </u>		I
	3	Investment income (including	divid	ends, interest,	300,007			1
		and other similar amounts)		▶	27,618			27,618
	4	Income from investment of tax-exen	npt bo	ond proceeds▶				
	5	Royalties	_ •	▶				
		(i) Real		(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)			·			
	d	Net rental income or (loss)		> (ii) Other	-	····		ļ
	7a	Gross amount from sales of (i) Securities assets other than inventory		(ii) Other				
	ь	Less cost or other basis		-				
	~	and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss)		. ▶				
ne	_							
	8a	Gross income from fundraising						
eve		events (not including \$ 106,93						
æ		of contributions reported on line 10 See Part IV, line 18	•					
Other Reven	ь	Less: direct expenses	_	30,000				
0		Net income or (loss) from fundrai		26,691 events ►	C4 550	ŀ		
		Gross income from gaming activit		events .	61,558			61,558
		See Part IV, line 19						!
	ь	Less: direct expenses						!
		Net income or (loss) from gaming		vities ▶				
	10a	Gross sales of inventory, le						
		returns and allowances	а			ļ		
	b	Less: cost of goods sold]
	С	Net income or (loss) from sales of	finve					
		Miscellaneous Revenue		Business Code				
	11a	Other		900099	849	849	<u> </u>	ļ
	b							
	C	All other paragraphs						
	d	All other revenue					 	ļ
	12	Total revenue. See instructions.			849	500.040		20.475
					33,946,302	506,916	_	89,176

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon-	se or note to any lin	ne in this Part IX $$.		🗆
	t include amounts reported on lines 6b, 7b, , 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				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	123,453	31,036	71,727	20.590
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	123,433	31,030	71,727	20,690
7 8	Other salaries and wages	1,225,570	884,475	198,820	142,275
9	Other employee benefits	10,000	7,341	1,693	965
10	Payroll taxes	258,437	187,230	50,113	21,094
11	Fees for services (non-employees):	103,200	70,036	20,697	12,467
''a	Management				
b	Legal			-	 -
c	Accounting				
ď	Lobbying				<u> </u>
e	Professional fundraising services. See Part IV, line 17	325,116			205 446
f	Investment management fees	323,110			325,116
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	220 542	442.004	462 000	20.450
12	Advertising and promotion	338,513	113,981	163,382	66,150
13	Office expenses	33,885	0 000	0.475	33,885
14	Information technology	19,149 7,260	8,600	9,175	1,374
15	Royalties	7,200	506	5,246	1,508
16	Occupancy	267 516	220 500	42 672	2.245
17	Travel	267,516 263,904	220,599	43,672	3,245
18	Payments of travel or entertainment expenses	263,904	262,975	815	114
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,127	1,311	4,391	2.425
20	Interest	114,660	104,588	7,904	2,425 2,168
21	Payments to affiliates	114,000	104,300	7,504	2,100
22	Depreciation, depletion, and amortization .	316,688	272,947	28,180	15,561
23	Insurance	20,896	15,419	5,210	267
24	Other expenses. Itemize expenses not covered	20,000	10,110	0,210	
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Donated food and supplies	28,501,314	28,501,314		
b	Purchased food supplies salvage	2,260,573	2,260,573		
c	Warehouse Supplies and equipment	127,071	127,071		
d	Collaborative programs expense	6,152	1,152		5,000
е	All other expenses	18,127	9,217	7,631	1,279
25	Total functional expenses. Add lines 1 through 24e	34,349,611	33,080,371	618,656	650,585
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	- 7	-5,555,577	513,550	555,555

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 2 Savings and temporary cash investments 978,249 2 611,647 3 3 4 4 176,253 130,378 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 Assets 7 7 8 8 Inventories for sale or use 1.298.602 1,435,151 Prepaid expenses and deferred charges 101,427 44,951 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 1,869,151 3,912,773 10c **3,656,**513 11 Investments—publicly traded securities 11 508,794 665,230 12 Investments—other securities. See Part IV, line 11 12 1,160,175 1,189,973 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 8,136,273 7,733,895 17 267,661 17 48,999 18 18 19 19 45,000 141,496 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 2,389,196 2,332,397 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 209,450 212,977 26 Total liabilities. Add lines 17 through 25 26 2,914,834 2,732,342 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 5,018,102 27 4,776,495 28 28 2,500 24,220 29 200,837 29 200,837 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 5,221,439 5,001,552 34 Total liabilities and net assets/fund balances . . . <u>8,136,</u>273 7,733,894 Form 990 (2014)

Form 9	90 (2014)			_	40
	XI Reconciliation of Net Assets			Pa	age 12
· ai	Check if Schedule O contains a response or note to any line in this Part XI				[7]
1	Total revenue (must equal Part VIII, column (A), line 12)	111			. 🗸
2	Total expenses (must equal Part IX, column (A), line 25)	2			46,302
3	Revenue less expenses. Subtract line 2 from line 1	3			49,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,309)
5		<u> </u>			21,4 <u>39</u>
6	Net unrealized gains (losses) on investments	5		17	79,896
7	Donated services and use of facilities	6			
8	Investment expenses	7			
-	Prior period adjustments	8			
9 10	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>3,526</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
D - 1	33, column (B))	10		5,00	01,552
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · </u>			<u>, Ц</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	oplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	- [
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	trans and anguing and an anatomic additionally an independent according to the contract of the		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	1	

If the organization changed either its oversight process or selection process during the tax year, explain in

За

3b

Form **990** (2014)

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 in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name	or the organization					Employer Identification	number			
	D FOOD BANK					86-050				
Par			 _		<u>-</u>		ns			
	rganization is not a private founda		` •		•	•				
	A school described in section			ibed in se	ection 17	O(b)(1)(A)(i).				
	A school described in section		•		. 470/L\/4	MANGIN				
4	 A hospital or a cooperative hospital's name, city, and state 	n operated in co	·			,, ,, ,	iii). Enter the			
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in			
	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ 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	n section 170(b)	(1)(A)(vi). (Complete	Part II.)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more	than 331/3% of its			
10	☐ An organization organized and	operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).				
11										
а	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 its supported organization(s)						y integrated with,			
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III			
f	Enter the number of supported of	organizations .								
<u> </u>	Provide the following information	about the supp	orted organization(s).	•						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			(See Instructions))	Yes	No					
(A)										
(B)										
(C)				<u> </u>	,					
(D)										
(E)										
Total	r									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 31,512,898 27,631,451 36,747,863 36,284,575 33,350,210 165,526,997 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 31.512.898 27.631.451 36.747.863 36,284,575 33.350.210 165,526,997 The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 165,526,997 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 31,512,898 27,631,451 36,747,863 36,284,575 33,350,210 165,526,997 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 25,129 28,371 31,645 27.799 27.618 140,562 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 6,560 348 849 7,757 Total support. Add lines 7 through 10 11 165,675,316 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 99.91 % Public support percentage from 2013 Schedule A, Part II, line 14 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2014. 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 10%-facts-and-circumstances test - 2013. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support	under the te	ests listed bei	ow, please co	ompiete Part	11.)	
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(4) 2012	(e) 2014	/f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 201 <u>0</u>	(0) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 7a	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from						
O = - A'	line 6.)	<u> </u>	<u> </u>	L	<u> </u>	<u>i</u>	<u> </u>
	on B. Total Support	4) 0040	1 (1) 0044		1 (2.22)		
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6					 	
704	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization, check this box and stop he				n, or fifth tax ye		' ' ' '
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2014 (line to	8, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch	hedule A, Part	III, line 15	* * * *	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (-			%
18	Investment income percentage from 2013						%
19a	331n% support tests—2014. If the organ 17 is not more than 331n%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	tion . 🕨 🔲
b	331/2% support tests—2013. If the organize line 18 is not more than 331/2%, check this line 18 is not more than 331/2%.	box and stop I	nere. The organ	zation qualifies	s as a publicly s	upported organ	nization 🕨 🔲
20	Private foundation, if the organization di	d not check a	box on line 14	19a or 19h	check this box	and see instri	ictions

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	S	ection	A. All	Supporting	Organizations
--	---	--------	--------	------------	----------------------

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

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		 	
h	below, the governing body of a supported organization?	11a	 -	
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		<u> </u>
	on B. Type I Supporting Organizations	1110	<u> </u>	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			[]
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		1		ļ .
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	on C. Type II Supporting Organizations		L .	
			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		ŀ	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Socti	on D. All Type III Supporting Organizations	1		
Secui	on b. Air type in 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		162	140
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		İ	
	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	<u> </u>	ļ.,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	6)-
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Voc	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	l		
2	•	2b	├	<u> </u>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		 	\vdash
-	of its supported organizations? If "Vas " describe in Part VI the mile placed by the proprietion in this most	25		h

1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations.			
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) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	10	(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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	-	
8 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 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		

Part	<u></u>	Supporting Organi	zations (continued)			
Secti	on D - Distributions		Current Year			
1_	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets	_				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the erganization is rec	popolyo			
O	(provide details in Part VI). See instructions.	ii uie organizauomis res	porisive			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
10	Line 8 amount divided by Line 9 amount		/::\	/iin		
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)) 		
3	Excess distributions carryover, if any, to 2014:		-			
а	1					
b						
c	}					
d						
е	From 2013					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
g h	Applied to underdistributions of prior years Applied to 2014 distributable amount					
<u>''</u>	Carryover from 2009 not applied (see instructions)			1		
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
<u> </u>	- · · · · · · · · · · · · · · · · · · ·					
4	Distributions for 2014 from Section					
	D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2014 distributable amount					
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if					
	any. Subtract lines 3g and 4a from line 2 (if amount		\ 			
	greater than zero, see instructions).					
6	6 Remaining underdistributions for 2014. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.					
8	Breakdown of line 7:					
а		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
b		- '				
С						
d	Excess from 2013					
е	Excess from 2014					

Scriedlie A (Form 990 of 990-EZ) 2014				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)			
••••				
· 				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **UNITED FOOD BANK** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of A	Art, Historical 1	Frea sures, or (Other Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth				
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	ograms	
ь	☐ Scholarly research					
С	Preservation for future generations	3			•	
4	Provide a description of the organizar XIII.		ind explain how t	hey further the o	organization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part				_		<u></u>
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee included on Form 990, Part X?		· · · · · ·			t Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:	An	nount
С	Beginning balance				1c	
ď	Additions during the year			_	1d	
e	Distributions during the year			<u> </u>	1e	
f				-	1f	
2a	Did the organization include an amount					2 ☐ Ves ☐ No
	If "Yes," explain the arrangement in P					
Par		are state of took flore	on the explanation	it tide been prov	idod iii i dit iiii .	· · · <u> </u>
	Complete if the organization	answered "Yes"	to Form 990. F	Part IV. line 10.		
-		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	363,837	363,837	363,83		
b	Contributions	300,007	303,037	303,0	303,037	303,037
c	Net investment earnings, gains, and					
	losses	4,024	3,617	19,49	5 226	25.267
d	Grants or scholarships	4,024	3,017	15,43	5,326	25,267
e	Other expenditures for facilities and					
•	programs	4.024	2 6 1 7	10.40		25 267
f	Administrative expenses	4,024	3,617	19,49	5,326	25,267
g	End of year balance	363.837	363,837	202.00	200 003	200 007
2	Provide the estimated percentage of t					363,837
a	Board designated or quasi-endowmer	-		i, Column (a)) men	u as.	
b	Permanent endowment ►	nt ▶ 4: -55%	2 70			
C	Temporarily restricted endowment	_ %				
·	The percentages in lines 2a, 2b, and 2		004			
3a	Are there endowment funds not in the			at are held and	administered for the	2
	organization by:	o possession or th	c organization th	at are note and i	administrated for the	
	(i) unrelated organizations					
	(ii) related organizations					3a(i)
b	If "Yes" to 3a(ii), are the related organ			 ulo D2		- '4
4	Describe in Part XIII the intended uses					3b
Part			in a chidowinient it	urius.		
r ar	Complete if the organization		to Form 900 F	ort IV line 11e	Soo Form 000 F	Port V line 10
	Description of property					
	Description of property	(a) Cost or oth		ther)	c) Accumulated depreciation	(d) Book value
	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· "			
1a	Land	.			 -	
b	Buildings	•				
C	Leasehold improvements	•				
d	Equipment	·				
Total	Other	·	20. Davi V1	5,525,664	1,869,151	3,656,513
ı otai.	Add lines 1a through 1e. (Column (d) r	iiust equai rorm 99	ου, raπ X. columr	ו (ש), IINE 1UC.).	<i>.</i> .▶ l	3.656.513

Part VII	Investments — Other Securities. Complete if the organization answer	ered "Yes" to Form 99	0, 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) Meti	nod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A) Mutua	l Funds		864,534		
(B) Bonds	.		198,229		· -
	ccount cash		127,210		
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶		1,189,973		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Related.				
	Complete if the organization answer				
	(a) Description of investment	(1	b) Book value		hod of valuation of-year market value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13) ▶				<u> </u>
Part IX	Other Assets.				
	Complete if the organization answer		0, Part IV, line	11d. See Form	
	(a) i	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>			 .	-	
_(6)					
<u>(7)</u>					
(8)					
(9)	mn (b) must equal Form 990, Part X, col.	(R) line 15)			 _
Part X	Other Liabilities.	(B) III (13.)			
I dit A	Complete if the organization answer	ered "Ves" to Form 99	n Part IV line	11e or 11f Soo	Form 990 Part V
	line 25.	ered res to ronni 33	o, rait iv, me	116 01 111. 366	roini 990, Fait A,
1.	(a) Description of liability	(b) Book value	T		· · · ·
(1) Federal ır		(-)	-		
(0)	Rate Swap	200.450	1		
(3)	Kate Swap	209,450	' {		
(4)	-		4		
(5)			1		
(6)			1		
(7)	•	 	1		
(8)			1		
(9)			†		
	b) must equal Form 990, Part X, col. (B) line 25.)	209,450	1		
	r uncertain tax positions. In Part XIII, provide			's financial stateme	nts that reports the
organization'	s liability for uncertain tax positions under F	IN 48 (ASC 740). Check he	re if the text of th	e footnote has bee	n provided in Part XIII

Part	•		per Return.	
	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	33,946,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	î ı		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	33,946,302
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		. 4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			33,946,302
Part			es per Retum.	
	Complete if the organization answered "Yes" to Form 990,			
1	Total expenses and losses per audited financial statements		. 1	34,349,610
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	34,349,610
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		 	
C	Add lines 4a and 4b			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	. 5	34,349,610
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4: Dart IV lines 1h a	ad Ob. Dort V Jun	o 4: Dort V line
	to the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a ai XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par			e 4, Part A, IIIle
۷, ۱ u	t XI, IIIOS 24 and 45, and 1 art XII, IIIOS 24 and 45. Also complete this par	t to provide any addition	na momaton.	
			•••••	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		
		•••••
		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

86-0505273

Employer identification number UNITED FOOD BANK

Part	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV, III	ne 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
a	Mail solicitations			-	on of non-governi		
b	✓ Internet and email solicitation	ons			on of government		
c	Phone solicitations	7110			fundraising events		
_	✓ In-person solicitations		9 1	opeciai	iuilui aising events	•	
d			annant with	a anu indiu.	d. al (mal. dima a affi	diversaries am .e.	
2a	Did the organization have a wri or key employees listed in Form						
b	If "Yes," list the ten highest pai compensated at least \$5,000 b	d individuals or	entities (fur		-	-	✓ Yes ☐ No e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(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			
	uss Reid Company			/			
	vo North Lake Ave,S 91101		 		1,586,996	325,116	1,261,880
2							
3							
4			 				 .
 5		-	 		-		
6							
7		 _					
8				-			
9							
10							 -
Total				▶	1,586,996	325,116	1,261,880
3	List all states in which the organgeregistration or licensing.	ariization is regi				s or has been notine	

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, of than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6 gross receipts greater than \$5,000.						
		gross rescipto greater and	(a) Event #1 Friends Breakfast (event type)	(b) Event #2 Orange Ball (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col (c))	
Revenue	1	Gross receipts	14,224	81,665	11,050	106,939	
Œ	2 3	Less: Contributions Gross income (line 1 minus	5,124	13,565	0	18,689	
	_	line 2)	9,100	68,100	11,050	88,250	
	4	Cash prizes					
Orrect Expenses	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages		<u> </u>			
Direct	8	Entertainment					
	9	Other direct expenses .	296	22,554	3,849	26,692	
Da	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		26,692 61,558	
L G	1 (111	Gaming. Complete if the than \$15,000 on Form 9		ed tes lo romi 99	o, Part IV, line 19, or r	eported more	
Revenue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
- Re	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes	· · · · · · · · · · · · · · · · · · ·				
Direct E	4	Rent/facility costs					
_	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%	☐ Yes% ☐ No		
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summar	v. Subtract line 7 from l	ine 1. column (d)			
9	a is	nter the state(s) in which the or the organization licensed to co	ganization conducts ga	ming activities:	s?	🗌 Yes 🗌 No	
10		ere any of the organization's g "Yes," explain:	jaming licenses revoked	I, suspended or termina	ited during the tax year?	Yes No	

criedu	ie G (FORTE 950 OF 950-EZ) 2014		Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes [No
	formed to administer charitable gaming?	☐ Yes ☐] No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
b	The organization's facility		- %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		·
	Address ▶		-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Yes □	¬ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		<u>,</u>
	Name ►		
	Address►	*	
16	Gaming manager information:		
	Name ►	· 	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).	nd (v), and mation (se	ee ee
			· · · · · · · · · · · · · · · · · · ·
		· 	
			• • • • • • • • • • • • • • • • • • • •

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **UNITED FOOD BANK**

Employer identification number

	D FOOD BANK 86-0505273			73		
Part	Questions Regarding Compensation					_
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III to pr					
	☐ First-class or charter travel	☐ Housing allowance or residence for per	rsonal use		i	
	☐ Travel for companions	Payments for business use of personal	residence	1		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation f				
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeu	r, chef)	} }		'
					- 1	
b	If any of the boxes on line 1a are checked, did th	e organization follow a written policy reg	arding payment]
	or reimbursement or provision of all of the exp		lete Part III to	Ιi		
	explain			1b		
2	Did the organization require substantiation prior	to remburging or elleving conserva-	:			
~	Did the organization require substantiation prior directors, trustees, and officers, including the CEC	VExecutive Director regarding the items	checked in line			
	1a?		Checked III III Ie	2		
				-		
3	Indicate which, if any, of the following the filing orga					1
	organization's CEO/Executive Director. Check all the related organization to establish compensation of the					
	_	•	ran III.		i	{
	<u> </u>	Written employment contract				İ
		Compensation survey or studyApproval by the board or compensation	a committee			l
	Tom 990 of other organizations	Approval by the board of Compensation	n committee			
4	During the year, did any person listed in Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to	the filing		į	
а	Receive a severance payment or change-of-control	payment?		4a		/
b	Participate in, or receive payment from, a suppleme			4b		*
C	Participate in, or receive payment from, an equity-b	· · · · · · · · · · · · · · · · · · ·		4c		
	If "Yes" to any of lines 4a-c, list the persons and pro		n in Part III.			
	Only postion 501/61/2) 501/61/4) and 501/61/00) as	reconstructions and accordate lines 5.0			i	1
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) or For persons listed in Form 990, Part VII, Section A, I		anv			i
	compensation contingent on the revenues of:	ine ta, did the organization pay of acorde	arry			,
а	The organization?			5a		ı
	Any related organization?			5b		1
-	If "Yes" to line 5a or 5b, describe in Part III.		· · · · ·			-
	·			1 1		į
6	For persons listed in Form 990, Part VII, Section A,	ine 1a, did the organization pay or accrue	any			
	compensation contingent on the net earnings of:		-		}	}
а	The organization?			6a		1
b	Any related organization?			6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.					
-	5		_			
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes," of	A, line 1a, did the organization provide lescribe in Part III	any non-fixed	7		1
8	Were any amounts reported in Form 990, Part VII, p	aid or accrued pursuant to a contract that	was subject	\Box		
	to the initial contract exception described in F	Regulations section 53.4958-4(a)(3)? If "	Yes," describe		į	
	ın Part III			8	_	✓
_						
9	If "Yes" to line 8, did the organization also follo					
	Regulations section 53.4958-6(c)?			i 9 J		l

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in 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 are not 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.

7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		(B) Broakdown of	(R) Breakdown of W-2 and/or 1099-MISC compensation	Companeation				
		(a) Dieandowii Oi		SO COMPANSANON	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deterred compensation	benefits		in column (B) reported as deferred in prior
				compensation				Form 990
Ginny Hildebrand	8	63,453		20,000	10,000	,	123,453	
1 President and CEO	(E)							•
	8							
Ø	Ξ							
	ε							
ო	€	1						
	€							
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	8							
9	€	1						
	8							
7	Ξ							
	ε							
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	(9)							
8	(11)							
	(0)							
10	(ii)							
	(1)							
11	Ξ							
	8							
12	(ii)							
	(i)							
13	(ii)							
	<u> </u>							
14	<u>e</u>							
	0							
15	<u>(ii)</u>							
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
16	(ii)							
							Sch	Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization Attack to Form 000

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

irs.gov/form990. Inspection

UNITE	D FOOD BANK			_		86-05052	:73	
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method on noncash cor	(d) of determination a	
1	Art—Works of art							
2	Art—Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests			_ ".				
12	Securities—Miscellaneous .					ļ		
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation		<u> </u>					
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other				······································	<u> </u>		
18	Collectibles							
19	Food inventory				<u> 29,628,523</u>	Comparable	Sales	
20 21	Drugs and medical supplies					<u> </u>		
22	Taxidermy		· · · · · ·					
23	Scientific specimens					<u> </u>		
24	Archeological artifacts			- 		<u> </u>		
25	Other ► (Airfare and misc)	/			256	Comparable	Salas	
26	Other ► ()				230	Comparable	Jaies	
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received	by the or	ganization during the tax y	ear for contribu	tions for	 		
	which the organization completed	Form 8283	3, Part IV, Donee Acknowled	dgement		29		
							Y	es No
30a	During the year, did the organizate 28, that it must hold for at least the tobe used for exempt purposes to the second se	ree years f	rom the date of the initial c	ontribution, and	which is n	ot required	30a	✓
b	If "Yes," describe the arrangemen	t ın Part II.						- · · · · · · · · · · · · · · · · · · ·
31	Does the organization have a contributions?			es the review o	of any no	n-standard	31 🗸	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, prod	cess, or se	ell noncash	· · · ·	_
	contributions?	•		•	· =		32a	/
b	If "Yes," describe in Part II.							
33	If the organization did not report as describe in Part II.	n amount in	column (c) for a type of pro	perty for which o	column (a)	is checked,		

Page	2

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

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

UNITED FOOD BANK	86-0505273			
1. Form 990 governing body review (Part VI, line 11)				
The board reviews the 990 prior to filing each year.				
2. Conflict of interest policy compliance (Part VI, line 12 c)				
The Board of Directors review and approve the Food Bank's conflict of interest policy on an annual basis				
3. CEO, Executive Director, top management comp (PART VI, line 15a)				
The Board reviews ASU Lodestar, Charity Navigator and Feeding America to see what other organizations of a similar size are paying their				
CEO to see if they are in the right range.				
4 Other officer or key employee compensation (Part VI, line 15b)				
The Board or upper management reviews ASU Lodestar, Charity Navigator and Feeding America to se	e what other organizations of a similar			
size are paying their officers and key employees to see if United Food Bank is within the right range.				
5. Governing documents, etc., available to the public (Part VI, line 19)				
Governing documents and public reports are available to the public upon reasonable request to review the documents. Governing documents				
and other required documents are available to the public upon reasonable request to review the documents. The 990 and audited financial				
statements are posted on the the United Food Bank's website.				
6. Explanation of other changes in net assets or fund balances (Part XI, line				
Gain (Loss) on interest rate swap - \$3,527				
······································				
······				

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