** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

A F	or th	e 2020 calendar year, or tax year beginning Ju	JL 1, 2020 and	ending J	UN 30, 20	21	
	Check if applicab	C Name of organization			D Employ	er identifi	cation number
Г	Addre						
F	Name Chang	5			23-	7353532	
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telepho		ar
F	Final	2831 N 31ST AVE	ivored to street address;	1100111/3uito) 242-36	
	⊥return termir ated		7IP or foreign postal code		G Gross rec		271,088,739.
Г	∏Amen	, , , , , , , , , , , , , , , , , , , ,	Zii oi loreigii postal code		H(a) Is this		
F	return ☐Applic	-	KERTIS		1 ` ′	bordinates	
	tion pendi	SAME AS C ABOVE			1		ncluded? Yes No
	Γον ον		◀ (insert no.) 4947(a)(1)	or 527	1 ` ′		list. See instructions
		te: WWW.STMARYSFOODBANK.ORG	(IIISEIT IIO.) 4947(a)(1)	01 321	1	•	on number
			ssociation Other	I Voor	of formation:		M State of legal domicile: AZ
		Summary	Sociation Unit	L TEal	ui iuiilialiuli.	1507	VI State of legal doffficile, 222
•		Briefly describe the organization's mission or most	significant activities. ALLEVI	ATE HINGE	ים יישור מי	THE	
Governance	1	GATHERING AND DISTRIBUTION OF FOOD.					
rns	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% o	f its net as:	
ŏ	3	Number of voting members of the governing body					15
	4	Number of independent voting members of the government	verning body (Part VI, line 1b)			4	14
Se	5	Total number of individuals employed in calendar y	ear 2020 (Part V, line 2a)			5	253
ξį	6	Total number of volunteers (estimate if necessary)				<u>6</u>	44807
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Y	ear	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)			194,	114,570.	269,492,832.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,	094,906.	529,376.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			36,302.	122,331.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			129,500.	223,702.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		198,	375,278.	270,368,241.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		163,	537,017.	233,531,565.
	14	Benefits paid to or for members (Part IX, column (A				0.	0.
s	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		13,	394,481.	15,286,973.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			1,	220,481.	1,644,320.
e d	b	Total fundraising expenses (Part IX, column (D), line					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			15,	735,227.	18,677,830.
		Total expenses. Add lines 13-17 (must equal Part I)			194,	387,206.	269,140,688.
	1	Revenue less expenses. Subtract line 18 from line			3,	988,072.	1,227,553.
or or		·		Ве	ginning of Cu	rrent Year	End of Year
ets	20	Total assets (Part X, line 16)			43,	051,551.	45,304,868.
Net Assets or	21	Total liabilities (Part X, line 26)			2,	937,723.	3,026,846.
Ret	22	Net assets or fund balances. Subtract line 21 from	line 20		40,	113,828.	42,278,022.
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to th	e best of m	y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	nich preparer	has any knov	rledge.	
Sig	n	Signature of officer			Da	te	
Her	е	TOM KERTIS, PRESIDENT & CEO					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	i	AMY A. O'LOUGHLIN		0:	3/16/22	self-emplo	yed ₽00869687
Pre	oarer	Firm's name CBIZ MHM, LLC			Fir	m's EIN ▶	34-1884125
-	Only	Firm's address 4722 N 24TH ST, STE 300					
	-	PHOENIX, AZ 85016			Ph	one no.602	2-264-6835
May	/ the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Ра	Int III Statement of Program Service Accomplishments	TV
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO ALLEVIATE HUNGER THROUGH THE GATHERING AND DISTRIBUTION OF FOOD	
	WHILE ENCOURAGING SELF-SUFFICIENCY THROUGH COLLABORATION, ADVOCACY AND	
	EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1es1NO
3	·	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by ovnonces
4		• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	arexpenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 244,813,552. including grants of \$ 226,313,772.) (Revenue \$	586,856.
4a	(Code:) (Expenses \$ 244,813,552. including grants of \$ 226,313,772.) (Revenue \$ ST. MARY'S FOOD BANK DISTRIBUTES EMERGENCY FOOD BOXES (EFBS), AT NO	300,030.
	COST, TO INDIVIDUALS AND FAMILIES IN NEED. EFBS ARE DESIGNED TO PROVIDE	
	TEMPORARY FOOD ASSISTANCE FOR PEOPLE WHO ARE IN THE MIDST OF, OR	
	RECOVERING FROM, A CRISIS, SUCH AS A FIRE, FLOOD, UNEXPECTED JOB	
	LAYOFF, SERIOUS INJURY OR ILLNESS, OR THOSE WHO CONTINUE TO BE IMPACTED	
	BY COVID-19. A MAJORITY OF THOSE RECEIVING EFBS ARE LOW-INCOME	
	INDIVIDUALS AND FAMILIES, INCLUDING THOSE WHO ELDERLY AND HOMELESS,	
	BECAUSE THEY DO NOT HAVE FINANCIAL SAVINGS TO HELP THEM WHILE THEY	
	RECOVER. ST. MARY'S 932 PARTNER AGENCIES RECEIVE THE EFBS AND	
	DISTRIBUTE THEM TO PEOPLE IN NEED WITHIN THEIR COMMUNITIES. EACH EFB	
	PROVIDES A THREE-DAY SUPPLY OF NUTRITIOUS FOOD, WHICH PROVIDES A	
	HELPING HAND WHILE PEOPLE RECOVER AND NO LONGER NEED FOOD ASSISTANCE.	
4b	(Code:) (Expenses \$7,533,982. including grants of \$7,079,363.) (Revenue \$	
	THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) IS A FEDERALLY FUNDED	
	PROGRAM THAT WORKS TO IMPROVE THE HEALTH OF LOW-INCOME ELDERLY PEOPLE	
	(AGED 60+) BY SUPPLEMENTING THEIR DIETS WITH NUTRITIOUS USDA COMMODITY	
	FOODS. ST. MARY'S DISTRIBUTED 128,493 OF THESE BOXES DURING THE FISCAL	
	YEAR.	
4c	(Code:) (Expenses \$5,272,292. including grants of \$138,430.) (Revenue \$8 BECAUSE NO CHILD DESERVES TO GO TO BED HUNGRY, " KIDS CAFE AIMS TO	
	ALLEVIATE CHILDHOOD HUNGER IN ARIZONA BY PROVIDING NUTRITIOUS MEALS TO	
	CHILDREN AT RISK OF HUNGER. ST. MARY'S DISTRIBUTED 1,267,030 MEALS FOR	
	FOOD-INSECURE YOUTH AT 219 KIDS CAFE AFTER-SCHOOL AND SUMMER MEAL SITES	
	THAT ARE SAFE, ACCESSIBLE, AND NURTURING ENVIRONMENTS. ST. MARY'S	
	CONTINUED TO PARTNER WITH NEW AGENCIES CULTIVATED DURING THE HEIGHT OF	
	THE PANDEMIC WHILE RE-CONNECTING WITH PARTNER AGENCIES THAT PREVIOUSLY	
	HAD CLOSED DUE TO COVID. TODAY, ST. MARY'S IS SERVING MORE THAN 4,600	
	MEALS PER DAY DURING THE SCHOOL YEAR AND SERVED MORE THAN 7,600 MEALS	
	PER DAY DURING THE SUMMER 2021. KIDS CAFES OFTEN ARE PART OF AN	
	AFTER-SCHOOL PROGRAM THAT INCLUDES TUTORING, HOMEWORK STUDY GROUPS AND	
	ATHLETIC ACTIVITIES. KIDS CAFE PARTNERS INCLUDE CHURCHES, SCHOOLS,	
4d	Other program services (Describe on Schedule O.)	
		320.)
4e	Total program service expenses ► 258,427,841.	
	_	Form 990 (2020

Form 990 (2020) ST MARY'S FOOD BANK ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		х
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а				
	Part VI	11a	Х	
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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
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	Х	—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		x
20a	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2020) ST MARY'S FOOD BANK ALLIANG Part IV | Checklist of Required Schedules (continued)

	TTT Official of Frequitor Continued)		.,	
20	Did the examination report more than \$5,000 of greate or other assistance to or fer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			1
	, · ·	23	х	1
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No," go to line 25a	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ĭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		x
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) ST MARY'S FOOD BANK ALLIANCE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 25	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	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	e organization solicit			
			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts			
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).	_			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		_		
	to file Form 8282?	1 1	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
	and a superior that the superior to the superi	-	8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the second of a consequent in the second of the distribution of the second of the		9a		
	Did the constraint of the control of the time to a decomplete of the control of t		9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				
	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	_		
	Enter the amount of reserves on hand	13c			
			14a	-	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	avecas navashuta navmantis) duvina tha vaar?		15		X
	excess parachute payment(s) during the year?				
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16			16		х

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

10a Did the organization have local chapters, branches, or affiliates?	800							Х
table the number of voting members of the governing body at the end of the tax year if the are netical differences in working opins announ permitse of the governing body of the governing body delegated bread authority to an executive committee of similar committee, explain on Schedule 0. be finite the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, mustee, or key employee the are a family relationship or a business relationship with any other officers, director, strustee, or key employee? 3 Did the organization followed control over management duties customarily performed by or under the direct supervision of officers, directors, strustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant charges to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization assests? 5 Did the organization have members or stockholders? 6 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? 5 Did a variety of the standard of the sta	Sec	tion A. Governing Body and Management					l	Γ
If there are material differences in voting pitchs among members of the governing body diepated broad authority or an escubive committee or similar committee, explain on Schedule 0. Inc. Inc			1.	I	1 E [Yes	No
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12a Did the organization have a written conflict of interest policy?	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	?	11a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PNONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Dupon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records \$ARAH STUCKEY - 602-343-3110	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PNONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?		12b	Х	
13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ensuremath{\mathit{H}}$ "	Yes," d	escribe				
14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 The yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Mone organization to the problem of the policion. Indicate how you made these available. Check all that apply. 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ARAH STUCKEY - 602-343-3110		in Schedule O how this was done				12c	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	13	Did the organization have a written whistleblower policy?				13	Х	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Pone Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	14	Did the organization have a written document retention and destruction policy?				14	Х	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	15	Did the process for determining compensation of the following persons include a review and approve	al by ind	dependent				
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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	а	The organization's CEO, Executive Director, or top management official			[15a	Х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a					- 1	15b		Х
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ARAH STUCKEY - 602-343-3110								
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	th a				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SARAH STUCKEY - 602-343-3110		taxable entity during the year?			[16a		Х
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SARAH STUCKEY - 602-343-3110	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation				
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SARAH STUCKEY - 602-343-3110		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	's				
 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						16b		
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ARAH STUCKEY - 602-343-3110 	Sec							
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	17	List the states with which a copy of this Form 990 is required to be filed NONE						
for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Another's website X Upon request Other (explain on Schedule O) State the name, available to the public during the tax year.	18		nd 990	T (Section 501(c)(3)s	only)	availa	ble
 X Own website						• ,		
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110 			n on Sc	hedule (0)				
statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110	19	(- F		,	and	financ	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH STUCKEY - 602-343-3110				,5559,				
SARAH STUCKEY - 602-343-3110	20	·	oks and	records 				
		2831 N 31ST AVE, PHOENIX, AZ 85009						

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

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

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

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

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

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

(A)	(B)	J		((C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck ss pe	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM KERTIS	40.00							064 503	0	05 155
PRESIDENT & CEO	2.00	Х		Х				264,593.	0.	25,175.
(2) SARAH STUCKEY CFO	2.00	-		х				102 670	0.	21 624
(3) LISA NOTARO	40.00			Λ.				183,670.	0.	21,634.
CHIEF DEVELOPMENT OFFICER	40.00	1			х			179,929.	0.	23,068.
(4) DUANE LAWSON	40.00							175,525.	· ·	23,000.
CHIEF OPERATING OFFICER	10.00	1			х			177,270.	0.	9,631.
(5) BRITT KNAPP	40.00									- ,
SR. DIRECTOR OF FOOD & SUPPLY CHAIN		1				x		171,694.	0.	14,902.
(6) MARCOS GAUCIN	40.00							,		,
CHIEF PROGRAM OFFICER		1			х			151,018.	0.	19,638.
(7) LAURA BRILL	40.00									
SR DIR OF CULINARY & NUTRITION						x		106,717.	0.	17,530.
(8) CHAD MURPHY	40.00									
CHIEF HUMAN RESOURCES OFFICER						х		111,779.	0.	6,406.
(9) MARC ISAACS	2.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(10) DOUGLAS CURRAULT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) JOHN GINTY	2.00									
TREASURER (LEFT 1/21)		Х		Х				0.	0.	0.
(12) BOB BEAKE	2.00	-								
VICE CHAIR (LEFT 6/21)		Х		Х				0.	0.	0.
(13) JACKIE ASKIN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) TOM CLARK	1.00	ł								
DIRECTOR (LEFT 6/21)	1 00	Х						0.	0.	0.
(15) ARNOTT DUNCAN	1.00								^	_
DIRECTOR (LEFT 9/20)	1 00	Х						0.	0.	0.
(16) SHERYL HILDEBRAND DIRECTOR (LEFT 6/21)	1.00	х						0.	0.	_
(17) PETER LARSON	1.00	^	\vdash			\vdash	 	0.	U.	0.
DIRECTOR	1.00	Х						0.	0.	0.
032007 12-23-20	1 1.00	-22	L	l	l			1 0.	0.	Form 990 (2020)

Part VIII Section A Officers Directors Trus					LUE	wb a -	10	ampanatad Emylana	23-733333	z Page O
Part VII Section A. Officers, Directors, Trus (A)	tees, Key Emp (B)	юу	ees,	anc (0		gnes	it Co		s (continued) (E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	box	not ci , unles cer an	Pos heck i ss per	ition more rson i irecto	than o	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(18) TERRY MORRISON	1.00	-	=	0	¥	Ξ 0	ш.			_
DIRECTOR		х						0.	0.	0.
(19) JUDD NORRIS	1.00									
DIRECTOR		х						0.	0.	0.
(20) ERIK OLSSON	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(21) GRAEME PARKES	1.00									
DIRECTOR		х						0.	0.	0.
(22) GENE PETERSON	1.00									
DIRECTOR (LEFT 6/21)		х						0.	0.	0.
(23) JOHN ROUSSEL	1.00									
DIRECTOR		Х						0.	0.	0.
(24) BECKY WINTERSCHEIDT	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JOE CLANCY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(26) WILL FELIZ	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,346,670.	0.	137,984.
c Total from continuation sheets to Part VI	I, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)								1,346,670.	0.	137,984.

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

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

Section B. Independent Contractors

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

	Compensation
·	<u> </u>
MARKETING AND ADVERTISING	1,950,146.
MARKETING AND ADVERTISING	940,932.
TEMP LABOR	424,644.
POLICE TRAFFIC CONTROL	301,350.
SECURITY GUARDS	234,558.
those listed above) who received more than	
9	- 000
	MARKETING AND ADVERTISING TEMP LABOR POLICE TRAFFIC CONTROL SECURITY GUARDS those listed above) who received more than

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 ST MARY'S FOO	OD BANK ALL	IAN	CE						23-73535	532
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	c all	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DARYL MELVIN	1.00									
DIRECTOR		х						0.	0.	0.
(28) LAURA WORZELLA	1.00									
DIRECTOR		Х						0.	0.	0.
		ļ								
			_							
Total to Part VII, Section A, line 1c										

Form 990 (2020) ST MARY'S 1
Part VIII Statement of Revenue

		Check if Schedule O c	ontains	a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a	159,664.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
جَ جَ		Fundraising events							
ffs,		Related organizations							
ية إق					13,385,594.				
Sir		Government grants (contri			13,303,334.				
utio	ī	All other contributions, gifts,			255 947 574				
^듩		similar amounts not included		. —	255,947,574.				
o d	•	Noncash contributions included in I			203,641,309.	260 402 922			
O g	n	Total. Add lines 1a-1f				269,492,832.			
		COLIDGE DDOGDAM			Business Code	E22 0E6	E22 0E6		
<u>:</u>	2 a				900099	523,056.	523,056.		
er v	b	CK CATERING			624210	6,320.	6,320.		
n S	С								
ran 3ev	d								
Program Service Revenue	е								
Δ.		All other program service r							
\longrightarrow	g	Total. Add lines 2a-2f				529,376.			
	3	Investment income (includ							_
		other similar amounts)				152,258.			152,258.
	4	Income from investment o	f tax-exe	empt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	63,800.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6с	63,800.					
	d	Net rental income or (loss)			>	63,800.	63,800.		
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a	683,021.	7,550.				
	b	Less: cost or other basis							
ē		and sales expenses	7b	627,532.	92,966.				
Revenue	С		7c	55,489.	-85,416.				
₽.		Net gain or (loss)				-29,927.			-29,927.
her		Gross income from fundraisin							
₽		including \$		of					
		contributions reported on	line 1c).	 See					
		Part IV, line 18	•	8a					
	b	Less: direct expenses		I .					
		Net income or (loss) from f							
		Gross income from gaming							
		Part IV, line 19	•						
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances		I .					
	b	Less: cost of goods sold		I .					
		Net income or (loss) from s			•				
\dashv		5. (1555) Olli (Business Code				
Snc	11 a	OTHER			900099	159,902.			159,902.
nec Tue	a					,			,
Miscellaneous Revenue	c								
Sc		All other revenue							
Σ		Total. Add lines 11a-11d			—	159,902.			
	12	Total revenue. See instruction				270,368,241.	593,176.	0.	282,233.

032009 12-23-20

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,542,707.	182,542,707.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	50,988,858.	50,988,858.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	930,974.	688,267.	120,592.	122,11
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	11,341,011.	8,384,391.	1,469,041.	1,487,579
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	447,505.	330,840.	57,967.	58,698
9	Other employee benefits	1,766,664.	1,306,092.	228,842.	231,730
0	Payroll taxes	800,819.	592,044.	103,733.	105,042
1	Fees for services (nonemployees):				
а	Management				
b	Legal	38,472.		38,472.	
С	Accounting	59,550.		59,550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1,644,320.			1,644,320
f	Investment management fees	32,787.		32,787.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,427,640.	270,724.	186,895.	970,021
12	Advertising and promotion	38,873.		38,873.	
13	Office expenses	247,624.	32,070.	7,561.	207,993
14	Information technology	586,243.	154,494.	425,365.	6,384
15	Royalties	1 651 105	4 650 004	10.620	
6	Occupancy	1,671,107.	1,659,901.	10,630.	576
7	Travel	1,010,491.	979,331.	20,950.	10,210
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20.100	00.00	0.164	0.046
19	Conferences, conventions, and meetings	39,109.	28,097.	2,164.	8,848
20	Interest	68,498.	-	68,498.	
21	Payments to affiliates	2 050 500	2 020 020	39 560	
22	Depreciation, depletion, and amortization	2,058,589.	2,020,020.	38,569.	6,500
23	Insurance	337,618.	228,352.	102,766.	6,500
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 0.)				
а	FOOD PURCHASES	4,621,606.	4,475,994.		145,612
b	RENTAL/LEASE	1,443,152.	1,440,051.	3,101.	
С	PACKAGING PRODUCTS	812,378.	785,114.		27,264
d	VEHICLE EXPENSE	774,023.	773,981.	42.	
е	All other expenses	3,410,070.	746,513.	22.	2,663,535
5	Total functional expenses. Add lines 1 through 24e	269,140,688.	258,427,841.	3,016,420.	7,696,42
6	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)				

Form 990 (2020) Part X Balance Sheet

. u.	ιλ	Check if Schedule O contains a response or n	ote to anv li	ine in this Part X			
			<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,240,838.	1	5,692,753.
	2				145,178.	2	76,102.
	3			763,155.	3	170,000.	
	4	Accounts receivable, net			2,260,782.	4	1,606,894.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial cor	ntributor, or 35%			
		controlled entity or family member of any of th	ese person	s		5	
	6	Loans and other receivables from other disqua	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	n 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,766,333.	8	11,809,372.
As	9	Prepaid expenses and deferred charges			243,153.	9	344,485.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		37,468,316.			
	b	Less: accumulated depreciation		18,176,147.	19,476,186.	10c	19,292,169.
	11	Investments - publicly traded securities			5,155,926.	11	5,359,192.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	953,901.		
	16	Total assets. Add lines 1 through 15 (must ed			43,051,551.	16	45,304,868.
	17	Accounts payable and accrued expenses			1,767,438.	17	2,202,922.
	18			18			
	19	Grants payable Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iliqi		controlled entity or family member of any of th				22	
Lis	23	Secured mortgages and notes payable to unre	-		902,657.	23	544,672.
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D	,	·	267,628.	25	279,252.
	26	Total liabilities. Add lines 17 through 25			2,937,723.	26	3,026,846.
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.		· —			
anc	27				39,490,841.	27	40,826,207.
Bal	28	Net assets with donor restrictions			622,987.	28	1,451,815.
l bu		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.	•				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
					40 112 020		42 279 022
ēt	32	Total net assets or fund balances			40,113,828.	32	42,278,022.

Pa	rt XI │ Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			368,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		269,	140,	688.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	227,	553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		40,	113,	828.
5	Net unrealized gains (losses) on investments	5			-17,	260.
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			953,	901.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		42,	278,	022.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?		L	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			-	Form	990	(2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ST MARY'S FOOD BANK ALLIANCE

Employer identification number 23-7353532

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions.	
		zation is not a private found						
1							IVAVi)	
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
	H	A hospital or a cooperative					:1	
3	H						•	the heapital's name
4		A medical research organiza	ation operated in cor	ijuriction with a nospital	described	III Sectio	11 170(D)(1)(A)(III). Litter	the nospital's name,
_		city, and state:	41 1					- al :
5	ш	An organization operated for		lege of university owner	or operati	ed by a go	vernmental unit describe	eu in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	-					
7	X	An organization that normal	-	ntial part of its support f	rom a gove	ernmental	unit or from the general i	public described in
_		section 170(b)(1)(A)(vi). (C	•					
8	\mathbb{H}	A community trust describe						
9	Ш	An agricultural research org				=		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that normal	•	• •			· ·	-
		activities related to its exem		•				-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Ш	An organization organized a	•	•	•			_
12	Ш	An organization organized a	•	•	-		•	
		more publicly supported org						Check the box in
		lines 12a through 12d that o					, ,	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	·	•	_		
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c						
b		Type II. A supporting orga	· ·					-
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ed with,
		its supported organization		-				
d		Type III non-functionally					• • • • •	* *
		that is not functionally into	-		•		='	veness
_		requirement (see instructi	·	-				
е		Check this box if the orga					rype i, rype ii, rype iii	
	Ento	functionally integrated, or	• •	ially integrated supporti	ng organiz	ation.		
f		r the number of supported or ride the following information	-	d organization(a)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
					1			
	_							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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) 6 Public support. Subtract line 5 from line 4. Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subheat line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources and income from unrelated activities, and or loss from the sale of capital sassets (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
160,559,103, 165,318,611, 167,505,484, 194,114,570, 266,397,830, 953,895,51 2 Tax revenues levied for the organization is 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 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) 7 Amounts from line 4	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources section B. Total Support. Subtract lines are considered on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.) 11 Total support. Add lines 7 through 10		membership fees received. (Do not						
ization'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 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) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Total support. Add lines 7 through 10 18 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Chernicome. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 18 Total support. Add lines 7 through 10 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 11 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		include any "unusual grants.")	160,559,103.	165,318,611.	167,505,484.	194,114,570.	266,397,830.	953,895,598.
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 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) 6 Public support. Subteat line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 Its 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Total support. Add lines 7 through 10 18 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 11 Total support. Add lines 7 through 10 12 20,071,91 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. 165, 318, 611. 167, 505, 484. 194, 114, 570. 266, 397, 830. 953, 895, 51. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e) 2020 (f) Total 160, 559, 103. (d) 2019 (e		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Section C. Computation of Public Support Percentage 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,519 (g) 200 (g) Total 11 Total support. Add lines 7 through 10 Section C. Computation of Public Support Percentage	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
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) 45,509,7' 6 Public support. Subtract line 5 from line 4. 908,385,8: Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,5! 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,7: 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 195,578. 59,700. 159,902. 717,510 12 Gross receipts from related activities, etc. (see instructions) 195,578. 59,700. 159,902. 717,510 13 First 5 years. If the Form 990 is for the organization, check this box and stop here Section C. Computation of Public Support Percentage		the organization without charge						
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) 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 (e) 2018 (d) 2019 (e) 2020 (ff) Total 124,117. 178,209. 195,578. 59,700. 159,902. 717,510 (e) 2018 (ff) Total 2019 (ff) Total	4	Total. Add lines 1 through 3	160,559,103.	165,318,611.	167,505,484.	194,114,570.	266,397,830.	953,895,598.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 45,509,7' 6 Public support. Subtract line 5 from line 4. 908, 385, 8: Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (e) 2	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 45,509,7' 6 Public support. Subtract line 5 from line 4. 908,385,8: Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51 (d) 2019 (e) 2020 (by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,51. 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,71. 178,109. 187,145. 187,14		governmental unit or publicly						
amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		supported organization) included						
column (f) 45,509,77 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,599. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,799. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 (Gross receipts from related activities, etc. (see instructions) 12 (a) 20,071,91. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 (d) 2019 (e) 2020 (f) Total 2020 (e)		amount shown on line 11,						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,79 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 124,117. 178,209. 195,578. 59,700. 159,902. 717,51 11 Total support. Add lines 7 through 10 955,627,81 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,91 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		column (f)						45,509,778.
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,79 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 124,117. 178,209. 195,578. 59,700. 159,902. 717,51 11 Total support. Add lines 7 through 10 955,627,83 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,93 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	6	Public support. Subtract line 5 from line 4.						908,385,820.
7 Amounts from line 4 160,559,103. 165,318,611. 167,505,484. 194,114,570. 266,397,830. 953,895,59 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,73 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 124,117. 178,209. 195,578. 59,700. 159,902. 717,500 11 Total support. Add lines 7 through 10 955,627,83 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,900 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	ction B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,739. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 124,117. 178,209. 195,578. 59,700. 159,902. 717,500. 11 Total support. Add lines 7 through 10 955,627,830. 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,930. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	7	Amounts from line 4	160,559,103.	165,318,611.	167,505,484.	194,114,570.	266,397,830.	953,895,598.
securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,73 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 1 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	8	Gross income from interest,						
securities loans, rents, royalties, and income from similar sources 194,381. 193,189. 187,145. 223,956. 216,058. 1,014,73 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 1 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		securities loans, rents, royalties,						
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		and income from similar sources	194,381.	193,189.	187,145.	223,956.	216,058.	1,014,729.
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	9							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		activities, whether or not the						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		business is regularly carried on						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	10							
11 Total support. Add lines 7 through 10 955,627,83 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,93 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		or loss from the sale of capital						
11 Total support. Add lines 7 through 10 955,627,83 12 Gross receipts from related activities, etc. (see instructions) 12 20,071,94 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		assets (Explain in Part VI.)	124,117.	178,209.	195,578.	59,700.	159,902.	717,506.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	11							955,627,833.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage □	12	Gross receipts from related activities,	etc. (see instruction	ons)			12	20,071,982.
Section C. Computation of Public Support Percentage					fourth, or fifth tax y	ear as a section 5	01(c)(3)	
		organization, check this box and stop	here					>
14. Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	Sec	ction C. Computation of Publi	c Support Per	centage				
14 Janie Support percentage for 2020 (inte 0, columnit (i), divided by lifte 11, columnit (ii)	14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	95.06 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.85 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b							
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
		Private foundation. If the organization	n did not check a l	hox on line 13 16	a 16b 17a or 17b	check this box a	nd see instructions	. •

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		, ,	, ,			
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975	ļ					
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	_						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I			column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2019. If the						ınd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- **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.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		1
Sec	tion 6. Type if Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1 1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	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,			
				1
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	u		
b				1
	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	2b		
2	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	L OD	ш	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see
•	instructions)	,ograioc	, po capporting orga	

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations _{(continu}	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

ST MARY'S FOOD BANK ALLIANCE 23-7353532 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* 7,991,490.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ 9,241,540.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 6 ,473 ,165 .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$6,609,149.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* Total contributions	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Hame, address, and Zir + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATIONS		
1		\$\$6,874,758.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATIONS		
2		\$7,991,490.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATIONS		
3			
		\$9,241,540.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATIONS		
4		\$6,473,165.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FOOD DONATIONS		
		\$6,609,149.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD DONATIONS	7 700 544	06/30/21
		\$	

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATIONS		
7			
		\$ \$ 830.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	ganization		Employer identification number
ST MARY'S	S FOOD BANK ALLIANCE		23-7353532
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year atry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
	Transferee's name, address, a		Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ST MARY'S FOOD BANK ALLIANCE

Employer identification number 23-7353532

Par	rt I Organizations Maintaining Donor Advised Funds or Other Simil	lar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised fur	nds (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	unds can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	ner purpose conferri	ng
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes" or	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	eservation of a histo	orically important land area
		eservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a cor	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	()		2c
d			
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organia	zation during the tax
	year >		
4	Number of states where property subject to conservation easement is located	la an allina a la f	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en	oforcing consorvation	
U	Start and volunteer riours devoted to monitoring, inspecting, nariding of violations, and en	norching conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	na conservation eas	sements during the year
•	S	ng conservation cas	sements daming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue a		
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•	
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasu	res, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or re-	esearch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or other similar assets	s for financial gain, p	provide
	the following amounts required to be reported under FASB ASC 958 relating to these item	is:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar A	ssets	(contir		agc –
3	Using the organization's acquisition, accession								•	,	
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	, [(Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organization	n's exemp	ot purpose in	n Part X	III.		
5	During the year, did the organization solicit of										_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered "`	Yes" on F	orm 990, Pa	art IV, Iir	ne 9, or		
			ion / for o	ontribution.	- ar athar ass	oto not in	alı ıdad				
ıa	Is the organization an agent, trustee, custodi								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							\square	162		_ INO
ь	ii res, explain the analigement in Part Alli	and complete the loi	lowing to	able.					Amoun	+	
С	Reginning halance						1c		AIIIOUII		
	Beginning balance Additions during the year						1d				
e	51 . 11 . 1 . 1						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		Ш]
	rt V Endowment Funds. Complete i										
	· ·	(a) Current year		rior year	(c) Two years		d) Three years	s back	(e) Four	vears	back
1a	Beginning of year balance	,	, ,	•		,	,		` '		
b	0										
С	Net investment earnings, gains, and losses										
d											
е	0.0										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:	•					
а		•	%		•						
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	ed for the	organization	n	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	((d) Boo	k valu	е
	Lond	basis (investr	neni)		(other)	uepr	eciation		າ	202,	865
_	Land				,553,341.	1	1,306,756	;		246,	
b	9			2.3	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	' 	14,	240,	303.
c d	1			11	,152,959.		6,869,391		4	283,	568
	Equipment Other				559,151.		-, , 1			559,	
	il. Add lines 1a through 1e. (Column (d) must e		V colum	n (D) line 1				_	19	292,	
1 Jia	m. / idd midd fa thiodgir fo. (Columnia) must e	<u>quai FUIII 990, Fall</u>	A. COIUITI	ıı (D), IIIIC T	<i></i>			nedule [

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-vear market value
A FI CLU C	(a) Doon raide	(0)	a or your marries value
1) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(-, = = = = = = = = = = = = = = = = = = =	(-)	· , · · · · · · · · · · · · · · · · ·
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the examination enguered "Ver"			
(a)	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	•	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	•	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	•	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY	Description	•	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6) (7)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6) (7) (8)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6) (7)	Description	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6) (7) (8)	Description 2 15.) on Form 990, Part IV, line 1		(b) Book value 279,252

Schedule D (Form 990) 2020

Pai	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	278,895,507.
1				1	270,055,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	-17,260.		
a	Net unrealized gains (losses) on investments		505,740.		
b	Donated services and use of facilities		303,710.		
c	Recoveries of prior year grants Other (Recoving in Part VIII.)		39,771,573.		
d	Other (Describe in Part XIII.) Add lines 2a through 2d			20	40,260,053.
е 3	•			2e 3	238,635,454.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,787.		
b	Other (Describe in Part XIII.)		31,700,000.		
	A 1112 A 141			4c	31,732,787.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	270,368,241.
	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per P		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	238,009,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	505,740.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		96,320.		
е	Add lines 2a through 2d			2e	602,060.
3	Subtract line 2e from line 1			3	237,407,901.
4	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	32,787.		
b	Other (Describe in Part XIII.)	4b	31,700,000.		
С	Add lines 4a and 4b			4c	31,732,787.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	269,140,688.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforn	nation.		
PART	X, LINE 2:				
	., LINE 2.				
ST.	MARY'S QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION	501(C)(3)			
OF T	HE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THER	E IS NO			
PROV	ISION FOR INCOME TAXES FOR THIS ORGANIZATION. IN ADDITION, T	HE			
ORGA	NIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION	UNDER			
SECT	ION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATI	ON THAT IS			
3 NG	M DRIVAME EQUINDAMION INCOME DEMEDMINED MO DE UNDELAMED DUCT	MEGG			
A NC	T PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSI	NESS			
таха	BLE INCOME WOULD BE TAXABLE.				
ST.	MARY'S EVALUATES THEIR UNCERTAIN TAX POSITION, IF ANY, ON A	CONTINUAL			
BASI	S THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF	THEIR			
		22			
REGU	LAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AT JU	NE 30,			
2021	, MANAGEMENT BELIEVES ST. MARY'S DID NOT HAVE ANY UNCERTAIN	TAX			
	,				

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
ST MARY'S	FOOD BANK ALLIANCE					23-735353	2
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RKD ALPHA DOG MARKETING -		Yes	No				
8001 S 13TH ST, LINCOLN, NE	DIRECT MAIL FUNDRAISING		Х	10,776,784.		1,587,320.	9,189,464.
KELLY HART AND ASSOCIATES - 2831 N 31ST AVE, PHOENIX, AZ	FUNDRAISING/GRANT WRITING		х	726,124.		57,000.	669,124.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	11,502,908. or has been notified		1,644,320. exempt from req	9,858,588. gistration
AZ							

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

			(a) Event #1	90-EZ, lines 1 and 6b. List 6 (b) Event #2	(c) Other events	T
			(a) Evolte #1	(b) Evont #2	(c) other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Kevenue						
Leve	1	Gross receipts				
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
- 1	5	Noncash prizes				
Seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_ [8	Entertainment				
	9	Other direct expenses				
-	10	Direct expense summary. Add lines 4 through			>	
	11	Net income summary. Subtract line 10 from I				
ar	t I		answered "Yes" on For	m 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	_	_		_
ا پو			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Hevenue				billigo/progressive billigo		coi. (a) throught coi. (c
	1	Gross revenue				
Sel	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
T			Yes 9	% Yes%	Yes %	
	6	Volunteer labor	No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d))	>	
		er the state(s) in which the organization condu				
		ne organization licensed to conduct gaming a				
b	lf "N	No," explain:				
		re any of the organization's gaming licenses re	evoked, suspended, or	· · · · · · · · · · · · · · · · · ·		Yes N
		es," explain:				

Schedule G (Form 990 or 990-EZ) 2020 ST MARY'S FOOD BANK ALLIANCE	3-7353532	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	
Little the hame and address of the person who prepares the organization's gaming/special events books and records.		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party ▶\$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
16 Gaming manager information:		
Calling manager morniation.		
Name		
Gaming manager compensation ▶ \$		
Carring manager compensation • • • • • • • • • • • • • • • • • • •		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: RKD ALPHA DOG MARKETING		
(T)		
(I) ADDRESS OF FUNDRAISER: 8001 S 13TH ST, LINCOLN, NE 68512		
(I) NAME OF FUNDRAISER: KELLY HART AND ASSOCIATES		
(I) ADDRESS OF FUNDRAISER: 2831 N 31ST AVE, PHOENIX, AZ 85009		
PART I, LINE 2B, COLUMN (V):		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer ide	entification num	ber
ST MARY'S FOOD		E						23-7353532	
Part I General Information on Grants ar	nd Assistance								
1 Does the organization maintain records to									
criteria used to award the grants or assis-	tance?						<u>x</u>	Yes	No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.					
Part II Grants and Other Assistance to I					ganization answered "	Yes" on Form 990, Part	IV, line 21, for	any	
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Mathad of	1			
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		rpose of grant assistance	
					FEEDING				
AAAA ALCOHOL AND ADDICTION					AMERICA				
316 N 11TH WAY					VALUATION				
PHOENIX, AZ 85006	86-0267826	501(C)(3)	0.	134,785.	REPORT	FOOD	COMMUNITY	FOOD ASSISTA	NCE
					FEEDING				
AAAA ALCOHOL AND ADDICTION					AMERICA				
4430 N 23RD AVE					VALUATION				
PHOENIX, AZ 85015	86-0267826	501(C)(3)	0.	181,313.	REPORT	FOOD	COMMUNITY	FOOD ASSISTA	NCE
					FEEDING				
AGUA FRIA FOOD AND CLOTHING BANK					AMERICA				
(AVONDALE) - 405 E HARRISON -					VALUATION				
AVONDALE, AZ 85323	56-2515365	501(C)(3)	0.	1,404,063.	+	FOOD	COMMUNITY	FOOD ASSISTA	NCE
					FEEDING				
AGUA FRIA FOOD AND CLOTHING BANK					AMERICA				
(ROBEY) (MP) - 5340 N WIGWAM CREEK					VALUATION				
BLVD - LITCHFIELD PARK, AZ 85340	56-2515365	501(C)(3)	0.	1,543,988.	+	FOOD	COMMUNITY	FOOD ASSISTA	NCE
					FEEDING				
AGUA FRIA FOOD AND CLOTHING BANK					AMERICA				
(TONOPAH) - 36827 W INDIAN SCHOOL					VALUATION				
RD - TONOPAH, AZ 85354	56-2515365	501(C)(3)	0.	46,625.		FOOD	COMMUNITY	FOOD ASSISTA	NCE
					FEEDING				
AIM RIGHT MINISTRIES					AMERICA				
1013 N 13TH ST	06 00-11-	504 (5) (2)		0.5.5.5	VALUATION				
PHOENIX, AZ 85006	86-0821440		0.	216,199.	REPORT	FOOD	COMMUNITY	FOOD ASSISTA	
2 Enter total number of section 501(c)(3) ar	•	•	e line 1 table				······· <u>}</u> _	3	356.
3 Enter total number of other organizations							<u> </u>		
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule	e I (Form 990) 20	J20

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation or assistance cash grant non-cash non-cash assistance (book, FMV, assistance appraisal, other) FEEDING ALHAMBRA ESD 68 FAMILY RESOURCE AMERICA CENTER - 4432 W MARYLAND AVE -VALUATION 86-6000510 501(C)(3) 40,915, REPORT GLENDALE, AZ 85301 0. FOOD COMMUNITY FOOD ASSISTANCE ALL FAITH COMM SERVICES AT FEEDING LIGHTHOUSE FELLOWSHIP - 3015 N AMERICA 195TH AVE - LITCHFIELD PARK AZ VALUATION 85340 54-2160931 501(C)(3) 0 181,713, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING ALL FAITH COMMUNITY SERVICES AMERICA 214 S 5TH ST VALUATION BUCKEYE, AZ 85326 54-2160931 501(C)(3) 0. 2,656,695, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING ALL FAITH COMMUNITY SERVICES AMERICA GOODYEAR - 14900 W VAN BUREN ST VALUATION GOODYEAR, AZ 85338 54-2160931 501(C)(3) 0 168,360, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA ANDRE HOUSE OF AZ INC VALUATION 213 S 11TH AVE 86-0717841 501(C)(3) 130,307, REPORT PHOENIX, AZ 85007 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING APOSTOLIC ASSEMBLY OF THE FAITH IN AMERICA CHRIST JESUS - 2526 N 36TH AVE -VALUATION 95-6087955 501(C)(3) 33,066, REPORT PHOENIX AZ 85009 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING ARIZONA BAPTIST CHILDREN'S AMERICA SERVICES (TEFAP PA) - 2632 W VALUATION 34,564. REPORT AUGUSTA AVE - PHOENIX AZ 85051 86-6053028 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING ARIZONA CALL A TEEN YOUTH AMERICA VALUATION RESOURCES INC - 649 N 6TH AVE -14,290. REPORT PHOENIX, AZ 85003 95-3239788 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING ARIZONA ODD FELLOW (REBEKAH) AMERICA VALUATION (CSFP) - 222 E INDIANOLA AVE -PHOENIX, AZ 85012 86-0217129 501(C)(3) 68 016 REPORT COMMUNITY FOOD ASSISTANCE 0. FOOD

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation or assistance cash grant non-cash non-cash assistance (book, FMV, assistance appraisal, other) FEEDING ARIZONA RETIREMENT HOME OF AMERICA SCOTTSDALE - 7310 E PALM LN -VALUATION 86-0711505 501(C)(3) 18,169, REPORT SCOTTSDALE, AZ 85257 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING ASH FORK FOURSQUARE CHURCH PATHWAY AMERICA CHAPEL - 2400 N DOUBLE A RANCH RD VALUATION - ASH FORK, AZ 86320 86-0938376 501(C)(3) 0 112,321, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING ASTER AGENCY AMERICA 7550 E ADOBE ST VALUATION MESA, AZ 85207 94-2596075 501(C)(3) 0. 7,897. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING BALSZ ELEM SCHOOL DISTRICT AMERICA BRUNSON LEE SCHOOL - 1350 N 48TH VALUATION ST - PHOENIX, AZ 85008 86-6000495 501(C)(3) 0 102,026, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA BANNER HEALTH VALUATION 11250 N 107TH AVE 94-2745413 501(C)(3) 1,699,209, REPORT SUN CITY, AZ 85351 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING BEAVER CREEK SCHOOL AMERICA 4810 E BEAVER CREEK RD VALUATION 242,184, REPORT RIMROCK AZ 86335 GOVERNMENT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING BLACK FAMILY CHILD SERVICES AMERICA 1522 E SOUTHERN AVE STE 1 VALUATION 281,883, REPORT PHOENIX AZ 85040 86-0480412 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING BLUE GAP BIBLE MINISTRIES AMERICA VALUATION 1/2 MI S OF BLUE GAP CHAPTER HOUSE 163,394, REPORT BLUE GAP, AZ 86520 01-0957679 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING BODAWAY GAP CHAPTER AMERICA HIGHWAY 89 MP 498 AT IR N 20 VALUATION CAMERON, AZ 86020 86-0913511 501(C)(3) 21 093 REPORT COMMUNITY FOOD ASSISTANCE 0. FOOD

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	T uge T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
BREAD OF LIFE MISSIONS CAMP VERDE					AMERICA		
1575 S SULLIVAN LN 28					VALUATION		
CAMP VERDE, AZ 86322	86-0814302	501(C)(3)	0.	1,745,529.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CALVARY UNITED METHODIST CHURCH					AMERICA		
7949 W INDIAN SCHOOL RD					VALUATION		
PHOENIX, AZ 85033	86-0193155	501(C)(3)	0.	107,929.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CAMERON ASSEMBLY OF GOD					AMERICA		
1MI SW OF CAMERON TRADING POST					VALUATION		
CAMERON, AZ 86020	86-0441521	501(C)(3)	0.	173,515.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·					FEEDING		
CARE AND SHARE FOOD BANK					AMERICA		
2605 PREAMBLE POINT					VALUATION		
COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	0.	145,308.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				,	FEEDING		
CARING HANDS OF PINAL COUNTY					AMERICA		
702 E COTTONWOOD					VALUATION		
CASA GRANDE, AZ 85122	86-6000556	501(C)(3)	0.	120,671.		FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
CARTWRIGHT SD WELCOME CENTER					AMERICA		
4308 N 51ST AVE STE 103					VALUATION		
PHOENIX, AZ 85031	86-6000517	501(C)(3)	0.	259,308.		FOOD	COMMUNITY FOOD ASSISTANCE
Industry, III doesn't	30 0000317	501(0)(0)	· · · · · ·	233,300.	FEEDING	1002	
CASA GRANDE FOOD BANK					AMERICA		
235 EAST 4TH STREET					VALUATION		
CASA GRANDE, AZ 85122	94-2525394	501/0\/3\	0.	33 520	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
CASA GRANDE, AZ 03122	94-2323394	501(0)(3)	· · ·	33,329.	FEEDING	FOOD	COMMONITI FOOD ASSISTANCE
CATHOLIC CHARITIES AT AVONDALE					AMERICA		
BAPTIST CHURCH - 1001 N CENTRAL	96 000000	E01/G)/3\		0 001	VALUATION	ECOD	COMMINITAL FOOD AGGICANING
AVE - AVONDALE, AZ 85323	86-0223999	DOT(C)(3)	0.	9,221.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
21 W 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					FEEDING		
CATHOLIC CHARITIES COMM SERVICES					AMERICA		
OF AZ - 1594 N OATMAN RD -					VALUATION		
BULLHEAD CITY, AZ 86442	86-0223999	501(C)(3)	0.	37,291.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
CATHOLIC CHARITIES COMM SVCS					AMERICA		
(ROSEWOOD COURT) - 1825 W NORTHERN					VALUATION		
AVE - PHOENIX, AZ 85021	86-0223999	501(C)(3)	0.	201,421.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CATHOLIC CHARITIES COMMUNITY					AMERICA		
SERVICES OF ARIZONA - 6738 N 45TH					VALUATION		
AVE - GLENDALE, AZ 85301	86-0223999	501(C)(3)	0.	128,837.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CENTRAL CHRISTIAN CHURCH (KINGMAN)					AMERICA		
112 N 4TH STREET					VALUATION		
KINGMAN, AZ 86401	88-0118790	501(C)(3)	0.	99,365.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CHILCHINBETO CHAPTER					AMERICA		
2 MI S OF US 160 ON N59 AT CHAPTER					VALUATION		
KAYENTA, AZ 86033	86-0718204	GOVERNMENT	0.	78,125.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CHILDHELP INC					AMERICA		
2120 N CENTRAL AVE SUITE 130					VALUATION		
PHOENIX, AZ 85004	95-2884608	501(C)(3)	0.	8,352.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CHRIST COMMUNITY UNITED METHODIST					AMERICA		
CHURCH (MP) - 104 W WESTERN AVE -					VALUATION		
AVONDALE, AZ 85323	86-6051092	501(C)(3)	0.	533,525.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				,	FEEDING		
CHRIST EVANGELICAL LUTHERAN CHURCH					AMERICA		
918 S LITCHFIELD					VALUATION		
GOODYEAR, AZ 85338	86-0476656	501(C)(3)	0.	115,779.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				, -	FEEDING		
CHRIST LUTHERAN CHURCH					AMERICA		
3901 E INDIAN SCHOOL RD					VALUATION		
PHOENIX, AZ 85018	86-0134466	501(C)(3)	0.	545,154.		FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
CHRIST THE VICTOR LUTHERAN CHURCH					AMERICA		
330 N PINAL ST					VALUATION		
FLORENCE, AZ 85132	47-0987895	501(C)(3)	0.	54,410.		FOOD	COMMUNITY FOOD ASSISTANCE
				,,		E	

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
CHURCH FOR THE NATIONS					AMERICA		
6225 N CENTRAL AVE					VALUATION		
PHOENIX, AZ 85012	75-3114849	501(C)(3)	0.	188,418.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CIRCLE OF PAGE					AMERICA		
801 AQUA AVE					VALUATION		
PAGE, AZ 86040	30-0170553	501(C)(3)	0.	732,914.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CIRCLE OF PAGE					AMERICA		
100 E WOODHILL RD					VALUATION		
PAGE, AZ 86040	30-0170553	501(C)(3)	0.	9,708.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CIRCLE THE CITY					AMERICA		
333 W INDIAN SCHOOL RD					VALUATION		
PHOENIX, AZ 85013	26-2420730	501(C)(3)	0.	170,326.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CIRCLE THE CITY					AMERICA		
210 S 12TH AVE					VALUATION		
PHOENIX, AZ 85007	26-2420730	501(C)(3)	0.	106,643.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CITY HELP INC OF PHOENIX					AMERICA		
75 N CENTRAL ST					VALUATION		
COLORADO CITY, AZ 86021	86-1001113	501(C)(3)	0.	2,641,707.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CITY OF AVONDALE (MP)					AMERICA		
995 E RILEY DR					VALUATION		
AVONDALE, AZ 85323	86-6000233	GOVERNMENT	0.	247,515.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CITY OF PHOENIX HOUSING SUPPORTIVE					AMERICA		
SERVICES PROG - 1725 E MCKINLEY ST					VALUATION		
- PHOENIX, AZ 85006	86-6000256	GOVERNMENT	0.	165,031.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				•	FEEDING		
CITY OF SURPRISE RESOURCE CENTER					AMERICA		
12425 W BELL RD STE 124					VALUATION		
SURPRISE, AZ 85388		GOVERNMENT	0.	19,666.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
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					FEEDING		
CITY OF TOLLESON CAP (TEFAP PA)					AMERICA		
9555 W VAN BUREN					VALUATION		
TOLLESON, AZ 85353	86-6000264	GOVERNMENT	0.	252,949.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CIVITAN FOUNDATION INC					AMERICA		
12635 N 42ND ST					VALUATION		
PHOENIX, AZ 85032	23-7036797	501(C)(3)	0.	44,516.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
COLORADO RIVER FOOD BANK					AMERICA		
590 HANCOCK RD					VALUATION		
BULLHEAD CITY, AZ 86442	88-0345703	GOVERNMENT	0.	1,244,602.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
COMMUNITY FB OF EASTERN OKLAHOMA					AMERICA		
1304 N KENOSHA AVE					VALUATION		
TULSA, OK 74106	73-1184980	501(C)(3)	0.	68,000.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
COMMUNITY FOOD BANK (NOGALES)					AMERICA		
2636 N DONNA AVE					VALUATION		
NOGALES, AZ 85621	51-0192519	501(C)(3)	0.	648,978.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
COMMUNITY FOOD BANK (TUCSON)					AMERICA		
3003 S COUNTRY CLUB RD					VALUATION		
TUCSON, AZ 85713	51-0192519	501(C)(3)	0.	1,819,733.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
COMMUNITY HOPE CENTERS (GR)					AMERICA		
14185 N 83RD AVE					VALUATION		
PEORIA, AZ 85381	27-0957157	501(C)(3)	0.	377,869.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				, -	FEEDING		
CONCERNED CITIZENS FOR COMMUNITY					AMERICA		
HEALTH - 7700 E ROOSEVELT STE 107					VALUATION		
- SCOTTSDALE, AZ 85258	95-3416943	501(C)(3)	0.	251,268.		FOOD	COMMUNITY FOOD ASSISTANCE
			†		FEEDING		
CONCERNED CITIZENS FOR COMMUNITY					AMERICA		
HEALTH - 1700 N GRANITE REEF RD -					VALUATION		
SCOTTSDALE, AZ 85257	95-3416943	501(C)(3)	0.	129,787.		FOOD	COMMUNITY FOOD ASSISTANCE
	1 22 2410242	001(0/(0/	1 0.	127,101.	THE OWN	F 00D	POLITORITI TOOD ADDIDIANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
CONGRESS COMMUNITY CHURCH INC					AMERICA		
27400 SANTA FE					VALUATION		
CONGRESS, AZ 85332	86-0558310	501(C)(3)	0.	204,131.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
CONGRESS SENIOR CENTER					AMERICA		
26733 SANTA FE RD					VALUATION		
CONGRESS, AZ 85332	94-2882535	501(C)(3)	0.	201,240.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				•	FEEDING		
COP HOUSING DEPT (MARYVALE PKWY)					AMERICA		
4545 N MARYVALE PARKWAY					VALUATION		
PHOENIX, AZ 85031	86-6000256	501(C)(3)	0.	26,704.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				, -	FEEDING		
CORDES LAKES COMMUNITY ASSOCIATION					AMERICA		
16357 S CORDES LAKES DR					VALUATION		
CORDES LAKES, AZ 86333	86-0444010	501(C)(3)	0.	258,446.		FOOD	COMMUNITY FOOD ASSISTANCE
			1		FEEDING	F	
CORDES LAKES COMMUNITY ASSOCIATION					AMERICA		
16357 S CORDES LAKES DR					VALUATION		
CORDES LAKES, AZ 86333	86-0444010	501(C)(3)	0.	18,974.		FOOD	COMMUNITY FOOD ASSISTANCE
CONDED LIMED, III 00000	00 0111010	301(0)(3)	1	10,5,1.	FEEDING	1002	
CORNERSTONE COMMUNITY CHURCH OF					AMERICA		
GOD - 208 S MCLANE RD - PAYSON, AZ					VALUATION		
85541	86-0318215	501/C)/3)	0.	53,088.		FOOD	COMMUNITY FOOD ASSISTANCE
03341	00-0310213	501(0)(3)	· · ·	33,000.	FEEDING	FOOD	COMMONITY FOOD ASSISTANCE
CORNERSTONE MISSION PROJECT					AMERICA		
3049 SYCAMORE ST	86-0960036	E01 (G) (3)		204 600	VALUATION	FOOD	GONDANIAN BOOD AGGIGMANG
KINGMAN, AZ 86409	86-0960036	D01(C)(3)	0.	304,698.		FOOD	COMMUNITY FOOD ASSISTANCE
GOVER GUADEED					FEEDING		
COVE CHAPTER					AMERICA		
IR 33				006 156	VALUATION		
RED VALLEY, AZ 86544		GOVERNMENT	0.	226,156.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CPLC (CHICANO POR LA CAUSA)					AMERICA		
6850 W INDIAN SCHOOL RD					VALUATION		
PHOENIX, AZ 85033	86-0227210	501(C)(3)	0.	412,951.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1 ago 1
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					FEEDING		
CPLC (CHICANOS POR LA CAUSA)					AMERICA		
CONFIDENTIAL					VALUATION		
PHOENIX, AZ 85009	86-0227210	501(C)(3)	0.	437,429.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CPLC (CHICANOS POR LA CAUSA)					AMERICA		
3639 W LINCOLN ST					VALUATION		
PHOENIX, AZ 85009	86-0227210	501(C)(3)	0.	126,444.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CPLC (CHICANOS POR LA CAUSA)					AMERICA		
1617 N 45TH AVE					VALUATION		
PHOENIX, AZ 85035	86-0227210	501(C)(3)	0.	252,365.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CREIGHTON COMMUNITY FOUNDATION					AMERICA		
501 N 36TH ST					VALUATION		
PHOENIX, AZ 85008	46-2275877	501(C)(3)	0.	381,883.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CREIGHTON FAMILY RESOURCE CENTER					AMERICA		
2052 N 36TH ST					VALUATION		
PHOENIX, AZ 85008	86-6000474	501(C)(3)	0.	49,021.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CREIGHTON SCHOOLS CHILD NUTRITION					AMERICA		
AND WELLNESS - 2801 E MCDOWELL RD					VALUATION		
- PHOENIX, AZ 85008	86-6000474	501(C)(3)	0.	14,229.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CULTURAL CUP FOOD BANK					AMERICA		
342 E THOMAS RD					VALUATION		
PHOENIX, AZ 85012	81-0622721	501(C)(3)	0.	173,046.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
CUSD CHINLE COMMUNITY CTR					AMERICA		
US HWY 191 AND S OF IR 7					VALUATION		
CHINLE, AZ 86503	86-6006232	501(C)(3)	0.	104,754.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				•	FEEDING		
CUSD MANY FARMS PUBLIC SCHL					AMERICA		
US 191 AND S IR59					VALUATION		
MANY FARMS, AZ 86538	86-6006232	501(C)(3)	0.	6,554.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T ugo T
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					FEEDING		
CUSD TSAILE PUBLIC SCHL					AMERICA		
HWY 12 AND HWY 64					VALUATION		
TSAILE, AZ 86556	86-6006232	501(C)(3)	0.	49,640.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
DAMION GOSA MEMORIAL FOUNDATION					AMERICA		
INC - 2102 E ALTA VISTA RD -					VALUATION		
PHOENIX, AZ 85042	45-5441868	501(C)(3)	0.	276,209.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
DEER VALLEY UNIFIED SCHOOL					AMERICA		
DISTRICT - 18440 N 15TH AVE -					VALUATION		
PHOENIX, AZ 85023	86-6004178	501(C)(3)	0.	230,024.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
DESERT CHRISTIAN FELLOWSHIP					AMERICA		
1445 W NORTHERN AVE					VALUATION		
PHOENIX, AZ 85021	86-0731548	501(C)(3)	0.	309,996.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
DESERT MISSION ANGLICAN CHURCH INC					AMERICA		
234 E ALICE AVE					VALUATION		
PHOENIX, AZ 85020	51-0546916	501(C)(3)	0.	9,656.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
DESERT MISSION INC					AMERICA		
9229 N 4TH ST					VALUATION		
PHOENIX, AZ 85020	88-0096941	501(C)(3)	0.	4,361,827.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				, ,	FEEDING		
DILCON COMMUNITY SCHOOL					AMERICA		
5 MILES E OF STATE ROUTE 87					VALUATION		
DILCON, AZ 86047	86-0955436	GOVERNMENT	0.	102,569.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
DREAM CITY CHRISTIAN SCHOOL					AMERICA		
21000 N 75TH AVE					VALUATION		
GLENDALE, AZ 85308	20-4405949	501(C)(3)	0.	209,413.		FOOD	COMMUNITY FOOD ASSISTANCE
,, ,			1		FEEDING		
DYSART COMMUNITY CENTER					AMERICA		
14414 N EL MIRAGE RD					VALUATION		
EL MIRAGE, AZ 85335	86-6031134	COVERNMENT	0.	8 163	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
<u> </u>	20 0031134	OO , DICHTIDIAT	1 0.	0,100.	1111 01(1	F 00D	POLITICIA TOOD MODIFIANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FEEDING DYSART UNIFIED SCHOOL DISTRICT AMERICA 7300 N DYSART RD VALUATION 5,083, REPORT GLENDALE, AZ 85307 86-6000520 GOVERNMENT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING EL PASOANS FIGHTING HUNGER AMERICA 9541 PLAZA CIRCLE VALUATION EL PASO, TX 79927 45-2893839 501(C)(3) 0 3,501,210, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING EPWORTH UNITED METHODIST CHURCH AMERICA VALUATION 4802 N 59TH AVE PHOENIX, AZ 85033 86-6007719 501(C)(3) 0. 234,254, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING EXTENDED HANDS FOOD BANK AMERICA 16548 E LASER DR SUITE 6 VALUATION FOUNTAIN HILLS, AZ 85268 20-0873646 501(C)(3) 0 86,489. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA EZRAS CHOLIM OF ARIZONA VALUATION 7118 N 7TH ST 47-5645369 501(C)(3) 414,707, REPORT PHOENIX, AZ 85020 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING FIBCO FAMILY SVCS INC AMERICA 1141 E JEFFERSON ST VALUATION 65,440. REPORT PHOENIX AZ 85034 86-0434933 501(C)(3) FOOD COMMUNITY FOOD ASSISTANCE 0. FEEDING FIRE AND WATER INTERNATIONAL AMERICA CHURCH - 1937 E DIAMOND ST -VALUATION 6,608. REPORT PHOENIX AZ 85006 86-0928650 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING FIRE HOUSE MINISTRIES AMERICA VALUATTON 809 BUSH ST 1,045,297. REPORT NEEDLES, CA 92363 83-3754020 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING FIRST BAPTIST CHURCH OF CASA AMERICA VALUATION GRANDE - 222 E 8TH STREET - CASA 73 648 REPORT GRANDE, AZ 85122 86-0507565 501(C)(3) COMMUNITY FOOD ASSISTANCE 0. FOOD

Schedule I (Form 990)

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Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ugo T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
FIRST BAPTIST CHURCH OF STANFIELD					AMERICA		
615 S STANFIELD RD					VALUATION		
STANFIELD, AZ 85172	82-5336682	501(C)(3)	0.	297,968.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FIRST UNITED METHODIST CHURCH OF					AMERICA		
GLENDALE - 7102 N 58TH DR -					VALUATION		
GLENDALE, AZ 85301	86-6000614	501(C)(3)	0.	30,435.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FLAGSTAFF FAMILY FOOD CTR					AMERICA		
2625 N KING ST					VALUATION		
FLAGSTAFF, AZ 86004	86-0754044	501(C)(3)	0.	26,808.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FLAGSTAFF FAMILY FOOD CTR					AMERICA		
3805 E HUNTINGTON DR					VALUATION		
FLAGSTAFF, AZ 86004	86-0754044	501(C)(3)	0.	9,675,680.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FLAGSTAFF FAMILY FOOD CTR					AMERICA		
3805 E HUNTINGTON DR					VALUATION		
FLAGSTAFF, AZ 86004	86-0754044	501(C)(3)	0.	1,639,664.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FOOD FOR FAMILIES BULLHEAD CITY					AMERICA		
FOOD BANK INC - 590 HANCOCK RD -					VALUATION		
BULLHEAD CITY, AZ 86442	47-4838008	501(C)(3)	0.	3,546,543.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·					FEEDING		
FOOD FOR FAMILIES GOLDEN VALLEY					AMERICA		
590 HANCOCK RD					VALUATION		
BULLHEAD CITY, AZ 86442	86-0693439	501(C)(3)	0.	307,954.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
FOOTHILLS FOOD BANK					AMERICA		
6038 E HIDDEN VALLEY DR					VALUATION		
CAVE CREEK, AZ 85331	86-0619725	501(C)(3)	0.	2,268,755.		FOOD	COMMUNITY FOOD ASSISTANCE
,				, , , , , , , , , ,	FEEDING		
FOOTHILLS FOOD BANK					AMERICA		
34550 S OLD BLACK CANYON HWY					VALUATION		
BLACK CANYON CITY, AZ 85324	86-0619725	501(C)(3)	0.	14,834.		FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					FEEDING		
FOR MARICOPA					AMERICA		
19428 N MARICOPA RD					VALUATION		
MARICOPA, AZ 85139	26-0527262	501(C)(3)	0.	9,041.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FOUNDATION FOR SENIOR LIVING					AMERICA		
8335 W JEFFERSON					VALUATION		
PEORIA, AZ 85345	86-0298945	501(C)(3)	0.	450,669.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FOUNDATION FOR SENIOR LIVING					AMERICA		
ROESER (PA) - 454 E ROESER RD -					VALUATION		
PHOENIX, AZ 85040	86-0411904	501(C)(3)	0.	24,437.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
FOUNDATION FOR SENIOR LIVING					FEEDING		
WICKENBURG (CSFP) - 466 W					AMERICA		
WICKENBURG WAY - WICKENBURG, AZ					VALUATION		
85390	86-0298945	501(C)(3)	0.	93,523.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FOUNDATION FOR SENIOR LIVING 29					AMERICA		
PALMS - 4901 E HOLLY ST -					VALUATION		
PHOENIX, AZ 85008	86-0298945	501(C)(3)	0.	65,599.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
FRIENDS OF THE QUARTZSITE FOOD					AMERICA		
BANK - 40 MOON MOUNTAIN RD -					VALUATION		
QUARTZSITE, AZ 85359	47-3013722	501(C)(3)	0.	1,423,744.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				, ,	FEEDING		
GAP MINISTRIES					AMERICA		
2861 N FLOWING WELLS RD STE 161					VALUATION		
TUCSON, AZ 85705	86-0999503	501(C)(3)	0.	563,006.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				,	FEEDING		
GENERATION CHURCH (GR)					AMERICA		
11832 S WARNER ELLIOT LOOP					VALUATION		
PHOENIX, AZ 85044	86-0633920	501(C)(3)	0.	976,822.		FOOD	COMMUNITY FOOD ASSISTANCE
,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FEEDING		
GILA BEND CAP ON EUCLID					AMERICA		
202 N EUCLID AVE					VALUATION		
	1	501(C)(3)	0.	799,172.		FOOD	COMMUNITY FOOD ASSISTANCE

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(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (c) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation non-cash assistance (h) Purpose of gor assis	SISTANCE
AMERICA VALUATION SAMERICA VALUATION	SISTANCE
317 HACKNEY AVE GLOBE, AZ 85501 86-0340833 501(C)(3) 0. 112,957. REPORT FOOD COMMUNITY FOOD ASSERTING AMERICA 300 OCOTILLO RD SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD ASSERTING AMERICA 7301 N 58TH AVE GLENDALE ELEM SCHOOL DISTRICT 7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD ASSERTING AMERICA VALUATION GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD ASSERTING AMERICA VALUATION GLENDALE TRANSITIONS INC 906 W PEORIA AVE	SISTANCE
GLOBE, AZ 85501 86-0340833 501(C)(3) 0. 112,957. REPORT FOOD COMMUNITY FOOD ASSESSIVE AMERICA GILA RIVER INDIAN COMMUNITY 300 OCCTILLO RD SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD ASSESSIVE AMERICA GLENDALE ELEM SCHOOL DISTRICT 7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD ASSESSIVE AMERICA GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD ASSESSIVE AMERICA VALUATION GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD ASSESSIVE AMERICA VALUATION GLOBAL TRANSITIONS INC 906 W PEORIA AVE	SISTANCE
GILA RIVER INDIAN COMMUNITY 300 OCOTILLO RD SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLENDALE ELEM SCHOOL DISTRICT 7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLOBAL TRANSITIONS INC 906 W PEORIA AVE	SISTANCE
GILA RIVER INDIAN COMMUNITY 300 OCOTILLO RD SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA AMERICA AMERICA FEEDING AMERICA VALUATION GLENDALE ELEM SCHOOL DISTRICT 7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD AS: FEEDING AMERICA VALUATION GLENDALE TRANSITIONS INC 906 W PEORIA AVE	
300 OCOTILLO RD SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD ASSERT FOOD COMMUNITY FOOD COMMUNITY FOOD ASSERT FOOD COMMUNITY FOOD	
SACATON, AZ 85147 86-0107023 GOVERNMENT 0. 16,330. REPORT FOOD COMMUNITY FOOD ASSERDED FEEDING AMERICA VALUATION GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD ASSERDED FEEDING AMERICA VALUATION GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD ASSERDED FEEDING AMERICA VALUATION GLENDALE, AZ 85301 GLOBAL TRANSITIONS INC 906 W PEORIA AVE	
FEEDING AMERICA VALUATION GLENDALE, AZ 85301 GLENDALE WILLIAM C JACK BP GLENDALE, AZ 85301 GLENDALE, AZ 85301 GOVERNMENT GLENDALE, AZ 85301 GOVERNMENT GLENDALE, AZ 85301 GOVERNMENT GOVERNMENT GLENDALE, AZ 85301 GOVERNMENT GLOBAL TRANSITIONS INC AMERICA VALUATION AMERICA VALUATION	
GLENDALE ELEM SCHOOL DISTRICT 7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD ASSEMBLY OF THE PROPERT OF T	SISTANCE
7301 N 58TH AVE GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124.REPORT FOOD COMMUNITY FOOD ASSERTEDING GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766.REPORT FOOD COMMUNITY FOOD ASSERTEDING GLOBAL TRANSITIONS INC 906 W PEORIA AVE	SISTANCE
GLENDALE, AZ 85301 23-7353532 GOVERNMENT 0. 197,124. REPORT FOOD COMMUNITY FOOD ASSERTEDING AMERICA VALUATION GLENDALE, AZ 85301 GOVERNMENT 0. 22,766. REPORT FOOD COMMUNITY FOOD ASSERTEDING AMERICA 906 W PEORIA AVE	SISTANCE
GLENDALE WILLIAM C JACK BP GAMERICA VALUATION GLENDALE, AZ 85301 GOVERNMENT O. 22,766.REPORT FEEDING FEEDING FEEDING AMERICA 906 W PEORIA AVE FOOD COMMUNITY FOOD AS: VALUATION VALUATION	SISTANCE
GLENDALE WILLIAM C JACK BP 6600 W MISSOURI AVE GLENDALE, AZ 85301 GOVERNMENT 0. 22,766.REPORT FOOD COMMUNITY FOOD ASSEMBLY TRANSITIONS INC 906 W PEORIA AVE AMERICA VALUATION AMERICA VALUATION	
GLENDALE, AZ 85301 GOVERNMENT O. 22,766. REPORT FOOD COMMUNITY FOOD ASSESSED FEEDING AMERICA 906 W PEORIA AVE	
GLENDALE, AZ 85301 GOVERNMENT 0. 22,766.REPORT FEEDING AMERICA 906 W PEORIA AVE GOVERNMENT 0. 22,766.REPORT FOOD COMMUNITY FOOD ASSEMBLY TRANSITIONS INC WALUATION	
FEEDING GLOBAL TRANSITIONS INC 906 W PEORIA AVE FEEDING AMERICA VALUATION	
GLOBAL TRANSITIONS INC 906 W PEORIA AVE VALUATION	SISTANCE
906 W PEORIA AVE	
PHOENIX, AZ 85051 14-1945912 501(C)(3) 0. 406,726. REPORT FOOD COMMUNITY FOOD AS:	SISTANCE
FEEDING	
GOLDEN RULE CHARITIES AMERICA	
2573 E 7TH AVE	
FLAGSTAFF, AZ 86004 83-2525483 501(C)(3) 0. 78,977.REPORT FOOD COMMUNITY FOOD AS	SISTANCE
FEEDING	
GOLDEN SHORES COMMUNITY BAPTIST	
CHURCH - 5084 CIBOLA - TOPOCK, AZ	
86436	SISTANCE
FEEDING	
GOLDEN VALLEY ASSEMBLY OF GOD INC	
3355 N MAGMA RD VALUATION	
GOLDEN VALLEY, AZ 86413 86-0804563 501(C)(3) 0. 81,819.REPORT FOOD COMMUNITY FOOD AS:	SISTANCE
FEEDING	
GOSPEL OF FAITH CHURCH ASHFORK	
(PANTRY) - 43750 BULLOCK ROAD - VALUATION	
ASH FORK, AZ 86320 32-0172605 501(C)(3) 0. 437,108.REPORT FOOD COMMUNITY FOOD ASS	

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					FEEDING		
GRAND CANYON FOOD PANTRY, INC.					AMERICA		
87 SUNSET DRIVE BUILDING 89 PARK S	3				VALUATION		
GRAND CANYON, AZ 86023	83-4318397	501(C)(3)	0.	43,079.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
GRATEFUL HEARTS FREE MEALS					AMERICA		
8066 N 49TH AVE					VALUATION		
GLENDALE, AZ 85302	81-5416809	501(C)(3)	0.	35,996.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
GREATER NEW BIRTH CHURCH					AMERICA		
2950 W FAIRMOUNT AVE					VALUATION		
PHOENIX, AZ 85017	39-1715874	501(C)(3)	0.	7,954.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
HARDROCK CHAPTER					FEEDING		
17 MILES N OF HOPI CULTURAL CTR ON					AMERICA		
HWY 264 - KYKOTSMOVI VILLAGE, AZ					VALUATION		
86039		GOVERNMENT	0.	180,954.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
HARVEST CHURCH ASSEMBLY OF GOD INC					AMERICA		
8340 W NORTHERN AVE					VALUATION		
GLENDALE, AZ 85305	45-2654221	501(C)(3)	0.	331,901.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
HAVASU COMMUNITY HEALTH FOUNDATION					AMERICA		
1980 KIOWA BLVD N					VALUATION		
LAKE HAVASU CITY, AZ 86403	20-1839858	501(C)(3)	0.	1,673,619.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
HOLBROOK SDA INDIAN SCHOOL					AMERICA		
2001 MCLAWS RD					VALUATION		
HOLBROOK, AZ 86025	81-2776316	GOVERNMENT	0.	14,295.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
HOMELESS ENGAGEMENT AND LIFT					AMERICA		
PARTNERSHIP INC - 9299 W OLIVE					VALUATION		
AVE SUITE 304 - PEORIA, AZ 85345	47-1110728	501(C)(3)	0.	52,837.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
HOPE FOR HUNGER (PRM)					AMERICA		
5605 N 55TH AVE					VALUATION		
GLENDALE, AZ 85301	86-6057771	501(C)(3)	0.	7,922,996.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FEEDING HOPE LIVES VIVE LA ESPERANZA AMERICA 1551 W VAN BUREN ST VALUATION 214,211. REPORT PHOENIX, AZ 85007 45-2300190 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING HOTEVILLA VILLAGE AMERICA 1 MILE NW OF HWY 264 VALUATION HOTEVILLA, AZ 86030 86-0642927 501(C)(3) 0 349,499, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING HOUSE OF REFUGE SUNNYSLOPE INC AMERICA 9835 N 7TH PL VALUATION PHOENIX, AZ 85020 86-1026266 501(C)(3) 0. 526,478, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING HOUSTON FOOD BANK AMERICA 3811 EASTEX FWY VALUATION HOUSTON, TX 77026 74-2181456 501(C)(3) 0 71,400. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA HUALAPAI EDUCATION AND TRAINING VALUATION DEPARTMENT - 460 HUALAPAI WAY -PEACH SPRINGS, AZ 86434 GOVERNMENT 51,666. REPORT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING HUALAPAI SOCIAL SERVICES AMERICA 460 HUALAPAT WAY VALUATION 247,629. REPORT PEACH SPRINGS, AZ 86434 86-0092282 501(C)(3) FOOD COMMUNITY FOOD ASSISTANCE 0. FEEDING ICNA RELIEF AT UICA MOSOUE AMERICA 19250 N 35TH AVE VALUATION 04-3810161 501(C)(3) 57 055 REPORT GLENDALE AZ 85308 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING ICNA RELIEF USA PROGRAMS AMERICA VALUATION 2515 W ORANGEWOOD 237,523. REPORT PHOENIX, AZ 85051 04-3810161 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING IGLESIA DEL VALLE DE LAS ASAMBLEA AMERICA VALUATION DE DIOS - 15406 N GREASEWOOD ST -82 266 REPORT SURPRISE, AZ 85378 86-0391434 501(C)(3) 0. COMMUNITY FOOD ASSISTANCE FOOD

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
IGLESIA DE CRISTO SION DBA ZION					AMERICA		
CHURCH - 12232 N 112TH AVE -					VALUATION		
YOUNGTOWN, AZ 85363	86-0862426	501(C)(3)	0.	86,288.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
IGLESIA VIDA CHRISTIANA- CHRISTIAN					AMERICA		
LIFE CHURCH - 3946 E MCDOWELL RD -					VALUATION		
PHOENIX, AZ 85009	86-0967498	501(C)(3)	0.	222,324.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
INSCRIPTION HOUSE TS'AH BII KIN					AMERICA		
5 MI N OF HWY 98 AND RTE 16					VALUATION		
TONALEA, AZ 86044		GOVERNMENT	0.	226,969.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
JOSEPH CITY FOUNDATION					AMERICA		
8176 WESTOVER AVE					VALUATION		
JOSEPH CITY, AZ 86032	83-1834863	501(C)(3)	0.	296,393.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
JOSHUA TREE FEEDING PROGRAM					AMERICA		
214 E WILLETTA					VALUATION		
PHOENIX, AZ 85004	86-0789213	501(C)(3)	0.	297,782.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				,	FEEDING		
JUSTA CENTER INC					AMERICA		
1001 W JEFFERSON ST					VALUATION		
PHOENIX, AZ 85007	47-2389424	501(C)(3)	0.	145,847.		FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
KAIBAB ESTATES WEST SPECIAL FIRE					AMERICA		
DISTRICT - 3918 DOUBLE A RANCH RD					VALUATION		
- ASH FORK, AZ 86320	86-0645055	501(C)(3)	0.	325,816.		FOOD	COMMUNITY FOOD ASSISTANCE
		(-,(-,		323,323	FEEDING		
KAYENTA UNIFIED SCHOOL DISTRICT					AMERICA		
NORTH HWY 163 & MUSTANG BLVD					VALUATION		
KAYENTA, AZ 86033		GOVERNMENT	0.	439,385.		FOOD	COMMUNITY FOOD ASSISTANCE
		DO V EIGHTEIN I	1	435,303.	FEEDING	1000	COMMONTH FOOD ADDISTANCE
KINGMAN ADVENTIST COMMUNITY					AMERICA		
SERVICES - 3180 WHITE CLIFFS RD -					VALUATION		
	06 0121600	E01/C\/3\	0.	477 207		FOOD	COMMINITAL FOOD AGGICANAGE
KINGMAN, AZ 86402	86-0131620	POT(C)(3)	1 0.	477,307.	REPURI	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T uge 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 non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
KINGMAN AID TO ABUSED PEOPLE					AMERICA		
2016 MULLEN AVE (CONFIDENTIAL LOCAT	1				VALUATION		
KINGMAN, AZ 86401	86-0601113	501(C)(3)	0.	31,230.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
KINGMAN AREA FOOD BANK (GR)					AMERICA		
2930 E BUTLER AVE					VALUATION		
KINGMAN, AZ 86409	86-0503686	501(C)(3)	0.	2,316,046.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
KLAGETOH CHAPTER					AMERICA		
3 MI N OF I-40 AND HWY 191					VALUATION		
GANADO, AZ 86505		GOVERNMENT	0.	123,319.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
LAVEEN SCHOOL DISTRICT					AMERICA		
5001 W DOBBINS RD					VALUATION		
LAVEEN, AZ 85339	86-6000584	501(C)(3)	0.	834,108.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
LIFE SHARING CENTER INC					AMERICA		
100 ASPEN DR					VALUATION		
TUBA CITY, AZ 86045	86-1047161	501(C)(3)	0.	110,690.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				, -	FEEDING		
LISA SCHEXNEIDER MINISTRIES					AMERICA		
1502 W NORTHERN AVE					VALUATION		
PHOENIX, AZ 85021	81-3876584	501(C)(3)	0.	80,298.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
LIVING HOPE HELPING HAND					AMERICA		
13270 S SUNLAND GIN RD					VALUATION		
ARIZONA CITY, AZ 85223	65-1238877	501(C)(3)	0.	377,162.		FOOD	COMMUNITY FOOD ASSISTANCE
			-	077,202.	FEEDING		
LIVING STREAMS CHRISTIAN CHURCH					AMERICA		
7000 N CENTRAL AVE BLD F					VALUATION		
PHOENIX, AZ 85020	86-0538638	501 (C) (3)	0.	187,247.		FOOD	COMMUNITY FOOD ASSISTANCE
INCLUIA, AL 03020	00 0330036	501(0)(3)	1	107,247.	FEEDING	1 300	COMMONTH FOOD ASSISTANCE
LUKACHUKAI CHAPTER					AMERICA		
					VALUATION		
1.5 MI SE OF RTE 13 AND RTE 12		GOVERNMENT	0.	124 767		FOOD	COMMINITELY FOOD ACCIONANCE
LUKACHUKAI, AZ 86507		ROAEVINIEN.I.	1 0.	134,767.	V D L O K I	E OOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	ı ago ı
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
LUPTON CHAPTER					AMERICA		
1-40 E EXIT 357 AND IR 12					VALUATION		
LUPTON, AZ 86508		GOVERNMENT	0.	307,337.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
LUTHERAN SOCIAL SERVICES OF THE					AMERICA		
SOUTHWEST - 5946 E UNIVERSITY DR -					VALUATION		
MESA, AZ 85205	86-0252302	501(C)(3)	0.	25,704.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MANZANITA OUTREACH					AMERICA		
406 S 6TH ST					VALUATION		
COTTONWOOD, AZ 86326	27-4446452	501(C)(3)	0.	3,273,796.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
(PHOENIX COLLEGE) - 1202 W THOMAS					VALUATION		
RD - PHOENIX, AZ 85013	86-0327449	GOVERNMENT	0.	97,089.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
DISTRICT - 7050 S 24TH ST STE 114					VALUATION		
- PHOENIX, AZ 85042	86-0327449	GOVERNMENT	0.	205,825.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
DISTRICT - 3000 N DYSART RD -					VALUATION		
AVONDALE, AZ 85392	86-0327449	GOVERNMENT	0.	32,438.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
DISTRICT - 18401 N 32ND ST -					VALUATION		
PHOENIX, AZ 85032	86-0327449	GOVERNMENT	0.	30,551.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				•	FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
DISTRICT - 108 N 40TH ST -					VALUATION		
PHOENIX, AZ 85034	86-0327449	GOVERNMENT	0.	195,212.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				,	FEEDING		
MARICOPA COMMUNITY COLLEGE					AMERICA		
DISTRICT - 6000 W OLIVE AVENUE -					VALUATION		
GLENDALE, AZ 85302	06 000 7440	GOVERNMENT	0.	77,402.		FOOD	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
MARICOPA PANTRY INC					AMERICA		
50881 W PAPAGO RD					VALUATION		
MARICOPA, AZ 85139	81-3081927	501(C)(3)	0.	2,569,729.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MARYS MINISTRIES					AMERICA		
5017 S CENTRAL AVE					VALUATION		
PHOENIX, AZ 85040	86-0721211	501(C)(3)	0.	1,799,244.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MATTHEW'S CROSSING					AMERICA		
1368 N ARIZONA AVE					VALUATION		
CHANDLER, AZ 85225	55-0896414	501(C)(3)	0.	24,696.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				-	FEEDING		
MAYER AREA COMMUNITY SERVICE					AMERICA		
CENTER - 10051 S MIAMI ST - MAYER.					VALUATION		
AZ 86333	46-2135781	501(C)(3)	0.	558,430.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
-				, -	FEEDING		
MAYER AREA COMMUNITY SERVICE					AMERICA		
CENTER - 10001 WICKS AVE - MAYER,					VALUATION		
AZ 86333	46-2135781	501(C)(3)	0.	16,742.		FOOD	COMMUNITY FOOD ASSISTANCE
	10 1100/01		1	10,712.	FEEDING		
MCMULLEN VALLEY FB					AMERICA		
69725 CENTENNIAL PARK RD					VALUATION		
WENDEN, AZ 85357		501(C)(3)	0.	270,403.		FOOD	COMMUNITY FOOD ASSISTANCE
MEADVIEW AREA NECESSARY		501(0)(3)	1	270,403.	FEEDING	FOOD	COFMONTIT FOOD ASSISTANCE
NUTRITIONAL ASSISTANCE - 330 E					AMERICA		
					VALUATION		
MEADVIEW BLVD SUITE B - MEADVIEW, AZ 86444	01 2507507	E01/G\/3\		220 771		HOOD	GOMETHIEM HOOD AGGEGRANGE
AZ 00444	81-2507587	D01(C)(3)	0.	228,771.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MERCY HILL CHURCH (MP)					AMERICA		
745 W FILLMORE ST					VALUATION		
PHOENIX, AZ 85007	47-1579225	501(C)(3)	0.	1,488,882.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MERCY HOUSING AVONDALE SENIOR					AMERICA		
VILLAGE - 401 W BASELINE RD -					VALUATION		
TEMPE, AZ 85283	86-0743192	501(C)(3)	0.	245,300.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	T uge T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
MINISTERIO CRISTO SANA					AMERICA		
3632 E GREENWAY RD					VALUATION		
PHOENIX, AZ 85032	82-1139784	501(C)(3)	0.	185,788.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MITCHELL SWABACK CHARITIES					AMERICA		
4744 E THUNDERBIRD UNIT 9					VALUATION		
PHOENIX, AZ 85032	27-0250769	501(C)(3)	0.	165,702.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MOBILE ELEMENTARY SCHOOL					AMERICA		
42798 S 99TH AVE					VALUATION		
MARICOPA, AZ 85139		GOVERNMENT	0.	79,605.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
MOHAVE VALLEY UNITED METHODIST					AMERICA		
CHURCH - 1593 E LIPAN BLVD - FORT					VALUATION		
MOHAVE, AZ 86426	86-0853050	501(C)(3)	0.	472,199.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
MOUNTAIN PARK HEALTH CENTER					AMERICA		
GATEWAY - 3830 E VAN BUREN RD -					VALUATION		
PHOENIX, AZ 85008	86-0498020	501(C)(3)	0.	110,489.		FOOD	COMMUNITY FOOD ASSISTANCE
		(-,(-,			FEEDING		
MOUNTAIN PARK HEALTH CENTER					AMERICA		
GOODYEAR - 140 N LITCHFIELD RD STE					VALUATION		
200 - GOODYEAR, AZ 85338	86-0498020	501 (C) (3)	0.	105,798.		FOOD	COMMUNITY FOOD ASSISTANCE
ZUU GOODIIMK, NZ USSSU	00 0430020	501(0)(3)	· · ·	103,730.	FEEDING	1 002	COMMONTIT TOOD MEDITANCE
MOUNTAIN PARK HEALTH CENTER					AMERICA		
MARYVALE - 6601 W THOMAS RD -					VALUATION		
	86-0498020	E01/G\/3\	0.	205 005		FOOD	COMMINITELY ECOD ACCIONANCE
PHOENIX, AZ 85033	00-0490020	501(C)(3)	0.	205,995.	FEEDING	F00D	COMMUNITY FOOD ASSISTANCE
NAMES DELLE GAMBERG GUARMER							
NAHATA DZIIL SANDERS CHAPTER					AMERICA		
RED SAND VIEW ST		504 (5) (2)		005 646	VALUATION	L	
SANDERS, AZ 86512		501(C)(3)	0.	205,646.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NAOS					AMERICA		
5734 W GLENDALE AVE					VALUATION		
GLENDALE, AZ 85301	86-0543988	501(C)(3)	0.	116,067.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 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 non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
NAOS INC					AMERICA		
14240 N 43RD AVE BUILDING 100					VALUATION		
GLENDALE, AZ 85306	86-0543988	501(C)(3)	0.	701,436.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NATIVE AMERICAN CHRISTIAN ACADEMY					AMERICA		
8450 SUN VALLEY RD					VALUATION		
SUN VALLEY, AZ 86029	86-0580967	501(C)(3)	0.	22,626.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NATIVE AMERICAN CONNECTIONS					AMERICA		
4520 N CENTRAL AVE STE 600					VALUATION		
PHOENIX, AZ 85012	86-0293585	501(C)(3)	0.	47,445.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NATIVE AMERICAN CONNECTIONS					AMERICA		
931 E DEVONSHIRE					VALUATION		
PHOENIX, AZ 85014	86-0293585	501(C)(3)	0.	280,629.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				,	FEEDING		
NATIVE HEALTH (CENTRAL)					AMERICA		
4041 N CENTRAL AVE BLDG C					VALUATION		
PHOENIX, AZ 85012	94-2540194	501(C)(3)	0.	69,271.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				,	FEEDING		
NAVAJO EVANGELICAL LUTHERAN					AMERICA		
MISSION - ONE MISSION LANE - ROCK					VALUATION		
POINT, AZ 86545	86-0166564	501(C)(3)	0.	297,520.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
NAVAJO INDIAN CHRISTIAN MINISTRY					AMERICA		
INC - HIGHWAY 191 - SANDERS, AZ					VALUATION		
86512	37-1843444	501(C)(3)	0.	7.678.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,,,,,,	FEEDING		
NEIGHBORHOOD CHURCH					AMERICA		
4633 W OSBORN RD					VALUATION		
PHOENIX, AZ 85031	86-0443992	501(C)(3)	0.	10,450.		FOOD	COMMUNITY FOOD ASSISTANCE
,	33 3113332		ļ	10,130.	FEEDING		
NEIGHBORHOOD MINISTRIES INC					AMERICA		
1929 W FILLMORE ST					VALUATION		
PHOENIX, AZ 85009	86-0809052	501(C)(3)	0.	485,812.		FOOD	COMMUNITY FOOD ASSISTANCE
11021111, 112 00000	1 00 000,032	201(0)(3)	1 0.	=03,012.	PULL OILL	F 30D	Collected I/F and 200

Schedule I (Form 990) ST MARY'S FOOI	O BANK ALLIANO	CE					23-7353532 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), P	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
NEW BEGINNINGS ASSEMBLY OF GOD					AMERICA		
5121 W OCOTILLO RD					VALUATION		
GLENDALE, AZ 85301	26-0072371	501(C)(3)	0.	280,740.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NEW DIMENSIONS IN RECOVERY					AMERICA		
1838 E CYPRESS ST					VALUATION		
PHOENIX, AZ 85006	27-2167017	501(C)(3)	0.	70,082.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NEW DIMENSIONS IN RECOVERY					AMERICA		
2954 N EVERGREEN ST					VALUATION		
PHOENIX, AZ 85014	27-2167017	501(C)(3)	0.	18,783.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NEW HORIZON YOUTH HOMES INC					AMERICA		
PO BOX 3296		L			VALUATION		
FLAGSTAFF, AZ 86003	86-1014335	501(C)(3)	0.	28,690.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NEW LIFE CENTER					AMERICA		
CONFIDENTIAL					VALUATION		
GOODYEAR, AZ 85338	86-0635950	501(C)(3)	0.	18,222.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NORTHLAND FAMILY HELP CENTER					AMERICA		
2100 WALGREENS ST					VALUATION		
FLAGSTAFF, AZ 86004	86-0351566	501(C)(3)	0.	7,742.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
NORTHMINSTER PRESBYTERIAN FOOD					AMERICA		
BANK - 13001 N 35TH AVE - PHOENIX,		504 (5) (2)			VALUATION		
AZ 85029	82-0586529	501(C)(3)	0.	223,836.		FOOD	COMMUNITY FOOD ASSISTANC
NOTE TOTALIA					FEEDING		
NOURISHPHX					AMERICA		
501 S 9TH AVE	96 0401000	E01/G)/2)		6 053 050	VALUATION	FOOD	COMMINITARY FOOD ACCTOMINATION
PHOENIX, AZ 85007	86-0401223	DUI(C)(3)	0.	6,053,072.		FOOD	COMMUNITY FOOD ASSISTANCE
ONE DIME CODINGS OUNDED					FEEDING		
OAK PINE SPRINGS CHAPTER IR 12					AMERICA		
		COMEDNIMENT		150 030	VALUATION	FOOD	COMMINITELY FOOD AGGICTANCE
WINDOW ROCK, AZ 86515		GOVERNMENT	0.	159,030.	KEPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FEEDING OLD CONCHO COMMUNITY ASST CENTER AMERICA 35432 HIGHWAY 180A VALUATION 86-0907044 501(C)(3) 166,218. REPORT CONCHO, AZ 85924 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING OLD TOWN MISSION AMERICA 116 E PINAL ST VALUATION COTTONWOOD, AZ 86326 86-0667052 501(C)(3) 0 987,780, REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING OLIVE BRANCH COMMUNITY OF HOPE AMERICA VALUATION 3546 E THOMAS RD PHOENIX, AZ 85018 81-2687081 501(C)(3) 0. 392,744. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING OLIVE BRANCH NEW BEGINNINGS INC AMERICA 4430 E AZTEC RD VALUATION 86-0756947 501(C)(3) 0 83,238, REPORT FOOD COMMUNITY FOOD ASSISTANCE RIMROCK, AZ 86335 FEEDING AMERICA OPEN DOOR FELLOWSHIP CHURCH 8301 N 19TH AVE VALUATION 86-0333385 501(C)(3) PHOENIX, AZ 85021 8,942, REPORT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING OPEN HANDS OUTREACH PROGRAM AMERICA 119 W CENTRAL AVE STE 301 VALUATION 30,570. REPORT COOLIDGE AZ 85128 46-0948519 501(C)(3) COMMUNITY FOOD ASSISTANCE 0. FOOD FEEDING OPERATION LOVE FOOD BANK AMERICA 360 N 1ST AVE VALUATION 42 927 REPORT HOLBROOK, AZ 86025 86-0123683 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA ORCHARD MESA VALUATION 108 N GREENFIELD RD 83,199. REPORT MESA, AZ 85205 23-7353532 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING OUR LADY OF FATIMA AMERICA VALUATION HWY 191 AND INDIAN ROUTE 7 CHINLE, AZ 86503 85-0225263 501(C)(3) 348 736 REPORT COMMUNITY FOOD ASSISTANCE 0. FOOD

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance	ce to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
OUR LADY OF THE LAKE ROMAN					AMERICA		
CATHOLIC PARISH - 1975 S DAYTONA					VALUATION		
DR - LAKE HAVASU CITY, AZ 86406 53-03	196617	501(C)(3)	0.	100,120.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
OUR SAVIOR'S COMPASSION INC					FEEDING		
HWY 99 JUST N MILEPOST 60; CATTLE					AMERICA		
GUARD W/4 MAILBOX - WINSLOW, AZ					VALUATION		
86047 80-0	400192	501(C)(3)	0.	1,115,825.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PAINTED DESERT DEMONSTRATION					AMERICA		
PROJECTS INC - 145 LEUPP RD -					VALUATION		
FLAGSTAFF, AZ 86004 86-0	710679	501(C)(3)	0.	50,340.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PAN AMERICAN CHARTER SCHOOL					AMERICA		
3001 W INDIAN SCHOOL RD STE 210					VALUATION		
PHOENIX, AZ 85017 86-0	657646	501(C)(3)	0.	63,595.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PARKER FOOD BANK					AMERICA		
1124 GERONIMO AVE					VALUATION		
PARKER, AZ 85344		501(C)(3)	0.	756,285.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PAULDEN CHRISTIAN FELLOWSHIP					AMERICA		
195 ASPEN RD					VALUATION		
PAULDEN, AZ 86334 86-0	767780	501(C)(3)	0.	800,773.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PAZ DE CRISTO COMMUNITY CENTER					AMERICA		
424 W BROADWAY RD					VALUATION		
MESA, AZ 85210 26-1	669496	501(C)(3)	0.	6,522.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PHOENIX ADVANTAGE CHARTER SCHOOL					AMERICA		
3738 N 16TH ST					VALUATION		
PHOENIX, AZ 85016		GOVERNMENT	0.	5,394.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
· ·				,	FEEDING		
PHOENIX ALLIES FOR COMMUNITY					AMERICA		
HEALTH - 2902 W CLARENDON AVE -					VALUATION		
PHOENIX, AZ 85017 46-0	650798	501(C)(3)	0.	23,220.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

ST MARY'S FOOD BANK ALLIANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
PHOENIX FIRST CHURCH OF THE					AMERICA		
NAZARENE INC - 19201 N 7TH AVE -					VALUATION		
PHOENIX, AZ 85027	86-0214745	501(C)(3)	0.	47,168.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
PHOENIX OASIS RECOVERY HOMES INC					AMERICA		
8632 S 7TH STREET					VALUATION		
PHOENIX, AZ 85042	47-1101677	501(C)(3)	0.	10,809.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
PHOENIX RESCUE MISSION					AMERICA		
4013 W MARICOPA ST					VALUATION		
PHOENIX, AZ 85009	86-6057771	501(C)(3)	0.	78,898.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC
,				, .	FEEDING		
PHOENIX RESCUE MISSION					AMERICA		
8335 W JEFFERSON ST					VALUATION		
PEORIA, AZ 85345	86-6057771	501(C)(3)	0.	69,504.		FOOD	COMMUNITY FOOD ASSISTANC
		552(5)(5)		05,001.	FEEDING		
PHOENIX RESCUE MISSION COMMUNITY					AMERICA		
SOLUTIONS (GR) - 1801 S 35TH AVE -					VALUATION		
PHOENIX, AZ 85009	86-6057771	501(C)(3)	0.	448,097.		FOOD	COMMUNITY FOOD ASSISTANC
PHOENIX, AZ 63003	00-0037771	501(0)(3)	· · ·	440,097.	FEEDING	FOOD	COMMONTIT FOOD ASSISTANCE
PILGRIM REST FOUNDATION					AMERICA		
1401 E JEFFERSON ST	06 0005060	E01 (G) (3)		406 001	VALUATION	7007	
PHOENIX, AZ 85034	86-0885862	D01(C)(3)	0.	426,881.		FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
PINAL CO DIV OF PUBLIC HEALTH					AMERICA		
355 ALDEN RD					VALUATION		
KEARNY, AZ 85237	86-6000556	GOVERNMENT	0.	90,703.		FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
PINAL CO DIV OF PUBLIC HEALTH					AMERICA		
1870 W AMERICAN AVE					VALUATION		
ORACLE, AZ 85623	86-6000556	GOVERNMENT	0.	169,977.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC
					FEEDING		
PINAL CO DIV OF PUBLIC HEALTH					AMERICA		
60 EAST MAIN STREET					VALUATION		
SUPERIOR, AZ 85173	86-6000556	GOVERNMENT	0.	116,895.	REPORT	FOOD	COMMUNITY FOOD ASSISTANC

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
					FEEDING		
PRESCOTT MEALS ON WHEELS					AMERICA		
1280 E ROSSER ST					VALUATION		
PRESCOTT, AZ 86301	86-0417621	501(C)(3)	0.	13,360.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PRESCOTT SEVENTH DAY ADVENTIST					AMERICA		
2980 WILLOW CREEK RD					VALUATION		
PRESCOTT, AZ 86301	86-0131620	501(C)(3)	0.	236,458.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PRESCOTT VALLEY FOOD BANK INC					AMERICA		
8671 SPOUSE SUITE A					VALUATION		
PRESCOTT VALLEY, AZ 86314	86-0469759	501(C)(3)	0.	24,254.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PROJECT RISING HOPE					AMERICA		
750 E MINGUS AVE					VALUATION		
COTTONWOOD, AZ 86326	84-4062558	501(C)(3)	0.	1,709,990.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
PUENTE					AMERICA		
1937 W ADAMS ST					VALUATION		
PHOENIX, AZ 85009	45-3697690	501(C)(3)	0.	175,766.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
RADIANT CHURCH					AMERICA		
10701 W BOSWELL BLVD					VALUATION		
SUN CITY, AZ 85373	86-0886925	501(C)(3)	0.	23,093.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
RAINBOW HOUSING ASSISTANCE					AMERICA		
CORPORATION - 3838 W CAMELBACK RD					VALUATION		
- PHOENIX, AZ 85019	30-0108119	501(C)(3)	0.	108,654.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
RECOVERY INNOVATIONS OF ARIZONA					AMERICA		
INC - 11361 N 99TH AVE SUITE 402 -					VALUATION		
PEORIA, AZ 85345	86-0671446	501(C)(3)	0.	56,548.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
REGIONAL FOOD BANK OF OKLAHOMA					AMERICA		
3400 S MOULTON DRIVE					VALUATION		
OKLAHOMA CITY, OK 73137	74-1100380	501(C)(3)	0.	64,770.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

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organization or government if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) RESURRECTION STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 86-0505273 501(C)(3) 0. 445,440. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 86-0505273 501(C)(3) 0. 445,440. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 86-0505273 501(C)(3) 0. 445,440. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 86-0505273 501(C)(3) 0. 445,440. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85335 45-2139245 501(C)(3) 0. 144,140. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85335 45-2139245 501(C)(3) 0. 144,140. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD STRE	se of grant istance
RESURRECTION STREET MINISTRY INC (CSFP) - 245 S NINA DR - MESA, AZ 85210	
CCSFP - 245 S NINA DR - MESA, AZ 86-0505273 501(C)(3)	
85210 86-0505273 501(C)(3) 0. 445,440. REPORT FOOD COMMUNITY FOOD REVIVE FOUNDATION 13015 W GREENWAY RD EL MIRAGE, AZ 85335 45-2139245 501(C)(3) 0. 144,140. REPORT FOOD COMMUNITY FOOD RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOOD ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOOD ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	
FEEDING AMERICA VALUATION EL MIRAGE, AZ 85335 45-2139245 501(C)(3) 0. 144,140.REPORT FOOD COMMUNITY FOOD FOOD COMMUNITY FOOD FEEDING AMERICA VALUATION FOOD COMMUNITY FOOD COMMUNI	
REVIVE FOUNDATION 13015 W GREENWAY RD EL MIRAGE, AZ 85335 45-2139245 501(C)(3) 0. 144,140. REPORT FOOD COMMUNITY FOOD RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD FEEDING ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOOD ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	OD ASSISTANCI
13015 W GREENWAY RD EL MIRAGE, AZ 85335 45-2139245 501(C)(3) 0. 144,140. REPORT FOOD COMMUNITY FOOD RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD FEEDING ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOOD FEEDING AMERICA VALUATION THE COMMUNITY FOOD COMMUNITY FOOD COMMUNITY FOOD AMERICA VALUATION VALUATION FEEDING AMERICA VALUATION FEEDING AMERICA VALUATION VALUATION	
EL MIRAGE, AZ 85335 45-2139245 501(C)(3) 0. 144,140.REPORT FOOD COMMUNITY FOOD RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600.REPORT FOOD COMMUNITY FOOD ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085.REPORT FOOD COMMUNITY FOOD ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	
FEEDING AMERICA VALUATION PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOR FEEDING ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOR FEEDING AMERICA VALUATION FEEDING ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	
RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOR SECURITY FOOD COMMUNITY FOOD CO	OD ASSISTANCI
1431 E SOUTHERN AVE PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOR FEEDING AMERICA VALUATION ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOR FEEDING AMERICA DISTRICT NO 66 - 909 W VINEYARD RD	
PHOENIX, AZ 85040 20-1569551 501(C)(3) 0. 2,181,600. REPORT FOOD COMMUNITY FOR AMERICA S840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOR AMERICA PEEDING ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	
ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOR FEEDING ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD	
ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085.REPORT FOOD COMMUNITY FOR AMERICA PEEDING ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD FERDING AMERICA VALUATION	OD ASSISTANCI
5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085. REPORT FOOD COMMUNITY FOR AMERICA DISTRICT NO 66 - 909 W VINEYARD RD VALUATION VALUATION VALUATION VALUATION	
ALBUQUERQUE, NM 87109 85-0278525 501(C)(3) 0. 118,085.REPORT FOOD COMMUNITY FOR ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD VALUATION	
ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD FEEDING AMERICA VALUATION	
ROOSEVELT ELEMENTARY SCHOOL DISTRICT NO 66 - 909 W VINEYARD RD VALUATION	OD ASSISTANCI
DISTRICT NO 66 - 909 W VINEYARD RD	
- PHOENIX, AZ 85041 86-6000509 501(C)(3) 0. 64,105.REPORT FOOD COMMUNITY FO	
	OD ASSISTANCI
FEEDING	
ROOSEVELT ELEMENTARY SCHOOL AMERICA	
DISTRICT NO 66 - 4001 S 3RD ST - VALUATION	
PHOENIX, AZ 85040 86-6000509 501(C)(3) 0. 28,933.REPORT FOOD COMMUNITY FO	OD ASSISTANCI
FEEDING	
ROOSEVELT SCHL DIST 66	
3146 E WIER ST VALUATION	
PHOENIX, AZ 85040 86-6000509 GOVERNMENT 0. 9,710.REPORT FOOD COMMUNITY FO	OD ASSISTANCI
FEEDING	
ROUND VALLEY SENIOR CENTER	
356 S PAPAGO ST VALUATION	
FEEDING	OD ASSISTANCI
RUNNINGELK MINISTRIES INC AMERICA	OD ASSISTANCI
NAVAJO RTE 60 MILE MARKER 10 VALUATION	OD ASSISTANCI
DILKON, AZ 86047 47-2555939 501(C)(3) 0. 149,008.REPORT FOOD COMMUNITY FO	OD ASSISTANCI

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	T ugo T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
RUTH FISHER ELEMENTARY					AMERICA		
38201 W INDIAN SCHOOL RD					VALUATION		
TONOPAH, AZ 85354	86-6000521	501(C)(3)	0.	456,063.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SAGUARO JANES CORPORATION					AMERICA		
21802 W WILSON					VALUATION		
WITTMANN, AZ 85361	86-0476466	501(C)(3)	0.	1,583,119.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SAINT MICHAELS CHAPTER HOUSE					AMERICA		
US 264 AND CREST RD					VALUATION		
ST MICHAELS, AZ 86511		GOVERNMENT	0.	166,466.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SALT RIVER PIMA MARICOPA INDIAN					AMERICA		
COMMUNITY - 1952 N LONGMORE RD -					VALUATION		
SCOTTSDALE, AZ 85256	86-0143787	501(C)(3)	0.	888,645.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SALVATION ARMY (BULLHEAD CITY)					AMERICA		
1461 PALMA RD					VALUATION		
BULLHEAD CITY, AZ 86442	94-1156347	501(C)(3)	0.	139,865.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				•	FEEDING		
SALVATION ARMY (CHANDLER)					AMERICA		
85 E SARAGOSA ST					VALUATION		
CHANDLER, AZ 85225	94-1156347	501(C)(3)	0.	23,758.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
SALVATION ARMY (FLAGSTAFF)					AMERICA		
507 N HUMPHREYS ST					VALUATION		
FLAGSTAFF, AZ 86003	94-1156347	501(C)(3)	0.	64,364.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
SALVATION ARMY (GLENDALE)					AMERICA		
6010 W NORTHERN AVE STE 200					VALUATION		
GLENDALE, AZ 85301	94-1156347	501(C)(3)	0.	478,902.		FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
SALVATION ARMY (HERBERGER CENTER)					AMERICA		
· - · - · · · · · · · · · · · · · · · ·			1	i e		1	1
2707 E VAN BUREN ST					VALUATION		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FEEDING SALVATION ARMY (KINGMAN CORPS) AMERICA 1200 E ANDY DEVINE VALUATION 90,441, REPORT KINGMAN, AZ 86401 94-1156347 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SALVATION ARMY (LAURA DANIELI SR AMERICA ACTIVITY CTR) - 628 N 3RD AVE -VALUATION PHOENIX, AZ 85003 94-1156347 501(C)(3) 0 6,394. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA SALVATION ARMY (MESA) 255 E 6TH ST VALUATION MESA, AZ 85201 94-1156347 501(C)(3) 0. 22,622. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING SALVATION ARMY (PHOENIX) (CSFP) AMERICA 613 N 4TH AVE VALUATION 22,112. REPORT PHOENIX, AZ 85003 94-1156347 501(C)(3) 0 FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA SALVATION ARMY (PRESCOTT) VALUATION 237 S MONTEZUMA ST 86-0096791 501(C)(3) PRESCOTT, AZ 86303 120,231, REPORT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SALVATION ARMY (SUN CITY) AMERICA 241 E 6TH ST VALUATION 94-1156347 501(C)(3) 791 190 REPORT FOOD COMMUNITY FOOD ASSISTANCE MESA AZ 85201 0. FEEDING SANTA CRUZ FOOD BANK (CAHRA) AMERICA (CSFP) - 302 E 5TH ST - ELOY, AZ VALUATION 145 385 REPORT 85231 86-0397693 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SANTO NINO CATHOLIC COMMUNITY AMERICA VALUATTON 3206 W MELVIN ST 713,591. REPORT PHOENIX, AZ 85009 47-1795408 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SDA COMMUNITY SERVICES (CAMP AMERICA VALUATION VERDE) - 1406 N BOOTHILL DR - CAMP VERDE, AZ 86332 86-0131620 501(C)(3) 0. 1 838 249 REPORT COMMUNITY FOOD ASSISTANCE FOOD

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
SELIGMAN CARE CLUB CSFP					AMERICA		
53490 N BRIDGE CANYON PKWY					VALUATION		
SELIGMAN, AZ 86337		501(C)(3)	0.	656,144.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SENIOR PERSONAL ASSISTANCE CORP					AMERICA		
610 N ALMA SCHOOL RD					VALUATION		
MESA, AZ 85202	45-4551483	501(C)(3)	0.	33,033.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SHEPHERDS KITCHEN FOOD BANK					AMERICA		
344 W 4TH STREET SOUTH					VALUATION		
SNOWFLAKE, AZ 85937	86-0887516	501(C)(3)	0.	3,195,333.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SICHOMOVI VILLAGE					AMERICA		
PO BOX 941					VALUATION		
POLACCA, AZ 86042		GOVERNMENT	0.	206,642.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
SILVER CREEK SENIOR CENTER					AMERICA		
1658 S MAIN STREET #1495					VALUATION		
SNOWFLAKE, AZ 85937	94-2745417	501(C)(3)	0.	92,345.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
SIPAULOVI VILLAGE					AMERICA		
HWY 87 MP 405					VALUATION		
SECOND MESA, AZ 86043	86-0933509	501(C)(3)	0.	155,576.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SOJOURNER CENTER					AMERICA		
2330 E FILLMORE ST (CONFIDENTIAL)					VALUATION		
PHOENIX, AZ 85036	94-2465081	501(C)(3)	0.	5 712	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
Includin, in obtain	31 2103001	501(0)(5)	**	3,712.	FEEDING	1 002	
SOLID ROCK COMMUNITY DEVELOPMENT					AMERICA		
CORPORATION - 5955 W MYRTLE AVE -					VALUATION		
	47-1847637	501 (C) (3)	0.	118,636.		FOOD	COMMUNITY FOOD ASSISTANCE
GLENDALE, AZ 85301	4/-104/03/	501(0)(3)	+ "	110,030.	FEEDING	F 00D	COMMONTITI FOOD ASSISTANCE
COUL DEVITABLE INC							
SOUL REVIVAL INC					AMERICA		
6726 W BLOOMFIELD RD	05 1200000	E01/G)/3\		22 52	VALUATION	TOOR	GONDATIVE TOOK 1997-1997
PEORIA, AZ 85381	85-1389929	bnT(C)(3)	0.	33,794.	KEPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1 ago 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 non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
ST JOHN INSTITUTIONAL BAPTIST					AMERICA		
1428 S 13TH AVE					VALUATION		
PHOENIX, AZ 85007	86-0448117	501(C)(3)	0.	67,658.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
ST LUKE'S AT THE MOUNTAIN					AMERICA		
848 E DOBBINS RD					VALUATION		
PHOENIX, AZ 85042	31-1629166	501(C)(3)	0.	577,971.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
ST STEPHEN'S EPISCOPAL CHURCH					AMERICA		
2310 N 56TH ST					VALUATION		
PHOENIX, AZ 85008	86-0182823	501(C)(3)	0.	99,279.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
STAND TOGETHER AND RECOVER (STAR)					AMERICA		
2144 E ROOSEVELT ST					VALUATION		
PHOENIX, AZ 85006	86-0586210	501(C)(3)	0.	67,886.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
STEP ONE HALFWAY HOUSE					AMERICA		
9636 N 11TH AVE					VALUATION		
PHOENIX, AZ 85021	86-1032253	501(C)(3)	0.	343,635.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
STEPPING STONES FOUNDATION INC					AMERICA		
CONFIDENTIAL 3301 N MAJESTY					VALUATION		
PRESCOTT VALLEY, AZ 86314	86-0542919	501(C)(3)	0.	16,893.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SUNSHINE GROUP HOMES					AMERICA		
17201 N 63RD AVE					VALUATION		
GLENDALE, AZ 85308	86-0815254	501(C)(3)	0.	9,879.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
SUNSHINE RESCUE MISSION HOPE					AMERICA		
COTTAGE - 124 S SAN FRANCISCO ST -					VALUATION		
FLAGSTAFF, AZ 86001	86-0815254	501(C)(3)	0.	220,667.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
·				, ,	FEEDING		
SUPERSTITION COMMUNITY FOOD BANK					AMERICA		
575 NORTH IDAHO RD. #301					VALUATION		
APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	0.	80,405.		FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FEEDING SV GLEANERS (COMMUNITY CENTER AMERICA VALUATION NORTH) - 1007 S 3RD ST - AVONDALE 527,237. REPORT 86-0419881 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE AZ 85323 FEEDING SVDP CASA GRANDE AMERICA 405 E 2ND ST VALUATION CASA GRANDE, AZ 85122 86-0570967 501(C)(3) 0 496 103 REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP CORDES LAKES AMERICA VALUATION 16231 S INDIAN BEND RD CORDES LAKES, AZ 86333 86-0096789 501(C)(3) 0. 254,103. REPORT FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP IMMACULATE CONCEPTION AMERICA 825 W MINGUS VALUATION 62,316. REPORT COTTONWOOD, AZ 86326 86-0096789 501(C)(3) 0 FOOD COMMUNITY FOOD ASSISTANCE FEEDING AMERICA SVDP LAKE HAVASU (PA) VALUATION 1841 ACOMA BLVD WEST LAKE HAVASU CITY, AZ 86403 86-0096789 501(C)(3) 660,745, REPORT 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP NEEDLES AMERICA 10287 BARRECKMAN RD VALUATION 185,910. REPORT MOHAVE VALLEY, AZ 86406 33-0627839 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP OUR LADY OF PERPETUAL HELP AMERICA 5614 W ORANGEWOOD VALUATION 86 355 REPORT GLENDALE AZ 85301 86-0096789 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP OUR LADY OF THE DESERT AMERICA VALUATION CONFERENCE - 7141 11TH ST - DOLAN 237,279. REPORT SPRINGS, AZ 86441 86-0096789 501(C)(3) 0. FOOD COMMUNITY FOOD ASSISTANCE FEEDING SVDP OUR LADY OF THE VALLEY AMERICA VALUATION 3220 W GREENWAY PHOENIX, AZ 85053 86-0096789 501(C)(3) 73 764 REPORT COMMUNITY FOOD ASSISTANCE 0. FOOD

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
SVDP PHOENIX					AMERICA		
420 W WATKINS ST					VALUATION		
PHOENIX, AZ 85002	86-0096789	501(C)(3)	0.	2,153,767.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SVDP SACRED HEART PARKER					AMERICA		
1015 JOSHUA AVE					VALUATION		
PARKER, AZ 85344	86-0096789	501(C)(3)	0.	151,078.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SVDP ST FRANCIS XAVIER					AMERICA		
4715 N CENTRAL AVE					VALUATION		
PHOENIX, AZ 85012	86-0096789	501(C)(3)	0.	16,601.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SVDP ST GERMAINE					AMERICA		
8030 JOHN COURT					VALUATION		
PRESCOTT VALLEY, AZ 86314	86-0096789	501(C)(3)	0.	161,658.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SVDP ST GREGORYS					AMERICA		
3437 N 18TH AVE					VALUATION		
PHOENIX, AZ 85015	86-0096789	501(C)(3)	0.	25,928.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
SVDP ST JOHN VIANNEY SEDONA					AMERICA		
180 ST JOHN VIANNEY LN					VALUATION		
SEDONA, AZ 86336	86-0096789	501(C)(3)	0.	23,530.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
-					FEEDING		
SVDP ST MARY'S BASILICA (PA)					AMERICA		
231 N 3RD ST					VALUATION		
PHOENIX, AZ 85004	86-0096789	501(C)(3)	0.	48,943.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
SVDP ST WILLIAMS (PA)					AMERICA		
11003 W 3RD ST					VALUATION		
CASHION, AZ 85329	86-0096789	501(C)(3)	0.	22,022.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
TEEN CHALLENGE (GREATER PHX TEEN					AMERICA		
CHALLENGE) - PO BOX 13444 -					VALUATION		
PHOENIX, AZ 85002	86-0255257	501(C)(3)	0.	174,655.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
-		1		· · · · · · · · · · · · · · · · · · ·	1	1	

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
TEESTO CHAPTER					AMERICA		
1 MI E OF SR87 ON IR60					VALUATION		
WINSLOW, AZ 86047		GOVERNMENT	0.	106,317.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TEMPE COMMUNITY ACTION AGENCY CSFP					AMERICA		
2146 E APACHE BLVD					VALUATION		
TEMPE, AZ 85281	86-0254820	501(C)(3)	0.	35,736.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
THE BRIDGE CHURCH					AMERICA		
19716 W NARRAMORE RD					VALUATION		
BUCKEYE, AZ 85326	09-0957201	501(C)(3)	0.	213,415.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
THE CHURCH OF JESUS CHRIST OF					FEEDING		
LATTER DAY SAINTS - 10930 W					AMERICA		
GARDEN LAKES PARKWAY - AVONDALE,					VALUATION		
AZ 85323	86-1019340	501(C)(3)	0.	20,159.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
THE PAIDEIA ACADEMIES INC					AMERICA		
7777 S 15TH TERRACE					VALUATION		
PHOENIX, AZ 85042	80-0728374	501(C)(3)	0.	63,280.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
THE SALVATION ARMY ADULT RECOVERY					AMERICA		
CENTER - 15 E PIMA ST - PHOENIX,					VALUATION		
AZ 85004	94-1156347	501(C)(3)	0.	112,720.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
THINK JESUS FELLOWSHIP					AMERICA		
2309 N CENTER					VALUATION		
FLAGSTAFF, AZ 86003	71-1006154	501(C)(3)	0.	109,023.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				,	FEEDING		
TOLANI LAKE SENIOR CENTER					AMERICA		
LEUPP ORAIBI RD AND INDIAN RTE 24					VALUATION		
WINSLOW, AZ 86047		GOVERNMENT	0.	44,771.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
,				,	FEEDING		
TOLIKAN SENIOR COUNCIL CENTER (MP)					AMERICA		
IR 35 AND DR 5045					VALUATION		
TEEC NOS POS, AZ 86514		GOVERNMENT	0.	198,546.		FOOD	COMMUNITY FOOD ASSISTANCE
,			· · · ·	1 , , , , , , , , , , ,	1	1	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1 ago 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 non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
TOLLESON ELEMENTARY SD (PORFIRIO)					AMERICA		
9261 W VAN BUREN RD					VALUATION		
TOLLESON, AZ 85353	86-6000490	GOVERNMENT	0.	164,320.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TONALEA CHAPTER HOUSE					AMERICA		
INDIAN ROUTE 21					VALUATION		
TONALEA, AZ 86044		GOVERNMENT	0.	394,846.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TOWN OF FREDONIA					AMERICA		
100 E WOODHILL RD					VALUATION		
FREDONIA, AZ 86022	86-0186382	501(C)(3)	0.	357,199.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TOWN OF FREDONIA					AMERICA		
100 E WOODHILL RD					VALUATION		
FREDONIA, AZ 86022	23-7353532	GOVERNMENT	0.	46,687.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TOWN OF FREDONIA SENIOR CENTER					AMERICA		
(SK) - 80 N 100 WEST - FREDONIA,					VALUATION		
AZ 86022	86-0186382	GOVERNMENT	0.	64,749.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TOWN OF GILA BEND					AMERICA		
303 E PIMA ST					VALUATION		
GILA BEND, AZ 85337	86-0180960	GOVERNMENT	0.	28,766.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TOWN OF GUADALUPE CAP CSFP					AMERICA		
9241 S AVENIDA DE YAQUI					VALUATION		
GUADALUPE, AZ 85283	86-0297728	501(C)(3)	0.	57,362.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
TRINITY BIBLE CHURCH					AMERICA		
3420 W PEORIA AVE					VALUATION		
PHOENIX, AZ 85029	86-0215940	501(C)(3)	0.	243,274.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				•	FEEDING		
TUSAYAN CARES					AMERICA		
549 CAMPER VILLAGE LN					VALUATION		
GRAND CANYON, AZ 86023	86-2217898	501(C)(3)	0.	117,371.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	art II.)	rage i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
UMOM (NEW DAY CENTERS)					AMERICA		
3333 E VAN BUREN					VALUATION		
PHOENIX, AZ 85008	86-0521062	501(C)(3)	0.	211,790.	+	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VALLEY VIEW COMMUNITY FOOD					AMERICA		
ASSISTANCE - 12321 NW GRAND AVE -					VALUATION		
EL MIRAGE, AZ 85335	77-0696933	501(C)(3)	0.	1,833,796.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VALLEY VIEW COMMUNITY FOOD					AMERICA		
ASSISTANCE - 10771 W PEORIA AVE -					VALUATION		
SUN CITY, AZ 85351	77-0696933	501(C)(3)	0.	2,825,310.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VALLEYWISE SOUTH PHOENIX LAVEEN					AMERICA		
COMM HEALTH CTR - 5650 S 35TH AVE					VALUATION		
- PHOENIX, AZ 85041	86-0830701	501(C)(3)	0.	16,563.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VALLEYWISE HEALTH					AMERICA		
33 W TAMARISK					VALUATION		
PHOENIX, AZ 85041	86-0830701	501(C)(3)	0.	10,212.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VICTORY COLLEGIATE ACADEMY					AMERICA		
3535 N 63RD AVE					VALUATION		
PHOENIX, AZ 85033	81-0693484	501(C)(3)	0.	39,264.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VILLAGE MEADOWS ELEMENTARY SCHOOL					AMERICA		
2020 W MORNINGSIDE DR					VALUATION		
PHOENIX, AZ 85023	86-6004178	501(C)(3)	0.	8,986.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VILLAGE OF BACAVI					AMERICA		
264 WEST					VALUATION		
HOTEVILLA, AZ 86030	86-0664160	501(C)(3)	0.	77,422.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
VILLAGE OF SHUNGOPAVI					AMERICA		
100 MAIN ST					VALUATION		
SECOND MESA, AZ 86043	86-0950749	501(C)(3)	0.	35,660.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 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 non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
VILLAGE OF TEWA					AMERICA		
HWY 264 MP 392.5					VALUATION		
POLACCA, AZ 86042	86-0894453	501(C)(3)	0.	222,068.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VILLAGE OF WALPI					AMERICA		
1/2 MILE N HWY 264 MP 391					VALUATION		
POLACCA, AZ 86042	86-0956879	501(C)(3)	0.	204,457.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VINEYARD COMMUNITY CHARITIES					AMERICA		
6250 W PEORIA AVE					VALUATION		
GLENDALE, AZ 85302	74-2467930	501(C)(3)	0.	254,992.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VINEYARD COMMUNITY CHURCH					AMERICA		
601 S COOPER RD					VALUATION		
GILBERT, AZ 85233	86-0607313	501(C)(3)	0.	12,141.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
VIVRE					AMERICA		
2501 W ELM ST					VALUATION		
PHOENIX, AZ 85017	45-4743181	501(C)(3)	0.	53,520.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WAY OF LIFE CHURCH AOG					AMERICA		
5802 S 15TH AVE					VALUATION		
PHOENIX, AZ 85041	86-0655205	501(C)(3)	0.	51,092.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
WESTCARE AZ I INC SAFE HOUSE				,	FEEDING		
1160 AGATE AVE (CONFIDENTIAL SAFE					AMERICA		
HOUSE LOCATION) - BULLHEAD CITY,					VALUATION		
AZ 86442	86-0968693	501(C)(3)	0.	44,453.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
WHAT-KNOTS SECOND HAND AND MORE					AMERICA		
479 PARK AVENUE					VALUATION		
ASH FORK, AZ 86320	86-1043856	501(C)(3)	0.	184,895.		FOOD	COMMUNITY FOOD ASSISTANCE
,				, , , , , , ,	FEEDING		
WHAT-KNOTS SECOND HAND AND MORE					AMERICA		
242 W LEWIS AVE					VALUATION		
ASH FORK, AZ 86320	45-4731785	501(C)(3)	0.	39,794.		FOOD	COMMUNITY FOOD ASSISTANCE
			<u>, , , , , , , , , , , , , , , , ,</u>	25,.51.		F	

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	r ago r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
WHITE HILLS COMMUNITY ASSOCIATION					AMERICA		
INC - 8599 W WHITE HILLS RD -					VALUATION		
WHITE HILLS, AZ 86445	94-2620976	501(C)(3)	0.	117,215.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WHITE MOUNTAIN CATHOLIC CHARITIES					AMERICA		
3807 PORTER MOUNTAIN RD					VALUATION		
LAKESIDE, AZ 85929	85-0225263	501(C)(3)	0.	129,425.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WILLCOX DISTRIBUTION CENTER					AMERICA		
931 N BISBEE AVE					VALUATION		
WILLCOX, AZ 85643	51-0192519	501(C)(3)	0.	797,800.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WILLIAMS FOOD PANTRY AND MORE					AMERICA		
125 S 3RD ST					VALUATION		
WILLIAMS, AZ 86046	82-1634562	501(C)(3)	0.	264,801.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WILLIAMS FOOD PANTRY AND MORE					AMERICA		
123 S 3RD					VALUATION		
WILLIAMS, AZ 86046	82-1634562	501(C)(3)	0.	16,759.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WINSLOW COUNCIL ON AGING					AMERICA		
212 E 2ND ST					VALUATION		
WINSLOW, AZ 86047	86-0310351	501(C)(3)	0.	868,635.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
WINSLOW ROTARY CLUB					AMERICA		
101 E HILLVIEW ST					VALUATION		
WINSLOW, AZ 86047	83-2560165	501(C)(3)	0.	278,976.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
YARNELL FOOD BANK INC					AMERICA		
22815 SOUTH HIGHWAY 89					VALUATION		
YARNELL, AZ 85362	47-3449359	501(C)(3)	0.	317,708.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
				,	FEEDING		
YAVAPAI APACHE NATION					AMERICA		
3364 HAMALEY AVE					VALUATION		
CAMP VERDE, AZ 86322	86-0210241	GOVERNMENT	0.	126,897.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	ledule i (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					FEEDING		
YAVAPAI CO COMM HEALTH SVCS (CAMP					AMERICA		
VERDE) - 75 E HOLLAMON ST - CAMP					VALUATION		
VERDE, AZ 86322	23-7353532	GOVERNMENT	0.	148,427.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
YAVAPAI CO COMM HEALTH SVCS					FEEDING		
(PRESCOTT VALLEY) - 8866 E LONG					AMERICA		
MESA DR - PRESCOTT VALLEY, AZ					VALUATION		
86314		GOVERNMENT	0.	52,372.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
YAVAPAI CO COMM HEALTH SVCS					AMERICA		
(PRESCOTT) - 937 RUTH ST -					VALUATION		
PRESCOTT, AZ 86301	23-7353532	GOVERNMENT	0.	120,210.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
YAVAPAI FOOD BANK INC					AMERICA		
8866 E LONG MESA DR					VALUATION		
PRESCOTT VALLEY, AZ 86314	86-0709163	501(C)(3)	0.	1,288,769.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
YUCCA COMMUNITY FOOD PANTRY					AMERICA		
12349 S FRONTAGE RD					VALUATION		
YUCCA, AZ 86438	38-4139944	501(C)(3)	0.	996,626.	REPORT	FOOD	COMMUNITY FOOD ASSISTANCE
•				,	FEEDING		
YUMA COMMUNITY FOOD BANK					AMERICA		
2404 E 24TH ST STE A					VALUATION		
YUMA, AZ 85365	86-0457836	501(C)(3)	0.	1,424,904.		FOOD	COMMUNITY FOOD ASSISTANCE
					FEEDING		
YUWEHLOO PAKI COMMUNITY					AMERICA		
2.3 MI S HIGHWAY 77 MILEPOST 39					VALUATION		
KEAMS CANYON, AZ 86034	86-0897783	501(C)(3)	0.	25,166.		FOOD	COMMUNITY FOOD ASSISTANCE
			1	20,200.		1 002	
SMFB FOUNDATION							
2831 N 31ST AVE							
PHOENIX, AZ 85009	27-0277109	501(C)(3)	31,700,000.	0.			GENERAL OPERATIONS
Included, the coops	21 0211103	552(5)(5)	31,700,000.				CHARLE OF PIVALLOID

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				OTHER - FEEDING AMERICA	
D DISTRIBUTION	0	50,988,858.	0.	FOOD VALUATION REPORT	FOOD
t IV Supplemental Information. Provide the informat	tion required in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
		,			
! I, LINE 2:					
ER FOOD IS DISTRIBUTED, NO FURTHER MONITOR	ING IS CONSIDERED	NECESSARY.			
,		•			

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ST MARY'S FOOD BANK ALLIANCE

Employer identification number 23-7353532

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		_
_	*			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		х
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	х	
0	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		41	
8		8		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	neuulations section 33,4330-0101!			1

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(13)(1)-(10)	reported as deferred on prior Form 990	
(1) TOM KERTIS	(i)	264,593.	0.	0.	11,804.	13,371.	289,768.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SARAH STUCKEY	(i)	180,670.	3,000.	0.	8,549.	13,085.	205,304.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LISA NOTARO	(i)	175,929.	4,000.	0.	8,238.	14,830.	202,997.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DUANE LAWSON	(i)	177,270.	0.	0.	7,887.	1,744.	186,901.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0,	0.	0.	
(5) BRITT KNAPP	(i)	171,694.	0.	0.	7,657.	7,245.	186,596.	0.	
SR. DIRECTOR OF FOOD & SUPPLY CHAIN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MARCOS GAUCIN	(i)	151,018.	0.	0.	6,894.	12,744.	170,656.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE
PERFORMANCE OF THE CEO AND DETERMINE APPROPRIATE COMPENSATION COMMENSURATE
WITH PERFORMANCE. THE COMMITTEE USES COMPARABILITY DATA FROM TAX EXEMPT
ORGANIZATIONS IN THE LOCAL AREA AND THE COMMITTEE'S DECISIONS ARE
DOCUMENTED IN THE COMMITTEE MINUTES. THE CEO'S REVIEW IS SCHEDULED ANNUALLY
IN JULY.
PART I, LINE 7:
THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO CERTAIN EMPLOYEES BASED ON
MEETING ORGANIZATIONAL GOALS AND WERE APPROVED BY THE CEO.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ST MARY'S FOOD BANK ALLIANCE Employer identification number 23-7353532

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	
		applicable		Form 990, Part VIII, line 1g	Horicasii continbu	LIOIT AITI	Julito	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	67	627,532.	COST/SELLING PRIC	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	71,139	203,003,795.	FEEDING AMERICA V	/ALUE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISCELLANEOUS)	Х	200	9,982.				
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiza	-	•				5	
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29		т,		
00-	Design the constraint of the constraint or the box			and a district David Control of the control	l- 00 - 111-11		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•		20-		Х
	exempt purposes for the entire holding period?					30a		
о 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance po	olicy that ro	acuires the review of	of any nonetandard contribut	tions?	31	х	
					10115 !	31	-	
o∠d	Does the organization hire or use third parties o contributions?		_			32a	x	
h	contributions? If "Yes," describe in Part II.					32d		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is chec	rked			
JJ	describe in Part II.	Marrier (C) 101	a type of property	TIOT WITHOUT COMMITTE (a) IS CITED	neu,			
	GOODING III I AIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ST MARY'S FOOD BANK ALLIANCE

Employer identification number 23-7353532

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ST. MARY'S DISTRIBUTED NEARLY 1.3 MILLION EFBS DURING THE YEAR.
AGENCY SHOPPING AND SCHOOL AND COMMUNITY DISTRIBUTIONS: ST. MARY'S
PROVIDES PERISHABLE AND NON-PERISHABLE FOOD, FREE OF CHARGE, TO
HUNDREDS OF LOCAL AGENCIES THAT, IN TURN, PROVIDE FOOD TO THEIR CLIENTS
(INDIVIDUALS AND FAMILIES IN NEED THROUGHOUT ARIZONA). MORE THAN 123
MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR, INCLUDING
NEARLY 34 MILLION POUNDS OF FRESH PRODUCE AND MORE THAN 14,000 HOLIDAY
TURKEYS AND FAMILY MEALS.
MOBILE PANTRIES: NOT EVERYONE CAN COME TO A ST. MARY'S FOOD BANK
LOCATION FOR EMERGENCY BOXES, SO THE AGENCY EXPANDED ITS EFFORTS TO
BRING THE FOOD BANK TO THEM. DRIVE PAST A CERTAIN PRIMARY SCHOOL IN
PHOENIX ONE WEDNESDAY EACH MONTH, AND YOU WILL SEE A ST. MARY'S FOOD
BANK TRUCK, ALONG WITH PALLETS OF FRUITS, VEGETABLES, AND BREAD WITH
DOZENS OF NEIGHBORHOOD FAMILIES AWAITING THIS MUCH-NEEDED, NUTRITIOUS
FOOD. THIS SCENE IS PLAYING OUT IN COUNTLESS COMMUNITIES THROUGHOUT
ARIZONA AS THE ST. MARY'S MOBILE PANTRY PROGRAM, WHICH HAS GROWN TO 206
SITES IN BOTH RURAL AND URBAN LOCATIONS, BRINGS FOOD DIRECTLY TO
NEIGHBORHOODS IN THE GREATEST NEED. THROUGH THIS PROGRAM, AS WELL AS
1,653 OTHER DISTRIBUTION EVENTS, ST. MARY'S PROVIDED MORE THAN 14.2
MILLION POUNDS OF FOOD.
BACKPACK PROGRAM: THE BACKPACK PROGRAM PROVIDES "CHRONICALLY HUNGRY"

ARIZONA CHILDREN AND THEIR FAMILIES WITH NON-PERISHABLE FOOD, PRIMARILY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ST MARY'S FOOD BANK ALLIANCE	Employer identification number 23-7353532
MEALS THAT KIDS CAN TAKE HOME AND EAT ON WEEKENDS WHEN NOT IN SCHOOL.	
ST. MARY'S DISTRIBUTED 194,360 BACKPACKS DURING FISCAL YEAR 2020-2021	
USING A NO-CONTACT DRIVE-THRU MODEL.	
SOURCE DISTRIBUTION: SOURCE DISTRIBUTION IS A VOLUME-BUYING SERVICE	
OFFERED BY ST. MARY'S FOOD BANK TO ITS PARTNER AGENCY ORGANIZATIONS. BY	
PURCHASING IN TRUCKLOAD QUANTITIES, ST. MARY'S CAN PROCURE POPULAR FOOD	
ITEMS, WHICH ARE NOT NORMALLY AVAILABLE AS DONATIONS, AT WHOLESALE	
PRICES AND PASS THE SAVINGS ON TO ITS AGENCIES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
COMMUNITY CENTERS AND CITY PARKS & RECREATION DEPARTMENTS. THE FOOD	
COMPONENT ENSURES THAT THE CHILDREN RECEIVE A NUTRITIOUS LATE AFTERNOON	
MEAL, WHICH ESPECIALLY BENEFITS THOSE WHO MIGHT NOT HAVE AN EVENING	
MEAL AT HOME.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ST. MARY'S FOOD BANK SKILLS CENTER. FOR 20 YEARS, ST. MARY'S HAS	
CONDUCTED A VERY SUCCESSFUL WORKFORCE DEVELOPMENT PROGRAM CALLED	
COMMUNITY KITCHEN THAT PREPARES PEOPLE WHO ARE IN POVERTY AND HAVE	
BARRIERS TO EMPLOYMENT FOR RESTAURANT CAREERS. HOWEVER,	
PANDEMIC-RELATED SOCIAL DISTANCING AND OTHER ISSUES DECREASED THE	
NUMBER OF RESTAURANT-RELATED JOBS AVAILABLE IN THE VALLEY. AS A RESULT,	
WE BEGAN LOOKING AT OTHER INDUSTRIES IN NEED OF WORKERS THAT WE CAN	
TRAIN. ST. MARY'S HAS TWO LARGE WAREHOUSES AND DOZENS OF WORKERS TO	
RECEIVE, STORE AND PREPARE MILLIONS OF TONS OF FOOD FOR DISTRIBUTION	
EACH YEAR. ST. MARY'S HAS DECADES OF EXPERIENCE TRAINING PEOPLE FOR	
WAREHOUSE JOBS, WHICH IS WHY IT LAUNCHED ITS LIFT PROGRAM IN 2020 TO	

Name of the organization ST MARY'S FOOD BANK ALLIANCE	Employer identification number 23-7353532
GIVE (PRIMARILY) HOMELESS AND RECENTLY INCARCERATED PEOPLE WHO WISH TO	
IMPROVE THEIR LIVES THE OPPORTUNITY TO SECURE A WAREHOUSE JOB. LIKE	
COMMUNITY KITCHEN, THOSE IN THE TRAINING PROGRAM GAIN SKILLS THROUGH	
HANDS-ON TRAINING AND CLASSROOM STUDIES TO QUALIFY FOR AND SECURE JOBS	
OFFERING LIVABLE WAGES, BENEFITS, AND OPPORTUNITIES FOR ADVANCEMENT.	
DURING THE PAST DECADE, COMMUNITY KITCHEN HAS PROVIDED THOUSANDS OF	
MEALS FOR CHILDREN AND OTHERS IN NEED, WHILE TRANSFORMING THE LIVES OF	
MANY PEOPLE WHO COMPLETED THE TRAINING AND BECAME EMPLOYED THROUGH THE	
PROGRAM. IN ADDITION TO TRAINING, EACH STUDENT RECEIVES JOB-PLACEMENT	
ASSISTANCE AND SUPPORT FOLLOWING GRADUATION. LIFT AND COMMUNITY KITCHEN	
FALL UNDER THE ST. MARY'S FOOD BANK SKILLS CENTER. THESE PROGRAMS	
GRADUATED 29 STUDENTS DURING THE YEAR.	
EXPENSES \$ 808,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,320.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND WAS REVIEWED BY THE	
ORGANIZATION'S CEO AND CFO PRIOR TO FILING. FORM 990 WILL BE SUBMITTED FOR	
APPROVAL TO THE AUDIT AND FINANCE COMMITTEE AND SUBSEQUENTLY THE BOARD OF	
DIRECTORS WILL RECEIVE A COPY OF THE DRAFT FOR REVIEW PRIOR TO A BOARD	
MEETING, AT WHICH POINT IT WILL BE APPROVED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE	
CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS,	
COMMITTEE MEMBERS, VOLUNTEERS, KEY EMPLOYEES, AND THEIR RELATIVES. AS PER	
THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURES OF ANY	
POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION	_
IN WHICH THEY MAY HAVE AN INTEREST. ON AN ANNUAL BASIS, ALL BOARD MEMBERS	Schodulo O (Earm 990 or 990 E7) 2020

Name of the organization ST MARY'S FOOD BANK ALLIANCE	Employer identification number 23-7353532
ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER	
STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE	
PERFORMANCE OF THE CEO AND DETERMINE APPROPRIATE COMPENSATION COMMENSURATE	
WITH PERFORMANCE. THE COMMITTEE USES COMPARABILITY DATA FROM TAX EXEMPT	
ORGANIZATIONS IN THE LOCAL AREA AND THE COMMITTEE'S DECISIONS ARE	
DOCUMENTED IN THE COMMITTEE MINUTES. THE CEO'S REVIEW IS SCHEDULED ANNUALLY	
IN JULY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S	
WEBSITE. THE ORGANIZATION GENERALLY MAKES ITS ARTICLES OF INCORPORATION,	
BY-LAWS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON	
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 953,901.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7353532

Part I Identification of Disregarded Entities. Com	nplete if the organization answered "Yes'	on Form 990, Part IV, line 3	3.				
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets Di	rect controllir entity	ng
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more related ta	x-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controll entity	ing cor	(g) 512(b)(13) atrolled atity?
		3 ","		501(c)(3))		Yes	No
SMFB FOUNDATION - 27-0277109 2831 N 31ST AVE	LONG-TERM FINANCIAL SUPPORT OF ST MARY'S FOOD	12770	F01/G)/2)				
PHOENIX, AZ 85009	BANK ALLIANCE	ARIZONA	501(C)(3)	LINE 12A, I	N/A		Х

ST MARY'S FOOD BANK ALLIANCE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate allocations?		Disproportionat		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		country)		or trust)		assets			No
									_
								-	

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	b Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	c Gift, grant, or capital contribution from related organization(s)				1c		Х			
d Loans or loan guarantees to or for related organization(s)							Х			
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	f Dividends from related organization(s)				1f		Х			
g	g Sale of assets to related organization(s)				1g		Х			
h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
					10	Х				
р	p Reimbursement paid to related organization(s) for expenses				1 p		Х			
q	q Reimbursement paid by related organization(s) for expenses				1q		Х			
r	r Other transfer of cash or property to related organization(s)				1r		Х			
	s Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this	s line, including covered r	elationships and transaction thresholds.						
	(a) (b) Name of related organization (type (a·s))	۱	(c) Amount involved	(d) Method of determining amount invo	olved					
1)		ightharpoonup								
2)		\rightarrow								
3)		\rightarrow								
4)										
1)		\dashv								
5)										
-,		\dashv								
6)										

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Genera manag partne	(k) Al or Percentage ownership
			,						
	-								
								H	
	-							$\frac{1}{1}$	
									000) 0000