Form 990
(Rev January 202
Department of the Internal Revenue S

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

Dep	artment of the	he Treasury		ll security numbers on the source of the security numbers on the security of t				0	pen to Public Inspection
_			dar year, or tax year beginning		, 2019, and end		June 30	\ _2	0 20
<u></u>	Check if ap		C Name of organization Food Bai		, zo io, and cho	9			entification number
r ¬	,	•							
片	Address ch	•	Doing business as Number and street (or P O box i	f mail in not dollwared to atrea	ut address)	Baam/aut	C Tol		0073175
님	Name char	J	,	mail is not delivered to stree	et address)	Room/suit	e E rei	lephone nu	
片	Initial return		2121 Spar Avenue					907-	272-3663
片		/terminated	City or town, state or province, c	ountry, and ZIP or foreign po	stai code				- 6 - 00 4 00 0
片	Amended r		Anchorage, AK 99501	torre Dalahama		1		oss receipt	
LJ	Application	pending	F Name and address of principal of	icer James Baidwin		\sim 1			nates? Yes No
	T	<u> </u>	Same as C above	\d (manet an)	7	H(b)			ded? ☐ Yes ☐ No
<u> </u>	Tax-exemp		▼ 501(c)(3)) ◀ (insert no) 49	947(a)(1) or 52	<u>//</u>	If "No," attach	•	•
_			odbankofalaska.org	. 🗆 .	 		Group exempt		
_			Corporation Trust Associa	ation Other >	L Year of form	mation	1979 M St	ate of legal	domicile AK
	art I	Summa		· · · · · · · · · · · · · · · · · · ·		D. 1 (4		_	
•	I		cribe the organization's miss						
ž	1		are dedicated to eliminating I	· · · · · · · · · · · · · · · · · · ·	aining and provid	ling food t	o partner ag	encies fe	eding hungry
Governance			through anti-hunger leadersh						
Š	1		box ▶ ☐ if the organization		-	ed of mor	1	1	
Ğ			voting members of the gove		•		3		12
ď	1		independent voting member		•	b)	· · 4		12
itie			per of individuals employed in	· ·	Part V, line 2a)		5		51
Activities &			per of volunteers (estimate if		0:10	<u> </u>	6		
Ă			ated business revenue from	.	7:		46,700		
	b N	let unrelat	ed business taxable income			<u> </u>	<u> 71</u>	<u> </u>	0
				B MAI	R 0 8 2021	121 P	rior Year		Current Year
ē	1		ons and grants (Part VIII, line	16,51 <u>5,1</u>	58	22,821,349			
en		•	ervice revenue (Part VIII, line	- · · · · · · · · · · · · · · · · · · ·	DEN, UT	-11	679,2	42	<u>582,785</u>
Revenue	1		t income (Part VIII, column (A	11,2	57	(186,448)			
<u>. </u>			nue (Part VIII, column (A), line		•	- '	43,4	77	46,700
			ue-add lines 8 through 11 (r	17,249,1	34	23,264,386			
	ı		l simılar amounts paid (Part I	·	3)		90,8	56	276,957
	14 B	enefits pa	aid to or for members (Part I)	(, column (A), line 4) .				0	0
ŝ	15 S	alaries, ot	her compensation, employee	benefits (Part IX, columi	n (A), lines 5-10)		2,084,5	94	2,182,159
Expenses	16a P	rofession	al fundraisıng fees (Part IX, c	olumn (A), line 11e) .				0	0
χ	b T	otal fundr	aising expenses (Part IX, col	umn (D), line 25) 🕨	333,043				
ш	17 0	ther expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			14,047,0	19	17,055,107
	18 T	otal exper	nses. Add lines 13-17 (must	equal Part IX, column	(A), line 25) .	Ĺ	16,222,40	69	19,514,223
	19 R	evenue le	ss expenses. Subtract line 1	1,026,60	65	3,750,163			
Ces	į					Beginnin	g of Current Ye	ar	End of Year
Net Assets or Fund Balances	20 T	otal asset	s (Part X, line 16)				5,356,0	47	9,097,654
t Asside	21 T	otal liabili	ties (Part X, line 26)				318,78	89	310,233
₹ <u>₹</u>	22 N	let assets	or fund balances. Subtract I	ine 21 from line 20 .	<u> </u>		5,037,2	58	8,787,421
Pa	art II	Signatu	re Block	<u></u>					
			I declare that I have examined this					of my know	ledge and belief, it is
tru	e, correct, a	and complete	Declaration of preparer (other than	officer) is based on all inform	nation of which prepa	arer has any	knowledge		
			June V 52	uletri			2/2	6/21	
Sig	gn	Signa ti	re of officer				Date	1	
He	re	_Jai	mes Baldwin, Chief E	xecutive Officer					
			r print name and title						
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Chec	k 🔲 ıf	PTIN
	eparer						self-e	mployed	
	eparer e Only	Firm's nam	ne ►				Firm's EIN	<u> </u>	
US	- Unity	Firm's add	Iress ►				Phone no		
Ма	y the IRS	discuss t	his return with the preparer	shown above? (see ins	tructions)	<u>.</u>	<u> </u>		☐ Yes ☐ No
_			ion Act Nation, see the senare		0-4	4 No. 11000			Form QQ () (2010)

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Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Food Bank of Alaska believes no one deserves to be hungry. We are dedicated to eliminating hunger in Alaska by obtaining and
	providing food to partner agencies feeding hungry people and through anti-hunger leadership.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 18,058,640 including grants of \$ 253,166) (Revenue \$ 582,785)
	Acquiring, storing and distributing donated, government and purchased food to families and seniors who need food assistance in
	order to enjoy a healthy, active life.
4b	(Code:) (Expenses \$ 470,835 including grants of \$ 23,791) (Revenue \$)
	Through advocacy and policy development, removing barriers to food assistance for all Alaskans in need and reducing
	or eliminating the root causes of hunger. Providing assistance to eligible Alaskans in applying for SNAP benefits.
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses #) (nevenue #)
	,
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	,
	·
44	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
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		1
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			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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	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		✓
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		√
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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		V
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	✓	•
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		-
240	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>`</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		√
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	√	
Part	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 b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
			. v l	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
rart	Statements negarding Other ins Filings and Tax Compliance (continued)		V	
0-	Enter the number of appleases provided as Ferma M.O. Turne Will of M		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51	-	—	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	ļ
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	i	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			- 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	İ		- 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ŀ		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		i
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ŀ	
	Enter the amount of reserves on hand			
	District the second sec	14a	\rightarrow	<u> </u>
	14 44 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14a -14b		<u> </u>
		=14D		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		,
	excess parachute payment(s) during the year?	15		<u>√</u> ,
		46	 -	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u> </u>
	199, Complete Lenn Tree, Consequie C.	- 1	- 1	- 1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	in the state of the great many death and the tax you.	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a_	√	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>✓</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 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	100		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120	V	
13	Did the organization have a written whistleblower policy?	13	V	
14	Did the organization have a written document retention and destruction policy?	14	-	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ī
а	The organization's CEO, Executive Director, or top management official	15a	7	
b	Other officers or key employees of the organization	15b	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104		
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	IOD		
_	List the states with which a copy of this Form 990 is required to be filed Alaska	-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ② Own website ② Another's website ② Upon request □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	finter	est po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	•	
	Rarh Saihal Food Rank of Alaska 2121 Spar Ave. Apphorage AV 99501 (907)222 2110			

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Pärt VII	Compensation of Officers, D	rectors, Trustees,	Key Employees, Hig	hest Compensated Employees, a	anc
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box in the title organization from	ally relate	30 organization compensa						ited any current	officer, director,	or irusiee.
		(C)								-
(A)	(B) Position							(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours	office	er an	dad	direct	or/trus		compensation	compensation	of other
	per week (list any	익둜	'n	Q	줎	육.풀	77	from the organization	from related organizations	compensation from the
	hours for	d k	ŧ	fice	y e	탕	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	cto	Institutional	`	릴	yee cc	~			related organizations
	organizations below	ੋ ਫ਼ੁ	al t		Key employee	Į				
	dotted line)	Individual trustee or director	trustee		"	ens:				
			#			Highest compensated employee	ļ			
(1) Allison Biastock	2									
President		✓								
(2) Katie Pesznecker	2									
Secretary		✓								
(3) Elizabeth Nobmann	2									
Treasurer		√								
(4) Amy DeBruhl	2									
Member		1								
(5) Mark Carr	2									
Member		✓								
(6) Katria Kangas	2									
Member		\	<u> </u>							
(7) Jennifer Coughlin	2									
Member		✓					L.,	,		
(8) Milena Sevigny	2									
Member		✓								
(9) Jody Spansel	2									
Member		✓								
(10) Jon Schultz	2									
Member		\								
(11) Claudia Russell	2									
Member		✓								
(12) Robin Phillips	2									
Memher		\		_			_			
(13) Reino Bellio	2									
Member		1								
(14) Graham Fernandes	2									
Member		✓								

Par	Section A. Officers, Directors,	<u>i rustees,</u>	Key I	<u>Em</u>	<u>plo</u>	yee	s, an	id F	lighest Compe	nsated E	mplo	yees (continued)
(A) Name and title			(B) Position (D) (E) Average hours officer and a director/trustee) (D) (E)							(F) Estimated amount of other		
		per week (list any hours for related organizations below dotted line)	Individua or directo		Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ions	compensation from the organization and related organizations
(15)	James Baldwin	40										
	Executive Officer				✓	<u> </u>			91,497		0	28,820
	Barb Seibel	40			_							
	Financial Officer		<u> </u>		✓	ļ			89,206		0	15,637
<u>(17)</u>		ļ										
(18)				 								<u> </u>
(19)												
(23)												
(24)												
(25)												
1b	Subtotal				-			>	180,703		0	44,457
d	Total from continuation sheets to Part Total (add lines 1b and 1c)	· · ·	<u> </u>					▶	180,703		0	44,457
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed :	above	e) w	ho received more	e than \$10	0,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mpl	oyee, or highes	t compen	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or indi	vidual 	
<u>Secti</u>	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	ices	((C) Compensation
				-	_							
2	Total number of independent contracto							th	ose listed above	e) who		

	90 (201						·	Page \$
Par	VIII				lima im Abia Da			
		Check if Schedule O contain	s a respon	ise or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	. 1a				-	
ra i	b	Membership dues	. 1b					
2, E	С	Fundraising events	. 1c	_				
ifts ar A	d	Related organizations						
S,E	e	Government grants (contribution		1,295,840				
io Si i <u>s</u>	f	All other contributions, gifts, gr						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included a		21,525,509				
و عَ	g	Noncash contributions include lines 1a–1f		\$ 14,000,000				
a So	h	Total. Add lines 1a-1f			22,821,349			
		Total: Add lines ra-II		Business Code	22,821,349			
ဗ္ဗ	2a	Fees and Services		624210	582,785			
Program Service Revenue	b			02.12.10	002,700			
	С							
	d						-	
	е							
4	f	All other program service revei						
	g	Total. Add lines 2a-2f			582,785			
	3	Investment income (including						
	4	other similar amounts) Income from investment of tax-			(186,448)	(186,448)		
	5	Royalties		•			_	
			(ı) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d			▶				
	7a	Gross amount norm	Securities	(ii) Other				
		sales of assets						
•	_	other than inventory 7a						
nne	b	Less: cost or other basis and sales expenses . 7b						
3ve	С	Gain or (loss) 7c	-				j	
Ř	d	N		•				
Other Revenu	8a	Gross income from fundrais	sing			-		
δ		events (not including \$						
		of contributions reported on	line			9		
	_	1c). See Part IV, line 18	<u> </u>	46,700				
		Less: direct expenses						
	C	Net income or (loss) from fundi		nts >	46,700		46,700	
	9a	Gross income from gam activities. See Part IV, line 19	ning 9a . 9a					
	b	Less: direct expenses						
		Net income or (loss) from gami		s >				
		Gross sales of inventory, I	·				-	·
		returns and allowances	1					
	þ	Less: cost of goods sold	. 10b		<u>-</u>			
	С	Net income or (loss) from sales	of invento	ry >				
Sn			7	Business Code				
Miscellaneous Revenue	11a	***************************************						
scellaneo Revenue	b							
Pe Sce	ت C	All other revenue						
Ξ̈́	d	All other revenue		▶				
		Total revenue. See instruction			23 264 386	(186 448)	46 700	

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, o, 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	276,957	276,957		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		= 1,0,00		
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	202,319		202,319	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,464,746	1,130,150	178,818	155,778
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,802	20,452	9,928	2,422
9	Other employee benefits	348,774	265,844	62.942	19,988
10	Payroll taxes	133,518	91,868	29,225	12,425
11	Fees for services (nonemployees):	100,010	31,000	25,225	12,425
a	Management				
b	Legal	-			
	Accounting			22.222	
C	F	22,325		22,325	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		-		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	31,348	29,846	1,219	283
12	Advertising and promotion				
13	Office expenses	235,451	72,185	51,881	111,385
14	Information technology	121,992	76,643	28,089	17,260
15	Royalties				
16	Occupancy	373,489	321,228	44,471	7,790
17	Travel	58,944	45,304	11,517	2,123
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		19,663	.,,,,,	2,120
19	Conferences, conventions, and meetings .			-	
20	Interest	3,437	3,437		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	197,108	184,548	8,971	3,589
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Food Distribution	15,439,429	15,439,429		f
b	Shipping and Freight	496,491			
C	Vehicle Operations, Maintenance and Fuel		496,491		
	volucie Operations, Manitenance and Fuel	75,093	75,093		
d	All other expenses				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,514,223	18,529,475	651,705	333,043
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)				
	10110441119 001 30-2 (A00 300-120)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	310,712	1	1,766,738
	2	Savings and temporary cash investments	1,052,714	2	2,489,727
	3	Pledges and grants receivable, net	689,272	3	1,214,070
	4	Accounts receivable, net	263,410	4	83,317
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,256,996	8	2,013,296
As	9	Prepaid expenses and deferred charges	41,411		32,736
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	,		02,700
	ь	Less: accumulated depreciation 10b	1,575,964	10c	1,327,079
	11	Investments—publicly traded securities	165,568		170,691
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	_
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,356,047	16	9,097,654
	17	Accounts payable and accrued expenses	233,029		310,233
	18	Grants payable	- "	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		-00	
iat	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	85,760	24	0
				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	318,789	26	210 222
S		Organizations that follow FASB ASC 958, check here ▶ ✓	310,769	20	310,233
Ce		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	4,258,571	27	5,838,503
B	28	Net assets with donor restrictions	778,687		2,948,918
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	5,037,258		8,787,421
Se	33	Total liabilities and net assets/fund balances	5,356,047		9,097,654
			0,000,017		0,00.,004

Form **990** (2019)

Pår	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			64,386
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,223
3	Revenue less expenses. Subtract line 2 from line 1	3			50,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			37,258
5	Net unrealized gains (losses) on investments	5		-	
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	·	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		8,7	87,421
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </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," e	xplain	in	ŀ	
	Schedule O.			_	
2a	The state of the s				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or	'	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u>√</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na		
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounts		<u> </u>	√	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e.	(plain	on		
_	Schedule O.		.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t			
	Single Audit Act and OMB Circular A-133?		. 3a	√	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits available available of audit or audits available available of audit or audits.				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		~ 00∩	<u></u>
			C-	uuf	/2010\

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

FOOL) BANK OF ALASKA, INC.					92-00	/31/5	
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The c	organization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only or	ne box.)		
1	A church, convention of church	hes, or associati	on of churches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).		1.
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	ĸ	
	A hospital or a cooperative hospital						\cup	' [
4	A medical research organization						(iii). Ent	ter the
•	hospital's name, city, and state	•	,				•	
5	☐ An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
6	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally						the g	eneral public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)					
	A community trust described in			-				
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	llege or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fut income and uni	nctions—subject to c related business taxal	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/39	% of its
11	An organization organized and							
	☐ An organization organized and	•		_			rv out 1	the purposes
-	of one or more publicly suppo							
	Check the box in lines 12a thro							
а		-	••	-	-	•		_
u	the supported organization							
	supporting organization. Ye							
_		-				supported organizati	on(c) b	v bavina
b	control or management of							
	organization(s). You must				, hersons	that control of man	age ine	supported
^	☐ Type III functionally integ	-			onnectio	n with and functions	ally inte	grated with
С	its supported organization(,	gratoa witin,
d	☐ Type III non-functionally	ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	rted or	ganization(s)
	that is not functionally integ							
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.		
е		ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	ıl, Typ	e III
	functionally integrated, or 1	• •	•		_			
f	Enter the number of supported of	organizations .						
g		about the supp	ported organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		support (see structions)
			above (see instructions))			instructions,		in deliens)
		_		Yes	No			
(A)								
(B) 								
(C)								
(D)					_			-
				 				
(E)								
Total		i	1	I .	i	i .		

Part							
	(Complete only if you checked the						alify under
04	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(-) 0015	(h) 0010	(=) 0047	(-1) 0040	(-) 0040	(0 T.) - 1
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	14 555 990	10,000,000	15 200 672	10 515 150	22 024 240	05 254 254
2	Tax revenues levied for the	14,665,889	16,068,285	15,290,673	16,515,158	22,821,349	85,361,354
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	14,665,889	16,068,285	15,290,673	16,515,158	22,821,349	85,361,354
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,576,637
6	Public support. Subtract line 5 from line 4						79,784,717
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	14,665,889	16,068,285	15,290,673	16,515,158	22,821,349	85,361,35 <u>4</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(4,455)	9,412	13,620	11,257	(186,448)	(156,614)
9	Net income from unrelated business activities, whether or not the business is regularly carried on	(4,400)	3,412	56,582	43,477	46,700	146,759
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						<u> </u>
11	Total support. Add lines 7 through 10						85,351,499
12	Gross receipts from related activities, etc.	· ·	•		[12	501(.)(5)
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			-		
Sooti	on C. Computation of Public Suppor			· · · · ·		· · · · ·	· · • <u></u>
14	Public support percentage for 2019 (line 6			1 column (fl)		14	02.40.9/
15	Public support percentage for 2019 (line of Public support percentage from 2018 Sch		•		,	15	93.48 % 92.30 %
16a	33 ¹ / ₃ % support test—2019. If the organi						
	box and stop here. The organization qua						
b							
17a							
b	10%-facts-and-circumstances test -20						
	=15-ls=10%-or-more,-and-if-the-organiza						
	Explain in Part VI how the organization in supported organization						▶ 🗆
18	Private foundation. If the organization de instructions	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see 🕨 🗆

Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)	1		
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed b <u>el</u>	ow, please c	omplete Part	II.)	
	on A. Public Support	r			·		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise		-			 	
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an		+	 		 	
3	unrelated trade or business under section 513						
4	Tax revenues levied for the					1	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			/			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/	1			
8	Public support. (Subtract line 7c from line 6.)						
	on B. Total Support			·	,		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
40	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	L organizațio	n's first secon	l nd third fourth	or fifth tax v	ear as a section	n 501(c)(3)
17	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						· · · · <u>· </u>
15	Public support percentage for 2019 (line			13 column (fl)	· -	15	%
16	Public support percentage from 2018 Sch						
	on D. Computation of Investment In					1 . 4 1	
17	Investment income percentage for 2019 (by line 13. coli	ımn (f)	17	%
18	Investment income percentage from 2018		• • •	-			%
19a	331/3% support tests—2019. If the organ						
	17, is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz	ation did not	check a box on	line 14 or line	19a, and line 10	6 is more than	
/	line 18 is not more than 331/3%, check this	box and stop	here. The organ	uzation qualifies	s as a publicly s	supported orga	nization ▶ □
20/	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	uctions 🕨 🗌

Part IV

Supporting Organizations

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

6-1	4:	A	AII	Cummondino	Overeninations
sec	ction	A.	ΑII	Supporting	Organizations

			Yes	No
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		
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).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		l
b	(b) and (c) below. 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.	3a		
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.	3b 		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С				
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).	4c	0	.
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		
с 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)	10a		

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)	l		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of]]	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type II Non-Function Part V Typ	<u>jani</u>	izations	_
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	1 490
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		-
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted .	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	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 whice (provide details in Part VI). See instructions.	ch the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
••	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
Name	of organization			Employer ide	ntification number
FOOD	BANK OF ALASKA, INC.				92-0073175
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of definition of political car	f the organization's direct and inmpaign activities")	direct political ca	ampaign activities in Par	t IV. (see instructions fo
2		ty expenditures (see instructions) .			\$
3_	Volunteer hours for politi	cal campaign activities (see instruc	ctions)	<u> </u>	
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organiza		11 7 000	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨	\$
3	_	ed a section 4955 tax, did it file Fo	•		🔲 Yes 🔲 No
4a					🗌 Yes 🔲 No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			1(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz			S
2		filing organization's funds contribitions	•		5
3	•	expenditures. Add lines 1 and 2		·	· · · · · · · · · · · · · · · · · · ·
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
<u></u> _					

Schedule C (Form 990 or 990-EZ) 2019	
	_

Page 2

Pa	rt II-A	Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶	if the filing organization bel address, EIN, expenses, ar				iliated group memb	er's name,
В	Check ▶	if the filing organization che			•		
<u>-</u>	Limits on Lobbying Expenditures					(2) 5/12-	ALL ARTHUR AND A
		(The term "expenditures"			1.3	(a) Filing organization's totals	(b) Affiliated group totals
_	a Total le	obbying expenditures to influen			<u>•</u>		
		obbying expenditures to influen			•		· · · · · · · · · · · · · · · · · · ·
		obbying expenditures (add lines	-		•	-	·
		exempt purpose expenditures	,				
		exempt purpose expenditures (a					
		ing nontaxable amount. Ente		•			-
	colum				9 14515 111 55111	İ	
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amour	nt is:		
		r \$500,000		mount on line 1e.			
		00,000 but not over \$1,000,000		is 15% of the excess	over \$500,000.		
		,000,000 but not over \$1,500,000		s 10% of the excess			
		,500,000 but not over \$17,000,000		s 5% of the excess of			
		7,000,000	\$1,000,000				
		oots nontaxable amount (enter	25% of line 1f)				'
	h Subtra	ct line 1g from line 1a. If zero o	r less, enter -0-				
	i Subtra	ct line 1f from line 1c. If zero or	less, enter -0-				
		e is an amount other than ze ng section 4911 tax for this yea	_	e 1h or line 1i, did	-		Yes No
		4- e organizations that made a s	Year Averaging section 501(h) e	Period Under Sec	ction 501(h) re to complete all		s below.
		Lobbyi	ng Expenditure	s During 4-Year A	veraging Period	· · · · · · · · · · · · · · · · · · ·	
	Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					<u>. </u>
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Párt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?	/	\vdash	
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
C	Media advertisements?	<u> </u>	√	
d	Mailings to members, legislators, or the public?		/	
e	Publications, or published or broadcast statements?	/		100
t ~	Grants to other organizations for lobbying purposes?	-	✓	
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1	2,814
ï	Other activities?		1	
i	Total. Add lines 1c through 1i	_	*	2,914
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year	.	2a	
b	Carryover from last year	.	2b	
С	Total	. [2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the		-
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying		
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)	[5	
Provid	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list); Par	t II-A, lines 1 and
Part 1-	A, Line 1:			
Food E	Bank of Alaska (FBA) lobbies on legislation that deals with the operation of government nutrition program	s, affe	cts th	e welfare of
low-in	come Alaskans at risk of hunger, or otherwise impacts the organization's work or mission. Lobbying active	rities i	nclude	: direct contact
with le	gislators and staff through telephone, e-mail, letter and in-person visits; distribution of advocacy alerts b	y e-ma	ail to a	n in-state = = = = =
netwo	rk of advocates; research, printing, and distribution of reports containing legislative recommendations; a	nd a li	mited	number of
speaki	ing engagements.		-	

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
		
		·····

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

FOOD	BANK OF ALASKA, INC.			92-0073175
Par			s or Ac	counts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .		_	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that the assets hel	d in don	or advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds ca	an be used
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			· · · 🗌 Yes 🗌 No
Par	Conservation Easements.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o			
	☐ Preservation of land for public use (for example, recrea		a histori	cally important land area
	Protection of natural habitat	· ·		ed historic structure
	Preservation of open space	-		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the fo	rm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	•		. 2a	
b	Total acreage restricted by conservation easements			+
C	Number of conservation easements on a certified hi			
d	Number of conservation easements included in (
	historic structure listed in the National Register .		. 2d	1
3	Number of conservation easements modified, trans			
	tax year ►	roman, romanda, oxumguloman, or torm	matou by	y the organization daming the
4	Number of states where property subject to conserv	vation easement is located ▶		
5	Does the organization have a written policy regard		ection. h	andling of
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing	conserva	tion easements during the year
	•	3		,
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing c	onservati	on easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2	P(d) above satisfy the requirements of s	ection 17	(O(b)(4)(B)(i)
_	and section 170(h)(4)(B)(ıı)?			
9	In Part XIII, describe how the organization reports co			
	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easemer	nts.		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	ther Si	milar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASI	B ASC 958, not to report in its revenue	stateme	ent and halance sheet works
	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote to			
h	If the organization elected, as permitted under FAS			
	art, historical treasures, or other similar assets held			
	provide the following amounts relating to these item			and the second of the second o
	(i) Revenue included on Form 990. Part VIII. line 1			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			S
2	If the organization received or held works of art,	historical tractures or other similar s	ecate for	r financial gain provide the
~	following amounts required to be reported under EA	CD ACC OEG valatina ta thana dama.		• . ,
2	Revenue included on Form 900 Part VIII line 1	LOD ACC COO FEIGUING TO THESE REITIS.		▶ ¢
a h	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			Ψ

Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasure	s, or O	ther Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot						
а	☐ Public exhibition				or exchan			
b	☐ Scholarly research		е	☐ Other			·	
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and expl	ain how t	hey furthe	r the or	ganization's exer	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Par	t IV Escrow and Custodial Arra			-				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	" on Foi	m 990, F	Part IV, lir	ne 9, or	reported an ar	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					itions o	r other assets n	ot
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing to	able:			
							Α	mount
С	Beginning balance					10	;	
d	Additions during the year					10	<u> </u>	
е	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amour							
_	If "Yes," explain the arrangement in Part V Endowment Funds.	art XIII. Check here	e if the e	xpianatioi	n nas beer	provid	ed on Part XIII .	<u> </u>
Fal	Complete if the organization	answered "Ves"	on For	·m 000 E	Dort IV/ lin	o 10		
	Complete ii the organization	(a) Current year		or year	(c) Two yea		(d) Three years back	(e) Four years back
1a	Beginning of year balance	165,568						
b	Contributions	105,500		155,984 2,828		134,843 12,040		
C	Net investment earnings, gains, and losses	5,123		•		•		
d	Grants or scholarships	5,123		6,756		9,101	10,31	1 (2,176)
e	Other expenditures for facilities and							
Ť	programs							
f	Administrative expenses				-			
g	End of year balance	170,691		165,568		155,984	134,84	3 124,014
2	Provide the estimated percentage of the							<u> </u>
а	Board designated or quasi-endowmen	_	0%	, ,	•	,,		
b	Permanent endowment ▶							
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.					
3a	Are there endowment funds not in the	<u>-</u>		zation tha	at are held	and ad	ministered for th	e
	organization by:		J					Yes No
	(i) Unrelated organizations							3a(i) ✓
	(ii) Related organizations							3a(ii) ✓
b	If "Yes" on line 3a(II), are the related or	ganizations listed	as requi	red on Sc	hedule R?	٠		3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	owment fu	unds.			
Part								
	Complete if the organization	answered "Yes"	on For	<u>m</u> 990, F	Part IV, lin	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		543,097					543,097
b	Buildings		1,682,805				1,140,460	542,345
С	Leasehold improvements							
d	Equipment	1	I,112,545				870,908	241,637
е	Other							
Total	Add lines 1a through 1e (Column (d) m	ust equal Form 00	O Part	/ column	(P) line 1	00.1		

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	, , ,	hod of valuation -of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(B)				
(C)				
(D)				<u> </u>
(E)				
(F)				
(G)		· · · · · · · · · · · · · · · · · · ·		<u> </u>
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			<u> </u>
Part VIII	Investments—Program Related.			
T GIT VIII	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		nod of valuation
				of-year market value
(1)				
(2)				
(3)				
(4)				_
(5) (6)				
(7)	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	1		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description	···		(b) Book value
_(1)				
(2)				<u> </u>
(3)		 		
(4)				
(5)				······································
(6) (7)		<u> </u>		
(8)	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	line 25.			42.5
(1) Federal in	(a) Description of liability			(b) Book value
(2)	oome taxoo			· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
7 (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> ▶ </u>	
	uncertain tax positions. In Part XIII, provide the text of the footne			
organization	s liability for uncertain tax positions under FASB ASC 740. Check	chere if the text of the	rootnote has been p	orovided in Part XIII.

	XI Reconciliation of Revenue per Audited Financial Stateme		_	Return.	
1	Complete if the organization answered "Yes" on Form 990, I Total revenue, gains, and other support per audited financial statements			1	24 200 247
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •		-	24,206,347
a	Net unrealized gains (losses) on investments	2a		.	
b	Donated services and use of facilities	2b	941,96	<u> </u>	
C	Recoveries of prior year grants		341,30	4	
_	Other (Describe in Part XIII.)	-		1	
	Add lines 2a through 2d			2e	941,961
	Subtract line 2e from line 1			3	23,264,386
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i : I			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		1	
	Add lines 4a and 4b			4c	0
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	23,264,386
Part				er Return	
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1	20,456,184
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				20,100,101
	Donated services and use of facilities	2a	941,96		
	Prior year adjustments	2b		1	
	Other losses	2c		1	
	Other (Describe in Part XIII.)	2d		1	
	Add lines 2a through 2d			2e	941,961
	Subtract line 2e from line 1			3	19,514,223
	Amounts included on Form 990, Part IX, line 25, 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			
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	19,514,223
Part 2	Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
2; Part	Al, lines 2d and 4b, and 7 art Ali, lines 2d and 4b. Also complete this part				
	/, LINE 4:				
PART \	· · · · · · · · · · · · · · · · · · ·	KA WI	HILE SEEKING TO MA	INTAIN THE	VALUE OF THE
PART \	/, LINE 4:	KA WI	HILE SEEKING TO MA	INTAIN THE	VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	E VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	:KA WI	HILE SEEKING TO MA	INTAIN THE	VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	E VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	E VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	KA WI	HILE SEEKING TO MA	INTAIN THE	E VALUE OF THE
PART \	V, LINE 4: DVIDE A PREDICTABLE STREAM OF FUNDING TO THE FOOD BANK OF ALAS	:KA W!	HILE SEEKING TO MA	INTAIN THE	E VALUE OF THE

Schedule D (Fo	rm 990) 2019	Page 5
Pärt XIII	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
		······

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2019

Open to Public Inspection
Employer identification number

FOOD BANK OF ALASKA, INC. 92-0073175 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g

Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) organization col (i) Yes No 2 3 5 6 7 8 Q 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" of and gross income on	on Form 990, Part IV, li n Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		•	(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
ш	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	<u> </u>			
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, o	column (d)		
Pe	rt III	Gaming. Complete if th \$15,000 on Form 990-Ea	ie organization answe Z, line 6a. :	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
Bevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>₽</u>	1	Gross revenue			46,700	46,700
ses	2	Cash prizes	,			
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		46,700
9	a Ist	ter the state(s) in which the or the organization licensed to co 'No," explain:	onduct gaming activities	s in each of these states	s?	🗹 Yes 🗌 No
10	a We	······································	aming licenses revoked	d, suspended, or termin	ated during the tax year	? . □ Yes ☑ No

Schedu	ule G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming activities with nonmembers?	✓ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	. ☑ No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	0 %
b	An outside facility	100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ► BARB SEIBEL	
	Address ► FOOD BANK OF ALASKA, 2121 SPAR AVE., ANCHORAGE, AK 99501	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_
		☐ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 46,700 and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ► JOHN K POWERS, POWERS BROTHERS INC.	
	Address ► PO BOX 241113, ANCHORAGE, AK 99521-1113	••
16	Gaming manager information:	
	Name ► BARB SEIBEL	
	Gaming manager compensation ▶ \$	
	Description of services provided ► MAINTAINS GAMING RECORDS FOR FOOD BANK OF ALASKA	
	□ Director/officer □ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ 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 ▶ \$ ALL	
Part		(v); and mation.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization FOOD BANK OF ALASKA, INC.

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

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

▶ Attach to Form 990.

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

C

OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE GENERAL ASSISTANCE **GENERAL ASSISTANCE** GENERAL ASSISTANCE **SENERAL ASSISTANCE SENERAL ASSISTANCE SENERAL ASSISTANCE GENERAL ASSISTANCE** (h) Purpose of grant or assistance 92-0073175 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 193 1,000 1,000 276 720 2,513 1.000 1,000 122,139 76,694 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) General Information on Grants and Assistance (b) EIN (6) LUTHERAN SOCIAL SERVICES (10) SALVATION ARMY-KLAWOCK, (11) SALVATION ARMY-PETERS-(4) LOVE IN ACTION, (8) PALMER UNITED METHODIST (9) SALVATION ARMY-KODIAK, (3) KENAI PENINSULA FOOD 1 (a) Name and address of organization (7) NOME COMMUNITY CENTER, (12) SALVATION ARMY-SAXMAN, ASSOCIATION, DILLINGHAM, AK (2) FAIRBANKS COMMUNITY (1) BRISTOL BAY NATIVE (5) LOVE INC. FAIRBANKS, FOOD BANK, FAIRBANKS, AK BURG, PETERSBURG, AK or government BANK, SOLDOTNA, AK CHURCH, PALMER, AK ANCHORAGE, AK KETCHIKAN, AK FAIRBANKS, AK KETCHIKAN, AK KLAWOCK, AK KODIAK, AK NOME, AK Part II Part I

Schedule 1 (Form 990) (2019)

Cat No 50055P

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

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

0

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

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

▶ Attach to Form 990.

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2019	Open to Public
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OMB No 1545-0047

Inspection

°N □ Employer identification number ✓ Yes 92-0073175 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FOOD BANK OF ALASKA, INC.

ا ا	Describe in Fait IV tile organization a procedures for morning tile use of grant turius in tile Orinted States.	ration s procedu	S IOI IOI IOI S	ille use ol glalli idi	ids III tile Ollited	Jiales.		
Part II	Grants and Other Assistance to Domestic Organi Part IV, line 21, for any recipient that received more t	sistance to Do	mestic Organiza received more th	ations and Dom	estic Governm I can be duplica	zations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed.	the organization answ pace is needed.	zations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.
" 	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BANK	(1) SOUTHEAST ALASKA FOOD BANK, JUNEAU AK			64,829				GENERAL ASSISTANCE
ANC.	(2) THE CHILDREN'S LUNCHBOX, ANCHORAGE, AK			1,500				GENERAL ASSISTANCE
(3)	(3) VALDEZ FOOD BANK, VALDEZ, AK	į		2,900				GENERAL ASSISTANCE
<u>4</u>								
9								
9								
6								
(8)								
6]						
(10)							:	
(11)								
(12)	2							
0 m	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	vernment organizat	tions listed in the li	ne 1 table			

Schedule I (Form 990) (2019)

Cat No 50055P

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

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
						3.22
	, e > au					
Yar IV	Supplemental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, III	le Z; Part III, colum	n (b); and any other addit	lonal intormation.
						Schedule I (Form 990) (2019)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Inspection **Employer identification number**

	DD BANK OF ALAKSA, INC. 92-0073175								
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o			
1	Art—Works of art				_,				
2	Art—Historical treasures				· · · · · · · · · · · · · · · · · · ·				
3	Art—Fractional interests					<u> </u>			
4	Books and publications								
5	Clothing and household								
_	goods								
6	Cars and other vehicles						-		
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock .								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation					ŀ			
	contribution—Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate Residential								
16	Real estate—Commercial								
17	Real estate - Other								
18	Collectibles			<u></u>					
19	Food inventory	✓	7,791		14,897,160	Feeding Ame	erica a	udited	d rate
20	Drugs and medical supplies	L							
21	Taxidermy	<u> </u>							
22	Historical artifacts					<u> </u>			
23	Scientific specimens	, ,	<u> </u>		_	<u> </u>			
24	Archeological artifacts								
25	Other ► (Office supplies)	-	6		3,766	Fair Market \	/alue		
26	Other ()	<u> </u>		_					
27	Other ()								
28_	Other ► () Number of Forms 8283 received	bu the e=	ranization during the tarre	room for postalling	tions for				
29	which the organization completed					29			
	Which the organization completed	1 01111 0200	o, raitiv, bonee Acknowled	agement		23	_	Yes	No
00-	During the year, did the organizat	lan raadi.a	by contribution only prope	until rapartad in F	Dort I lines	1 through			
30a	28, that it must hold for at least the						1		
	to be used for exempt purposes t						30a		-
b	If "Yes," describe the arrangemen			· · · ·		- · ·			
31	Does the organization have a		stance policy that require	es the review	of anv no	onstandard			٠.
٠.	contributions?	·	ponoj ana roquire				31	1	
32a	Does the organization here or use	e third part	ies or related organization	s to solicit, prod	ess, or se	ell noncash			
		· •					32a		1
b	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which o	olumn (a)	s checked,			

chedule M (Form 990) 2019	age 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and wheth the organization is reporting in Part I, column (b), the number of contributions, the number of items receiv or a combination of both. Also complete this part for any additional information.	er
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SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number FOOD BANK OF ALASKA, INC 92-0073175 FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS PROVIDED TO ALL BOARD MEMBERS VIA EMAIL BEFORE THE 990 IS FILED. THE AUDIT AND FINANCE COMMITTEE PRESENTS THE FEDERAL FROM 990 TO THE BOARD OF DIRECTORS FOR ACCEPTANCE AT A BOARD MEETING BEFORE FORM 990, PART VI, SECTION B, LINE 12C: FOOD BANK OF ALASKA (FBA) CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. ACCORDING TO THE STATEMENT OF INEREST, ALL OFFICERS AND DIRECTORS SHALL AVOID ANY CONFLICT BETWEEN THEIR OWN PERSPECTIVE INDIVIDUAL, PROFESSIONAL OR BUSINESS AND THE INTERESTS OF FBA, IN ANY AND ALL ACTIONS TAKEN BY THEM ON BEHALF OF FBA IN THEIR RESPECTIVE CAPACITIES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT WWW.FOODBANKOFALASKA.ORG OR UPON REQUEST.

Schedule O ₃ (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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