

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

| | | | |
|---|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ST. MARY'S FOOD BANK ALLIANCE | | D Employer identification number 23-7353532 |
| | Doing Business As | | E Telephone number 602-242-3663 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 131,142,721. |
| | 2831 N. 31ST AVE. | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85009 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| F Name and address of principal officer: BEVERLY DAMORE SAME AS C ABOVE | | If "No," attach a list. (see instructions) | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.FIRSTFOODBANK.ORG | | L Year of formation: 1967 M State of legal domicile: AZ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | |
|---|---|-----------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ALLEVIATE HUNGER THROUGH GATHERING AND DISTRIBUTION OF FOOD | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 21 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 226 |
| | 6 Total number of volunteers (estimate if necessary) | 6 68986 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. | |

| | | Prior Year | Current Year |
|---|--|--|--|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 130,949,540. | 126,113,817. |
| | 9 Program service revenue (Part VIII, line 2g) | 3,048,479. | 3,514,761. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 25,718. | -28,985. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 288,268. | 236,955. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 134,312,005. | 129,836,548. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 113,738,084. | 111,683,065. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 9,651,848. | 9,175,221. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,774,437. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 9,752,807. | 10,415,227. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 133,142,739. | 131,273,513. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,169,266. | -1,436,965. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 30,500,209. | End of Year 29,169,233. |
| | 21 Total liabilities (Part X, line 26) | 6,108,360. | 6,251,947. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 24,391,849. | 22,917,286. |

Part II Signature Block

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

| | | | |
|-------------------------------|---|--|---|
| Sign Here | ▶ Signature of officer | | Date |
| | ▶ BEVERLY DAMORE, PRESIDENT & CEO | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | COLETTE KAMPS, CPA | COLETTE KAMPS, CPA | 01/27/15 |
| | Firm's name ▶ HENRY & HORNE, LLP | Firm's EIN ▶ 86-0133881 | Check <input type="checkbox"/> if self-employed |
| | Firm's address ▶ 2055 E WARNER RD, STE 101 TEMPE, AZ 85284 | Phone no. (480) 839-4900 | PTIN P00367616 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 85,029,996. including grants of \$ 77,180,701.) (Revenue \$ 1,012,969.) ST MARY'S DEMONSTRATES ITS STEWARDSHIP OF DONOR CONTRIBUTIONS PRIMARILY IN TWO WAYS:

1. "95% OF ALL DONATIONS ARE USED IN PROGRAMS." ST. MARY'S AUDITED FY2014 STATEMENT OF FUNCTIONAL EXPENSES REFLECTS THAT 95% OF DONATIONS ARE USED FOR PROGRAMMATIC SERVICES VERSUS FUNDRAISING AND ADMINISTRATION.

2. "EACH DOLLAR CONTRIBUTED TO ST. MARY'S ALLOWS US TO DISTRIBUTE ENOUGH FOOD TO PROVIDE SEVEN MEALS." ST. MARY'S AUDITED FY2014 STATEMENT OF FUNCTIONAL EXPENSES REFLECTS THAT, OUTSIDE OF FOOD COSTS, ST. MARY'S SPENT \$9.37M ON DONOR-FUNDED PROGRAMS (TEFAP, CSFP, DISTRIBUTIONS AND OTHER DISTRIBUTIONS) TO DISTRIBUTE 65.8M POUNDS OF FOOD RELATED TO THOSE PROGRAMS. ASSUMING ONE POUND EQUALS ONE MEAL,

4b (Code:) (Expenses \$ 32,605,293. including grants of \$ 29,812,464.) (Revenue \$) EMERGENCY FOOD BOXES:

ST. MARY'S FOOD BANK ALLIANCE DISTRIBUTES EMERGENCY FOOD BOXES, AT NO COST, TO INDIVIDUALS AND FAMILIES IN NEED. EMERGENCY FOOD BOXES ARE DESIGNED TO PROVIDE TEMPORARY FOOD ASSISTANCE DURING TIMES OF CRISIS WHILE A MORE PERMANENT SOLUTION IS FOUND. A MAJORITY OF THOSE RECEIVING EMERGENCY FOOD BOXES INCLUDES THE ELDERLY, CHILDREN, WORKING FAMILIES AND THE HOMELESS. DESIGNED FOR CLIENTS OF THE FOOD BANK'S PARTNER AGENCIES WHO FIND THEMSELVES IN A SITUATION WHERE FOOD IS AN EMERGENCY ESSENTIAL, EACH BOX PROVIDES A 3-DAY SUPPLY OF NUTRITIOUS FOOD TO FAMILIES - OFFERING A HELPING HAND UNTIL THEY HAVE MORE PERMANENT ASSISTANCE.

4c (Code:) (Expenses \$ 5,251,207. including grants of \$ 4,676,722.) (Revenue \$) COMMODITY SUPPLEMENTAL FOOD PROGRAMS (CSFP):

THE CSFP PROGRAM IS A FEDERALLY FUNDED PROGRAM WHICH WORKS TO IMPROVE THE HEALTH OF LOW-INCOME PREGNANT AND BREASTFEEDING WOMEN, OTHER NEW MOTHERS UP TO 1 YEAR POST PARTUM, INFANTS, CHILDREN UP TO AGE 6, AND ELDERLY PEOPLE AT LEAST 60 YEARS OF AGE BY SUPPLEMENTING THEIR DIETS WITH NUTRITIOUS USDA COMMODITY FOODS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,152,145. including grants of \$ 13,178.) (Revenue \$ 2,738,747.)

4e Total program service expenses 126,038,641.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24c | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 24d | | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28a | | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b | | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 29 | | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 31 | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 34 | | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 35a | | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 35b | | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| 38 | | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes entries for 1a (10), 1b (0), 2a (226), 2b (X), 3a (X), 4a (X), 5a (X), 5b (X), 6a (X), 7a (X), 7c (X), 7e (X), 7f (X), 7h (X), 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 21 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 21 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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 | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | X |
| 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? | | 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 **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 602-242-3663**
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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CAROL MCELROY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) MARY BENNETT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) DENNIS JONES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) VICKI COPELAND DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) STEPHAN KING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) MARY GAUWITZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) PATTY KING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) MARTY LAUREL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) DAVID POSTAL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) NICKI SCHILLHAHN-AMOS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) DALE RICH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) TOM KERTIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) DAVID SCHWAKE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) BILL NORD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) PAUL SWARTZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) LEE WASKO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) DARREL WOOD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN DEMETRA VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (19) TROY MCNEMAR CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (20) MARC ISAACS TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (21) SUSAN WAIN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (22) BEVERLY DAMORE PRESIDENT & CEO | 40.00 | X | | X | | | | 163,344. | 0. | 13,998. |
| (23) SARAH STUCKEY CCO BEFORE 11/2013, CFO AFTER | 40.00 | X | | X | | | | 122,931. | 0. | 12,291. |
| (24) MIKE HANOSH COO | 40.00 | X | | X | | | | 67,025. | 0. | 9,296. |
| (25) RICK FRESIA CFO UNTIL 11/2013 | 40.00 | | | X | | | | 122,686. | 0. | 18,748. |
| (26) LISA NOTARO-GOIN CDO | 40.00 | | | | | X | | 125,706. | 0. | 3,127. |
| 1b Sub-total | | | | | | | | 601,692. | 0. | 57,460. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 187,148. | 0. | 13,092. |
| d Total (add lines 1b and 1c) | | | | | | | | 788,840. | 0. | 70,552. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| GIZZARD COMMUNICATIONS, 229 PEACHTREE STREET NE, SUITE 1400, ATLANTA, GA 30303 | MARKETING AND ADVERTISING | 901,963. |
| RELIANCE BUILD, INC 281 N ROOSEVELT AVE, CHANDLER, AZ 85226 | FIRE DESIGN, FIRE SPRINKLERS, AND ELEC | 139,823. |
| ELWOOD STAFFING, 123 N. CENTENNIAL WAY, STE. 234, MESA, AZ 85201 | STAFFING | 119,730. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) CHRISTOPHER POLITYKA CPO | 40.00 | | | | | X | | 125,173. | 0. | 13,092. |
| (28) BRYAN LEESEBERG FORMER COO | 40.00 | | | | | | X | 61,975. | 0. | 0. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 187,148. | | 13,092. |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 659,227. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d 629,304. | | | | | |
| | e Government grants (contributions) | 1e 2,307,178. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 122,518,108. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 108,484,161. | | | | | |
| | h Total. Add lines 1a-1f | | 126,113,817. | | | | |
| | Program Service Revenue | 2 a KID'S CAFE REVENUE | Business Code 624210 | 2,643,550. | 2,643,550. | | |
| b SOURCE PROGRAM | | 900099 | 557,192. | 557,192. | | | |
| c SHARED MAINTENANCE FEE | | 900099 | 218,822. | 218,822. | | | |
| d CK CATERING | | 624210 | 81,165. | 81,165. | | | |
| e COMMUNITY KITCHEN | | 624210 | 14,032. | 14,032. | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 3,514,761. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 10,556. | | | 10,556. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 1,062,854. | | | | |
| | | (ii) Other | 203,778. | | | | |
| | | b Less: cost or other basis and sales expenses | 948,778. | 357,395. | | | |
| | | c Gain or (loss) | 114,076. | -153,617. | | | |
| | d Net gain or (loss) | | -39,541. | | | -39,541. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a CITRUS GLEANING AND OTHER REVENUE | 900099 | 132,191. | 132,191. | | | | |
| b LEASE INCOME | 900099 | 72,000. | 72,000. | | | | |
| c RECYCLING INCOME | 900099 | 30,291. | 30,291. | | | | |
| d All other revenue | 900099 | 2,473. | 2,473. | | | | |
| e Total. Add lines 11a-11d | | 236,955. | | | | | |
| 12 Total revenue. See instructions. | | 129,836,548. | 3,751,716. | 0. | -28,985. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 90,403,953. | 90,403,953. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 21,279,112. | 21,279,112. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 547,761. | 82,872. | 264,279. | 200,610. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 6,367,070. | 4,929,770. | 630,801. | 806,499. |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 114,170. | 65,077. | 34,251. | 14,842. |
| 9 Other employee benefits | 1,636,395. | 932,745. | 490,919. | 212,731. |
| 10 Payroll taxes | 509,825. | 290,600. | 152,948. | 66,277. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 2,698. | | 2,698. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 349,841. | 29,930. | 273,523. | 46,388. |
| 12 Advertising and promotion | 42,546. | 42,546. | | |
| 13 Office expenses | 162,822. | 38,789. | 29,251. | 94,782. |
| 14 Information technology | 515,742. | 77,432. | 376,155. | 62,155. |
| 15 Royalties | | | | |
| 16 Occupancy | 708,363. | 704,020. | 4,233. | 110. |
| 17 Travel | 104,700. | 48,806. | 34,665. | 21,229. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 94,726. | 94,726. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,554,377. | 1,498,073. | 26,588. | 29,716. |
| 23 Insurance | 299,254. | 250,566. | 42,188. | 6,500. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD PURCHASES | 3,172,747. | 3,171,443. | 1,210. | 94. |
| b DONOR APPEALS | 883,291. | | | 883,291. |
| c FUEL | 667,745. | 663,593. | 1,846. | 2,306. |
| d PACKAGING PRODUCTS | 489,658. | 477,899. | | 11,759. |
| e All other expenses | 1,366,717. | 956,689. | 94,880. | 315,148. |
| 25 Total functional expenses. Add lines 1 through 24e | 131,273,513. | 126,038,641. | 2,460,435. | 2,774,437. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) | | (B) | |
|-----------------------------|--|---|-----------------|-----------------|-------------|
| | | Beginning of year | | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 1,632,982. | 1 | 2,899,047. |
| | 2 | Savings and temporary cash investments | 1,149,440. | 2 | 1,149,440. |
| | 3 | Pledges and grants receivable, net | 153,978. | 3 | 59,355. |
| | 4 | Accounts receivable, net | 520,812. | 4 | 729,012. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 9,908,920. | 8 | 7,289,858. |
| | 9 | Prepaid expenses and deferred charges | 310,805. | 9 | 213,518. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 25,803,069. | | |
| | b | Less: accumulated depreciation | 10b 10,216,410. | 10c 15,586,659. | |
| | 11 | Investments - publicly traded securities | 411,346. | 11 | 597,680. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 14,060. | 15 | 644,664. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 30,500,209. | 16 | 29,169,233. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,194,118. | 17 | 1,186,459. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 4,003,600. | 23 | 4,003,600. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 910,642. | 25 | 1,061,888. |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,108,360. | 26 | 6,251,947. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 24,111,955. | 27 | 22,724,050. |
| | 28 | Temporarily restricted net assets | 273,894. | 28 | 187,236. |
| | 29 | Permanently restricted net assets | 6,000. | 29 | 6,000. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 24,391,849. | 33 | 22,917,286. | |
| 34 | Total liabilities and net assets/fund balances | 30,500,209. | 34 | 29,169,233. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 129,836,548. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 131,273,513. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,436,965. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,391,849. |
| 5 | Net unrealized gains (losses) on investments | 5 | -37,598. |
| 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 in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 22,917,286. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 3 columns: Question, Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support.

Total
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 122,923,547. | 123,684,349. | 110,228,660. | 130,949,540. | 125,868,402. | 613,654,498. |
| 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 | 122,923,547. | 123,684,349. | 110,228,660. | 130,949,540. | 125,868,402. | 613,654,498. |
| 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) | | | | | | 20,798,307. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 592,856,191. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------------------|
| 7 Amounts from line 4 | 122,923,547. | 123,684,349. | 110,228,660. | 130,949,540. | 125,868,402. | 613,654,498. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 86,887. | 102,533. | 6,052. | 8,854. | 124,632. | 328,958. |
| 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 IV.) | 28,564. | 572,070. | 26,010. | 313,155. | 482,370. | 1,422,169. |
| 11 Total support. Add lines 7 through 10 | | | | | | 615,405,625. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.34 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 94.23 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 6,000. | 6,000. | 6,000. | 6,000. | 6,000. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 6,000. | 6,000. | 6,000. | 6,000. | 6,000. |

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,202,865. | | 2,202,865. |
| b Buildings | | 16,459,521. | 7,230,209. | 9,229,312. |
| c Leasehold improvements | | | | |
| d Equipment | | 7,043,115. | 2,986,201. | 4,056,914. |
| e Other | | 97,568. | | 97,568. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 15,586,659. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATIONS | 765,138. |
| (3) GIFT ANNUITIES PAYABLE | 296,750. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,061,888. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|---|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 129,952,567. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a | | -37,598. |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | 153,617. |
| e | Add lines 2a through 2d | 2e | | 116,019. |
| 3 | Subtract line 2e from line 1 | 3 | | 129,836,548. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 129,836,548. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|---|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 131,427,130. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | 153,617. |
| e | Add lines 2a through 2d | 2e | | 153,617. |
| 3 | Subtract line 2e from line 1 | 3 | | 131,273,513. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 131,273,513. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT FUND CONSISTS OF FUNDS FOR WHICH THE DONOR STIPULATED THE ORIGINAL DONATED AMOUNT IS TO BE MAINTAINED IN PERPETUITY. THE EARNINGS AND NET APPRECIATION OF THESE FUNDS ARE UNRESTRICTED.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION RECOGNIZES UNCERTAINTY IN INCOME TAXES IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2014, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

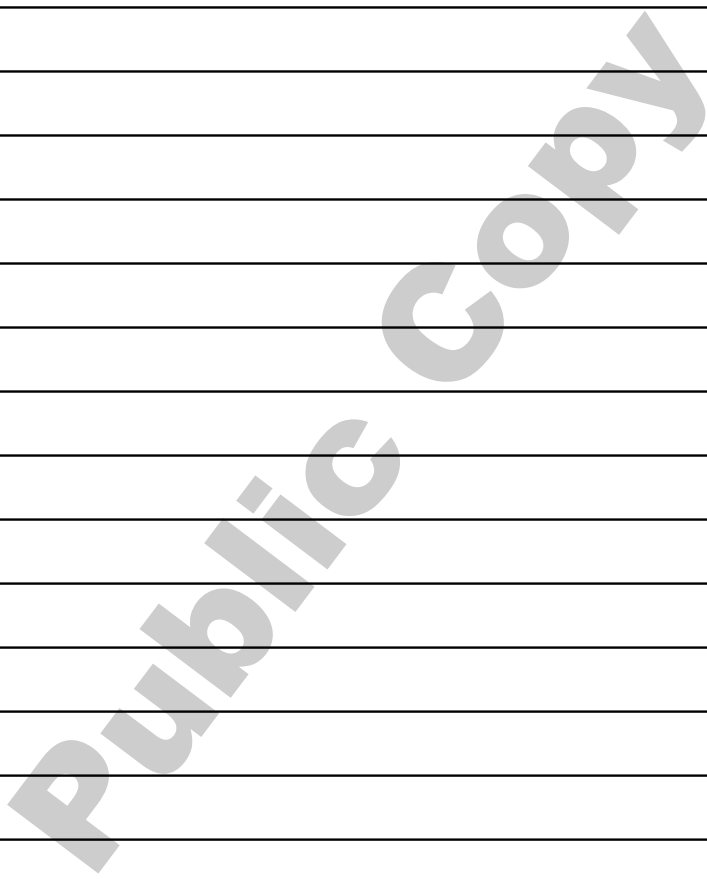
Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF EQUIPMENT 153,617.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF EQUIPMENT 153,617.



**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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AAAA ALCOHOL AND ADDICTION ASST ASSN - 4210 N LONGVIEW AVE - PHOENIX, AZ 85014 | 86-0267826 | 3 | 0. | 151,547. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AAAA ALCOHOL AND ADDICTION ASST ASSN - 4210 N LONGVIEW AVE - PHOENIX, AZ 85014 | 86-0267826 | 3 | 0. | 72,590. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AAAA ALCOHOL AND ADDICTION ASST ASSN - 4210 N LONGVIEW AVE - PHOENIX, AZ 85014 | 86-0267826 | 3 | 0. | 57,324. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AAAA ALCOHOL AND ADDICTION ASST ASSN - 4210 N LONGVIEW AVE - PHOENIX, AZ 85014 | 86-0267826 | 3 | 0. | 8,249. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ABUNDANT LIFE CENTER AOG 3535 N 63RD AVE PHOENIX, AZ 85033 | 44-0577787 | 3 | 0. | 377,161. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AGUA FRIA FOOD AND CLOTHING BANK PO BOX 845 AVONDALE, AZ 85323 | 56-2515365 | 3 | 0. | 439,574. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **387.**

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

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AGUA FRIA FOOD AND CLOTHING BANK PO BOX 845 AVONDALE, AZ 85323 | 56-2515365 | 3 | 0. | 204,231. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AGUA FRIA FOOD AND CLOTHING BANK PO BOX 845 AVONDALE, AZ 85323 | 56-2515365 | 3 | 0. | 83,060. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AGUA FRIA FOOD AND CLOTHING BANK PO BOX 845 AVONDALE, AZ 85323 | 56-2515365 | 3 | 0. | 58,749. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AIM RIGHT MINISTRIES 1013 N 13TH ST PHOENIX, AZ 85006 | 86-0821440 | 3 | 0. | 158,496. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ALHAMBRA SCHOOL DIST 68 3801 W MISSOURI AVE PHOENIX, AZ 85019 | 86-0857358 | 3 | 0. | 136,356. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ALHAMBRA SCHOOL DISTRICT 68 6530 N 44TH AVE PHOENIX, AZ 85019 | 86-0857358 | 3 | 0. | 370,985. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ALL FAITH COMMUNITY SERVICES 214 S 5TH ST BUCKEYE, AZ 85326 | 54-2160931 | 3 | 0. | 1,448,389. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ALL FAITH COMMUNITY SERVICES 214 S 5TH ST BUCKEYE, AZ 85326 | 54-2160931 | 3 | 0. | 612,910. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ALL FAITH COMMUNITY SERVICES 214 S 5TH ST BUCKEYE, AZ 85326 | 54-2160931 | 3 | 0. | 84,614. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANDRE HOUSE OF AZ INC. PO BOX 2014 PHOENIX, AZ 85001 | 86-0717841 | 3 | 0. | 331,244. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| APACHE JUNCTION FOOD BANK 575 N IDAHO RD STE 701 APACHE JUNCTION, AZ 85219 | 86-0454767 | 3 | 0. | 337,103. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ARIZONA ODD FELLOW-REBEKAH 222 E INDIANOLA AVE PHOENIX, AZ 85012 | | 3 | 0. | 23,101. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AZ PATHWAYS OF LIGHT 2307 W DEVONSHIRE PHOENIX, AZ 85015 | 86-0685303 | 3 | 0. | 34,512. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| AZ RETIREMENT HOME I & II 7310 E PALM LN SCOTTSDALE, AZ 85257 | 86-0711505 | 3 | 0. | 16,049. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BANNER OLIVE BRANCH SENIOR CTR 11250 N 107TH AVE SUN CITY, AZ 85351 | 94-2745413 | 3 | 0. | 1,084,176. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BEAVER CREEK SCHOOL 4810 E BEAVER CREEK RD RIMROCK, AZ 86335 | | 3 | 0. | 99,405. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BIG BROTHER BIG SISTER OF FLAGSTAFF - 102 W HUNT AVE - FLAGSTAFF, AZ 86001 | 23-7170086 | 3 | 0. | 87,665. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BLACK FAMILY CHILD SVCS 1522 E SOUTHERN AVE STE 1 PHOENIX, AZ 85040 | 86-0480412 | 3 | 0. | 66,944. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BLACK FAMILY CHILD SVCS 1522 E SOUTHERN AVE STE 1 PHOENIX, AZ 85040 | 86-0480412 | 3 | 0. | 44,522. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUB OF KINGMAN PO BOX 4362 KINGMAN, AZ 86402 | 86-0743950 | 3 | 0. | 58,348. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUBS OF METROPOLITAN INC - PO BOX 699 - PEORIA, AZ 85380 | 86-0107639 | 3 | 0. | 7,161. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX INC - PO BOX 8754 - PHOENIX, AZ 85066 | 86-0107639 | 3 | 0. | 7,893. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX INC - 15815 N 29TH ST - PHOENIX, AZ 85032 | 86-0107639 | 3 | 0. | 6,509. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX INC - PO BOX 1443 - PHOENIX, AZ 85008 | 86-0107639 | 3 | 0. | 6,432. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX INC - PO BOX 715 - GLENDALE, AZ 85311 | 86-0107639 | 3 | 0. | 5,059. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BREAD OF LIFE MISSIONS INC PO BOX 2991 CAMP VERDE, AZ 86322 | 86-0814302 | 3 | 0. | 512,842. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| BULLHEAD CHRISTIAN CTR 590 HANCOCK RD BULLHEAD CITY, AZ 86442 | 86-0693439 | 3 | 0. | 1,579,938. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BULLHEAD CHRISTIAN CTR 590 HANCOCK RD BULLHEAD CITY, AZ 86442 | 86-0693439 | 3 | 0. | 470,102. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CARE AND SHARE FOOD BANK 2520 AVIATION WAY STE 130 COLORADO SPRINGS, CO 80916 | 84-0731930 | 3 | 0. | 100,472. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CARING HEARTS MINISTRY INC 1706 NORTH OATMAN RD BULLHEAD CITY, AZ 86442 | 27-0411265 | 3 | 0. | 102,147. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CARTWRIGHT SCHOOL DIST 83 4308 N 51ST AVE STE103 PHOENIX, AZ 85031 | | 3 | 0. | 218,084. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CASA DE PAZ IV SUNLAND TERRACE 435 E SUNLAND AVE PHOENIX, AZ 85040 | | 3 | 0. | 27,568. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CENTRAL UNITED METHODIST CH 1875 N CENTRAL AVE PHOENIX, AZ 85004 | 86-0111426 | 3 | 0. | 17,812. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHEEERS 1950 W HEATHERBRAE DR STE 2 PHOENIX, AZ 85015 | 86-0667217 | 3 | 0. | 48,902. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHRIST EVANGELICAL LUTHERAN CHURCH 918 S LITCHFIELD GOODYEAR, AZ 85338 | 41-1568278 | 3 | 0. | 99,767. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHRISTIAN FAITH FELLOWSHIP 245 N LITCHFIELD RD STE143 GOODYEAR, AZ 85338 | 80-0031759 | 3 | 0. | 665,277. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHURCH FOR THE NATIONS 6225 N CENTRAL AVE PHOENIX, AZ 85012 | 75-3114849 | 3 | 0. | 46,175. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHURCH OF GOD OF PROPHECY 3632 E GREENWAY PHOENIX, AZ 85032 | 86-0808790 | 3 | 0. | 263,364. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHURCH OF GOD OF PROPHECY PO BOX 11241 PHOENIX, AZ 85061 | 86-0808790 | 3 | 0. | 178,001. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHURCH OF GOD OF PROPHECY 3632 E GREENWAY PHOENIX, AZ 85032 | 86-0808790 | 3 | 0. | 15,346. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CHURCH ON FILLMORE 745 W FILLMORE ST PHOENIX, AZ 85007 | 86-0344047 | 3 | 0. | 2,081,501. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CIRCLE OF PAGE PO BOX 4745 PAGE, AZ 86040 | 30-0170553 | 3 | 0. | 358,276. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CIRCLE OF PAGE PO BOX 4745 PAGE, AZ 86040 | 30-0170553 | 3 | 0. | 331,664. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CITY OF AVONDALE 1007 S 3RD ST AVONDALE, AZ 85323 | 23-7353532 | 3 | 0. | 107,333. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CITY OF TOLLESON CAP 9555 W VAN BUREN TOLLESON, AZ 85353 | | 3 | 0. | 31,915. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CIVITAIN FOUNDATION INC 12635 N 42ND ST PHOENIX, AZ 85032 | 23-7036797 | 3 | 0. | 6,151. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CIVITAIN FOUNDATION 12635 N 42ND ST PHOENIX, AZ 85032 | 23-7036797 | 3 | 0. | 19,467. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COALITION FOR COMPASSION AND JUSTICE - 505 W GURLEY - PRESCOTT, AZ 86303 | 47-0851633 | 3 | 0. | 61,621. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY COMMUNITY SVCS 2625 N KING ST FLAGSTAFF, AZ 86004 | | 3 | 0. | 25,195. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY HEALTH DEPT 2625 N KING ST FLAGSTAFF, AZ 86004 | | 3 | 0. | 162,256. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY HEALTH DEPT 2625 N KING ST FLAGSTAFF, AZ 86004 | | 3 | 0. | 53,331. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY HEALTH DEPT 2625 N KING ST FLAGSTAFF, AZ 86004 | | 3 | 0. | 40,308. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY HEALTH DEPT 467 VISTA AVE PAGE, AZ FLAGSTAFF, AZ 86004 | | 3 | 0. | 23,058. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COCONINO COUNTY HEALTH DEPT 2625 N KING ST FLAGSTAFF, AZ 86004 | | 3 | 0. | 20,133. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLORADO RIVER FOOD BANK 240 E LAUGHLIN CIVIC DR LAUGHLIN, NV 89029 | 88-0345703 | 3 | 0. | 826,898. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY CHRISTIAN FELLOWSHIP PO BOX 491 YUCCA, AZ 86439 | 95-3455015 | 3 | 0. | 146,626. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY FELLOWSHIP CHURCH 3009 E VIRGINIA AVENUE PHOENIX, AZ 85008 | 86-1015255 | 3 | 0. | 60,201. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY FOOD BANK TUCSON PO BOX 26727 TUCSON, AZ 85726-6727 | 51-0192519 | 3 | 0. | 1,396,265. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY FOOD SHARE INC 6363 HORIZON LN LONGMONT, CO 80503 | 74-2227731 | 3 | 0. | 9,121. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY HOPE CENTERS 14185 N 83RD AVE PEORIA, AZ 85381 | 27-0957157 | 3 | 0. | 251,874. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY HOPE CENTERS 14185 N 83RD AVE PEORIA, AZ 85381 | 27-0957157 | 3 | 0. | 47,515. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMMUNITY PANTRY GALLUP PO BOX 520 GALLUP, NM 87305 | 85-0460193 | 3 | 0. | 66,591. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COMUNIDAD CRISTIANA EL CALVARI 1804 N 36TH ST PHOENIX, AZ 85008 | 86-0377471 | 3 | 0. | 117,085. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CONCERNED CITIZENS COMMUNITY HEALTH - 7700 E ROOSEVELT - SCOTTSDALE, AZ 85258 | 95-3416943 | 3 | 0. | 15,354. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CONGRESS SENIOR CTR PO BOX 1267 CONGRESS, AZ 85332 | 94-2882535 | 3 | 0. | 65,262. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP FAMILY SERVICE CTR 4732 S CENTRAL AVE PHOENIX, AZ 85040 | | 3 | 0. | 73,987. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HOUSING DEPT 802 N 22ND PL PHOENIX, AZ 85006 | | 3 | 0. | 23,600. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HOUSING DEPT 4545 N MARYVALE PARKWAY PHOENIX, AZ 85031 | | 3 | 0. | 21,438. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 7600 N 27TH AVE PHOENIX, AZ 85051 | | 3 | 0. | 136,891. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 1845 E MCDOWELL RD PHOENIX, AZ 85006 | | 3 | 0. | 60,002. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 6501 W VIRGINIA AVE PHOENIX, AZ 85035 | | 3 | 0. | 54,152. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 734 W ELM ST PHOENIX, AZ 85013 | | 3 | 0. | 51,942. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COP HS SENIOR CTR 734 W ELM ST PHOENIX, AZ 85013 | | 3 | 0. | 40,703. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 305 W PIMA RD PHOENIX, AZ 85003 | | 3 | 0. | 31,753. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 2802 E DEVONSHIRE PHOENIX, AZ 85016 | | 3 | 0. | 31,264. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 2802 E DEVONSHIRE PHOENIX, AZ 85016 | | 3 | 0. | 30,079. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 7600 N 27TH AVE PHOENIX, AZ 85051 | | 3 | 0. | 29,283. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 4115 W THOMAS RD PHOENIX, AZ 85019 | | 3 | 0. | 27,245. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 212 E ALTA VISTA PHOENIX, AZ 85042 | | 3 | 0. | 22,291. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 1220 S 7TH AVE PHOENIX, AZ 85007 | | 3 | 0. | 22,289. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 2001 W WAHALLA LN PHOENIX, AZ 85307 | | 3 | 0. | 21,053. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COP HS SENIOR CTR 305 W PIMA PHOENIX, AZ 85003 | | 3 | 0. | 18,952. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 1220 S 7TH AVE PHOENIX, AZ 85007 | | 3 | 0. | 18,196. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 3546 E SWEETWATER RD PHOENIX, AZ 85032 | | 3 | 0. | 16,540. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 802 E VOGEL PHOENIX, AZ 85012 | | 3 | 0. | 16,402. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 3435 W PINNACLE PEAK RD PHOENIX, AZ 85027 | | 3 | 0. | 7,733. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COP HS SENIOR CTR 2001 W WAHALLA LN PHOENIX, AZ 85027 | | 3 | 0. | 7,418. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CORDES LAKES COMMUNITY ASSOCIATION 16357 S CORDES LAKES DR CORDES LAKES, AZ 86333 | 86-0444010 | 3 | 0. | 219,900. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CORNERSTONE MISSION PROJECT 3049 SYCAMORE ST KINGMAN, AZ 86409 | 86-0960036 | 3 | 0. | 185,820. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COTTONWOOD CHRISTIAN ASSEMBLY INC 750 E MINGUS AVE COTTONWOOD, AZ 86326 | 44-0577787 | 3 | 0. | 1,006,206. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COTTONWOOD SENIOR CENTER PO BOX 4021 BLUE GAP, AZ 86520 | 23-7353532 | 3 | 0. | 302,911. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COVENANT OF GRACE 906 W PEORIA AVE PHOENIX, AZ 85029 | 86-0602290 | 3 | 0. | 179,381. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| COVENANT OF GRACE 906 W PEORIA AVE PHOENIX, AZ 85029 | 86-0602290 | 3 | 0. | 83,486. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CPLC (CHICANOS POR LA CAUSA) PO BOX 6553 PHOENIX, AZ 85005 | 86-0227210 | 3 | 0. | 62,604. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CPLC (CHICANOS POR LA CAUSA) 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 | 86-0227210 | 3 | 0. | 43,680. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CROSSROADS INC 7523 N 35TH AVE PHOENIX, AZ 85051 | 86-0182987 | 3 | 0. | 114,142. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CROSSROADS UNITED METHODIST CH 7901 N CENTRAL AVE PHOENIX, AZ 85020 | 86-0143295 | 3 | 0. | 29,905. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| CULTURAL CUP FOOD BANK PO BOX 32923 PHOENIX, AZ 85064 | 81-0622721 | 3 | 0. | 426,555. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DAMION GOSA MEMORIAL FOUNDATION INC - 2102 E ALTA VISTA RD - PHOENIX, AZ 85042 | 45-5441868 | 3 | 0. | 27,955. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| DENNEHOTSO SENIOR CTR PO BOX 2183 DENNEHOTSO, AZ 86535 | | 3 | 0. | 68,941. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DENTON HOUSE 5025 N. CENTRAL AVE PMB 540 PHOENIX, AZ 85012 | 84-1669324 | 3 | 0. | 23,089. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DESERT CHRISTIAN FELLOWSHIP 1445 W NORTHERN AVE PHOENIX, AZ 85021 | 86-0731548 | 3 | 0. | 251,706. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DESERT MISSION FOOD BANK 9229 N 4TH ST PHOENIX, AZ 85020 | 88-0096941 | 3 | 0. | 2,744,521. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DESERT MISSION FOOD BANK 9229 N 4TH ST PHOENIX, AZ 85020 | 88-0096941 | 3 | 0. | 730,123. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DESERT MISSION FOOD BANK 9229 N 4TH ST PHOENIX, AZ 85020 | 88-0096941 | 3 | 0. | 166,943. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DRUG ELIMINATION FAMILY AWARENESS PROGRAM - 8561 N 61ST AVE - GLENDALE, AZ 85302 | 31-1521614 | 3 | 0. | 17,639. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| DYSART COMMUNITY CENTER 14414 N EL MIRAGE EL MIRAGE, AZ 85335 | 86-6031134 | 3 | 0. | 107,113. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| EBONY HOUSE INC 6222 S 13TH ST PHOENIX, AZ 85042 | 86-0287878 | 3 | 0. | 19,537. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ELDERLY HOUSING INC 1602 W MCDOWELL RD PHOENIX, AZ 85007 | 52-1529139 | 3 | 0. | 93,245. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| EMMANUEL COGIC 1537 W BUCKEYE RD PHOENIX, AZ 85007 | 23-7002419 | 3 | 0. | 40,875. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FALLEN FEATHERS 9532 W CIELO GRANDE PEORIA, AZ 85383 | 01-0749446 | 3 | 0. | 13,155. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FIBCO FAMILY SVCS INC 1141 E JEFFERSON ST PHOENIX, AZ 85034 | 86-0434933 | 3 | 0. | 105,261. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FIRE AND WATER INTERNATIONAL CHURCH - 1937 E DIAMOND ST - PHOENIX, AZ 85006 | 86-0928650 | 3 | 0. | 36,570. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FIRST SOUTHERN BAPTIST CH CORNVILLE - PO BOX 387 - CORNVILLE, AZ 86325 | 86-0123683 | 3 | 0. | 162,672. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FIRST SOUTHERN BAPTIST CH-PHX 3100 W CAMELBACK RD PHOENIX, AZ 85017 | 86-0123683 | 3 | 0. | 53,105. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FLAGSTAFF FAMILY FOOD CTR 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004 | 86-0754044 | 3 | 0. | 2,385,620. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FLAGSTAFF FAMILY FOOD CTR 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004 | 86-0754044 | 3 | 0. | 535,379. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239 | 84-0772672 | 3 | 0. | 70,888. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOOTHILLS FOOD BANK PO BOX 715 CAREFREE, AZ 85377 | 86-0619725 | 3 | 0. | 255,848. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOOTHILLS FOOD BANK PO BOX 715 CAREFREE, AZ 85377 | 86-0619725 | 3 | 0. | 187,041. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOUNDATION FOR SENIOR LIVING 200 S 9TH ST WILLIAMS, AZ 86046 | 86-0298945 | 3 | 0. | 318,164. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOUNDATION FOR SENIOR LIVING 1201 E THOMAS RD PHOENIX, AZ 85014 | 86-0223999 | 3 | 0. | 133,782. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOUNDATION FOR SENIOR LIVING PO BOX 176 PEORIA, AZ 85380 | 86-0298945 | 3 | 0. | 33,848. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FOUNDATION FOR SENIOR LIVING 1201 E THOMAS RD PHOENIX, AZ 85014 | 86-0223999 | 3 | 0. | 17,849. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| FRIENDLY HOUSE INC PO BOX 3695 PHOENIX, AZ 85003 | 86-0120506 | 3 | 0. | 58,903. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GILA BEND CAP PO BOX 439 GILA BEND, AZ 85337 | 23-7353532 | 3 | 0. | 231,654. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GILA BEND CAP PO BOX 439 GILA BEND, AZ 85337 | 23-7353532 | 3 | 0. | 19,186. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GILA COUNTY HEALTH DEPT 5515 S APACHE AVE #100 GLOBE, AZ 85501 | | 3 | 0. | 72,666. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GILA COUNTY HEALTH DEPT 107 W FRONTIER ST STE A PAYSON, AZ 85541 | | 3 | 0. | 60,326. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GOODWILL INDUSTRIES OF CENTRAL ARIZONA - 14063 W GRAND AVE - SURPRISE, AZ 85374 | 86-0104415 | 3 | 0. | 398,275. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GOSPEL OF FAITH CHURCH - ASHFORK PO BOX 697 ASHFORK, AZ 86320 | 32-0172605 | 3 | 0. | 232,913. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GREATER BETHEL AME CHURCH 2310 E WIER AVE PHOENIX, AZ 85040 | 53-0204696 | 3 | 0. | 276,687. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| GREATER BETHEL AME CHURCH 7040 S 40TH ST PHOENIX, AZ 85042 | 53-0204696 | 3 | 0. | 98,747. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| HACIENDA DE LOS ARCOS 7529 E CULVER ST SCOTTSDALE, AZ 85257 | 86-6084067 | 3 | 0. | 15,148. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| HOLBROOK SENIOR CITIZENS ASSN PO BOX 580 HOLBROOK, AZ 86025 | 86-0462642 | 3 | 0. | 415,442. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HOPE COTTAGE/SUNSHINE RESCUE MISSION - 2211 E JOHNSON AVE - FLAGSTAFF, AZ 86004 | 86-0264747 | 3 | 0. | 30,871. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| HOPE FOR HUNGER CORPORATION 5605 N 55TH AVE GLENDALE, AZ 85301 | 45-2246511 | 3 | 0. | 4,965,071. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| HOUSE OF REFUGE SUNNYSLOPE INC 9835 N 7TH ST PHOENIX, AZ 85020 | 86-1026266 | 3 | 0. | 332,104. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| HUALAPAI TRIBE PO BOX 480 PEACH SPRINGS, AZ 86434 | | 3 | 0. | 81,040. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA BETHEL LUTHERAN CHURCH 7310 N 27TH AVE PHOENIX, AZ 85051 | 86-0206275 | 3 | 0. | 7,353. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA BODAWAY GAP CHAPTER PO BOX 1537 GAP, AZ 86020 | | 3 | 0. | 8,887. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA CASS (CENTRAL AZ SHELTER SVCS) 230 S 12TH AVE PHOENIX, AZ 85007 | 86-0500753 | 3 | 0. | 114,168. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA CHABAD LUBAVITCH OF ARIZONA 2110 E LINCOLN PHOENIX, AZ 85016 | 86-0441056 | 3 | 0. | 32,332. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA CHOICES NETWORK OF ARIZONA INC 3003 N CENTRAL AVE STE 305 PHOENIX, AZ 85012 | 20-8609578 | 3 | 0. | 35,171. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IA CHURCH OF GOD OF PROPHECY CB 5701 W CAMELBACK PHOENIX, AZ 85031 | 86-0808790 | 3 | 0. | 6,819. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA COMMUNITY HOPE CENTERS 14185 N 83RD AVE PEORIA, AZ 85381 | 27-0957157 | 3 | 0. | 35,274. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA COMMUNITY HOPE CENTERS 14185 N 83RD AVE PEORIA, AZ 85381 | 27-0957157 | 3 | 0. | 19,132. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA FAITH MISSION BAPTIST CH 5802 S 7TH AVE PHOENIX, AZ 85040 | 86-0622775 | 3 | 0. | 11,700. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA FEED MY HUNGRY PEOPLE INC 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004 | 73-1330955 | 3 | 0. | 97,462. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA FIRST WATCH MINISTRIES INC PO BOX 51298 PHOENIX, AZ 85076 | 65-1224725 | 3 | 0. | 25,094. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA HEARTS FOR THE HUNGRY HOMELESS PO BOX 1117 CORNVILLE, AZ 86325 | 26-3205825 | 3 | 0. | 44,182. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA IGLESIA PENTECOSTES CAMINO AL CIELO - 1742 W WIER AVE - PHOENIX, AZ 85041 | 26-3848270 | 3 | 0. | 41,281. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA NOVA 210 S 12TH AVE PHOENIX, AZ 85007 | 86-0369541 | 3 | 0. | 9,578. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IA RECOVERY INNOVATIONS OF ARIZONA INC - 2701 N 16TH ST STE 316 - PHOENIX, AZ 85006 | 86-0671446 | 3 | 0. | 8,421. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA REDEEMED OUTREACH CENTER 1109 W JEFFERSON ST PHOENIX, AZ 85007 | 20-4560332 | 3 | 0. | 17,252. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SALVATION ARMY SW DIV HQ ADMIN 1625 S CENTRAL AVE PHOENIX, AZ 85004 | 94-1156347 | 3 | 0. | 484,101. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SHORT CREEK AREA COMMODITIES PO BOX 414 COLORADO CITY, AZ 86021 | 23-7353532 | 3 | 0. | 1,152,759. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SMFBA - CSFP HOMEBOUND DRIVER #1 - 3131 W THOMAS RD - PHOENIX, AZ 85009 | 23-7353532 | 3 | 0. | 284,996. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SMFBA - CSFP HOMEBOUND DRIVER #2 - 3131 W THOMAS RD - PHOENIX, AZ 85009 | 23-7353532 | 3 | 0. | 206,798. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SOUTHWEST NETWORK INC 2700 N CENTRAL AVE STE 1050 PHOENIX, AZ 85004 | 86-0966400 | 3 | 0. | 27,217. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SVDP ST FRANCIS OF ASSISI PO BOX 13600 PHOENIX, AZ 85002 | | 3 | 0. | 6,398. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| IA SWORD OF THE SPIRIT MINISTRY 13380 W VAN BUREN ST GOODYEAR, AZ 85338 | 86-0907721 | 3 | 0. | 33,765. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IA TONATIERRA COMMUNITY DEV PO BOX 24009 PHOENIX, AZ 85074 | 86-0723874 | 3 | 0. | 68,843. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| INTERFAITH COOPERATIVE MINISTRIES PO BOX 2225 PHOENIX, AZ 85002 | 86-0401223 | 3 | 0. | 2,051,247. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| INTERFAITH COOPERATIVE MINISTRIES PO BOX 2225 PHOENIX, AZ 85002 | 86-0401223 | 3 | 0. | 1,352,880. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| JOSHUA TREE FEEDING PROGRAM, INC 530 E MCDOWELL RD 107-247 PHOENIX, AZ 85004 | 86-0789213 | 3 | 0. | 236,305. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| KINGMAN AID TO ABUSED PEOPLE 2701 E ANDY DEVINE STE 103A KINGMAN, AZ 86401 | 86-0601113 | 3 | 0. | 21,314. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| KINGMAN AREA FOOD BANK 2930 BUTLER AVE KINGMAN, AZ 86409 | 86-0503686 | 3 | 0. | 1,178,359. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| KINGMAN AREA FOOD BANK 2930 BUTLER AVE KINGMAN, AZ 86409 | 86-0503686 | 3 | 0. | 582,507. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| KYKOTSMOVI VILLAGE PO BOX 286 KYKOTSMOVI, AZ 86039 | | 3 | 0. | 54,580. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LAKE HAVASU CITY INTERAGENCY 1595 DOVER UNIT E LAKE HAVASU CITY, AZ 86404 | 86-0516654 | 3 | 0. | 543,855. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LAKE HAVASU CITY INTERAGENCY 1940 MESQUITE AVE LAKE HAVASU CITY, AZ 86403 | 86-0516654 | 3 | 0. | 505,859. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LEUPP SENIOR CTR CPO 5160 LEUPP, AZ 86035 | | 3 | 0. | 94,900. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LIFEBRIDGE COMMUNITY ALLIANCE INC 7510 N 27TH AVE PHOENIX, AZ 85051 | 37-1553260 | 3 | 0. | 121,612. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LITCHFIELD SCHOOL DIST 272 SAGEBRUSH LITCHFIELD PARK, AZ 85340 | | 3 | 0. | 425,570. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LIVING HOPE HELPING HAND PO BOX 3008 ARIZONA CITY, AZ 85123 | 65-1238877 | 3 | 0. | 410,318. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LIVING STREAMS CHRISTIAN CHURCH 7000 N CENTRAL AVE PHOENIX, AZ 85020 | 86-0538638 | 3 | 0. | 115,713. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LOW MOUNTAIN CHURCH PO BOX 984 KEAMS CANYON, AZ 86034 | 68-0223396 | 3 | 0. | 44,789. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| LUTHERAN CHURCH OF THE MASTER 2340 W CACTUS RD PHOENIX, AZ 85029 | 43-0658188 | 3 | 0. | 150,435. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MARK ALLEN MANOR FOUNDATION 2622 W STATE AVE PHOENIX, AZ 85051 | 94-2785374 | 3 | 0. | 15,349. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MAYER ELDERS CLUB INC PO BOX 883 MAYER, AZ 86333 | 30-0015278 | 3 | 0. | 15,553. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MC ADULT PROBATION 1022 E GARFIELD ST PHOENIX, AZ 85006 | | 3 | 0. | 95,186. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MC DEPT OF PUBLIC HEALTH 2737 W SOUTHERN AVE STE 8 TEMPE, AZ 85282 | | 3 | 0. | 120,904. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MC SHERIFFS OFFICE 3150 W LOWER BUCKEYE RD PHOENIX, AZ 85009 | | 3 | 0. | 274,022. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MERCY HOUSING SOUTHWEST PO BOX 1180 CASHION, AZ 85329 | 20-1583582 | 3 | 0. | 175,017. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MITCHELL SWABACK CHARITIES 6324 E QUARTZ MOUNTAIN RD PARADISE VALLEY, AZ 85253 | 27-0250769 | 3 | 0. | 62,902. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MOHAVE COUNTY HEALTH DEPT PO BOX 7000 KINGMAN, AZ 86401 | | 3 | 0. | 208,258. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MOHAVE COUNTY HEALTH DEPT PO BOX 7000 KINGMAN, AZ 86401 | | 3 | 0. | 26,511. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MOHAVE COUNTY HEALTH DEPT PO BOX 7000 KINGMAN, AZ 86401 | | 3 | 0. | 14,776. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MT OF OLIVES LUTHERAN CHURCH 3546 E THOMAS RD PHOENIX, AZ 85018 | 41-1568278 | 3 | 0. | 172,809. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MT OF OLIVES LUTHERAN CHURCH 3546 E THOMAS RD PHOENIX, AZ 85018 | 41-1568278 | 3 | 0. | 64,037. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| MURPHY ELEMENTARY SCHOOL DISTRICT NO 21 - 2615 W BUCKEYE RD - PHOENIX, AZ 85009 | 23-7353532 | 3 | 0. | 145,542. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NAOS INC 14240 N 43RD AVE GLENDALE, AZ 85306 | 86-0543988 | 3 | 0. | 151,913. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NAOS INC 14240 N 43RD AVE GLENDALE, AZ 85306 | 86-0543988 | 3 | 0. | 186,790. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012 | 86-0293585 | 3 | 0. | 23,135. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012 | 86-0293585 | 3 | 0. | 22,537. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012 | 86-0293585 | 3 | 0. | 14,435. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012 | 86-0293585 | 3 | 0. | 12,364. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAVAJO DIVISION OF HEALTH PO BOX 1050 MANY FARMS, AZ 86538 | | 3 | 0. | 213,297. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009 | 86-0809052 | 3 | 0. | 39,718. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW BIRTH COMMUNITY CHURCH 7449 W DESERT COVE PEORIA, AZ 85345 | 86-0901069 | 3 | 0. | 167,508. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW CASA DE AMIGAS 1648 W COLTER STE 8 PHOENIX, AZ 85015 | 86-0185416 | 3 | 0. | 34,485. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW DAY RECOVERY CTR 1810 E 2ND PL MESA, AZ 85203 | 86-1039676 | 3 | 0. | 24,157. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW DESTINY CHRISTIAN CHURCH 7848 S 27 AVE LAVEEN, AZ 85339 | 86-0805041 | 3 | 0. | 35,630. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW HORIZON YOUTH HOMES INC PO BOX 2754 CHANDLER, AZ 85224 | 86-1014335 | 3 | 0. | 9,075. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW LIFE CENTER PO BOX 5005 GOODYEAR, AZ 85338 | 86-0635950 | 3 | 0. | 15,325. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NEW LIFE CHURCH DBA OF AHWATUKEE AOG - 11832 S WARNER ELLIOT LOOP - PHOENIX, AZ 85044 | 86-0700407 | 3 | 0. | 312,410. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NIFTYTHRIFTY FOOD BANK PO BOX 217 ASHFORK, AZ 86320 | 85-1043856 | 3 | 0. | 225,453. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NOGALES COMMUNITY FOOD BANK 2636 N DONNA AVE NOGALES, AZ 85621 | 51-0192519 | 3 | 0. | 1,013,697. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NORTH MOUNTAIN CHRISTIAN AOG 341 E MOUNTAIN VIEW RD PHOENIX, AZ 85020 | 44-0577787 | 3 | 0. | 54,738. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NORTHLAND FAMILY HELP CENTER 2532 N 4TH ST 506 FLAGSTAFF, AZ 86004 | 86-0351566 | 3 | 0. | 14,203. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| NORTHMINSTER PRESBYTERIAN FOOD BANK - 13001 N 35TH AVE - PHOENIX, AZ 85029 | 23-6393377 | 3 | 0. | 192,303. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| OLD TOWN MISSION PO BOX 1779 COTTONWOOD, AZ 86326 | 86-0667052 | 3 | 0. | 699,836. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| OLD TOWN MISSION PO BOX 1779 COTTONWOOD, AZ 86326 | 86-0667052 | 3 | 0. | 356,274. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| OPEN DOOR FELLOWSHIP CHURCH 8301 N 19TH AVE PHOENIX, AZ 85021 | 86-0333385 | 3 | 0. | 8,528. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| OUR LADY OF FATIMA PO BOX 2119 CHINLE, AZ 86503 | 85-0225263 | 3 | 0. | 1,207,976. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OUR LADY OF THE LAKE ROMAN CATHOLIC PARISH - SHIP TO: 1851 COMMANDER DR. - LAKE HAVASU CITY, AZ 86406 | 53-0196617 | 3 | 0. | 55,286. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| OUR SAVIOR'S COMPASSION INC HC 61 BOX 19 WINSLOW, AZ 86047 | 80-0400192 | 3 | 0. | 633,658. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PARADISE VALLEY UNIFIED SCHL DIST 69 - 15833 N 29 ST - PHOENIX, AZ 85032 | | 3 | 0. | 148,338. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PAULDEN CHRISTIAN FELLOWSHIP PO BOX 414 PAULDEN, AZ 86334 | 86-0767780 | 3 | 0. | 346,030. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PEORIA UNIFIED SCHOOL DISTRICT 5312 W MOUNTAIN VIEW GLENDALE, AZ 85306 | 23-7353532 | 3 | 0. | 88,360. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PERALTA ELEMENTARY SCHOOL 7125 W ENCANTO BLVD PHOENIX, AZ 85035 | 23-7353532 | 3 | 0. | 421,808. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PHOENIX RESCUE MISSION 1468 N 26TH AVENUE PHOENIX, AZ 85009 | 86-6057771 | 3 | 0. | 2,239,215. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PHOENIX RESCUE MISSION 1801 S 35TH AVE PHOENIX, AZ 85009 | 86-6057771 | 3 | 0. | 39,498. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PHOENIX SPANISH SDA CHURCH 821 W FLOWER PHOENIX, AZ 85013 | 86-0131620 | 3 | 0. | 47,101. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PILGRIM REST FOUNDATION 1401 E JEFFERSON ST PHOENIX, AZ 85034 | 86-0885862 | 3 | 0. | 268,495. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PILGRIM REST FOUNDATION 1401 E JEFFERSON ST PHOENIX, AZ 85034 | 86-0885862 | 3 | 0. | 27,510. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH PO BOX 1502 KEARNY, AZ 85237 | | 3 | 0. | 205,818. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 177,777. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 176,816. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 1870 W AMERICAN WAY ORACLE, AZ 85623 | | 3 | 0. | 153,735. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 96 W SMOCK AVE SUPERIOR, AZ 85273 | | 3 | 0. | 125,465. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 117,431. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 99,127. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 95,811. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 84,593. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 71,649. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 59,723. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 28,727. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PINAL COUNTY DIV OF PUBLIC HEALTH 820 E COTTONWOOD STE E CASA GRANDE, AZ 85122 | | 3 | 0. | 24,622. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PRESCOTT MEALS ON WHEELS 1280 E ROSSER ST PRESCOTT, AZ 86301 | 86-0417621 | 3 | 0. | 19,811. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PRESCOTT MEALS ON WHEELS 1280 E ROSSER ST PRESCOTT, AZ 86301 | 86-0417621 | 3 | 0. | 17,754. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| PRESCOTT VALLEY EMERGENCY FB PO BOX 26242 PRESCOTT VALLEY, AZ 86314 | 86-0469759 | 3 | 0. | 5,535. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RECOVERY INNOVATIONS OF ARIZONA INC - 11361 N 99TH AVE SUITE 402 - PEORIA, AZ 85345 | 86-0671446 | 3 | 0. | 32,062. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| RED MTN ACTIVE ADULT CENTER 7550 E ADOBE ST MESA, AZ 85207 | | 3 | 0. | 14,398. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 | 20-1569551 | 3 | 0. | 92,801. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040 | 20-1569551 | 3 | 0. | 9,505. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ROAD RUNNER FB OF NM 2645 BAYLOR DR SE ALBUQUERQUE, NM 87106 | 85-0278525 | 3 | 0. | 535,181. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ROCK CHURCH AOG 2012 N SCOTTSDALE RD STE A SCOTTSDALE, AZ 85257 | 44-0577787 | 3 | 0. | 176,269. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ROOSEVELT SCHL DIST 66 3146 E WIER ST PHOENIX, AZ 85040 | 23-7353532 | 3 | 0. | 8,256. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ROUGH ROCK SENIOR CTR RRTP BOX LDD CHINLE, AZ 86503 | | 3 | 0. | 92,168. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SAGUARO JANES SENIOR CTR PO BOX 151 WITTMAN, AZ 85361 | 86-0476466 | 3 | 0. | 721,775. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SAGUARO JANES SENIOR CTR PO BOX 151 WITTMAN, AZ 85361 | 86-0476466 | 3 | 0. | 13,743. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY BULLHEAD CITY PO BOX 21177 BULLHEAD CITY, AZ 86439 | 94-1156347 | 3 | 0. | 122,528. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY KINGMAN CORPS PO BOX 470 KINGMAN, AZ 86402 | 94-1156347 | 3 | 0. | 257,917. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY MESA CITADEL PO BOX 4106 MESA, AZ 85211 | 94-1156347 | 3 | 0. | 387,564. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY PRESCOTT 237 S MONTEZUMA ST PRESCOTT, AZ 86303 | 86-0096791 | 3 | 0. | 54,700. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN PO BOX 6000 GLENDALE, AZ 85312 | 94-1156347 | 3 | 0. | 376,761. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN PO BOX 6000 GLENDALE, AZ 85312 | 94-1156347 | 3 | 0. | 302,087. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN PO BOX 1161 SUN CITY, AZ 85372 | 94-1156347 | 3 | 0. | 79,229. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN 2707 E VAN BUREN ST PHOENIX, AZ 85034 | 94-1156347 | 3 | 0. | 56,173. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SALVATION ARMY SW DIV HQ ADMIN 2707 E VAN BUREN PHOENIX, AZ 85008 | 94-1156347 | 3 | 0. | 38,357. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN 613 N 4TH AVE PHOENIX, AZ 85003 | 94-1156347 | 3 | 0. | 33,407. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN 255 E 6TH ST MESA, AZ 85201 | 94-1156347 | 3 | 0. | 25,131. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SALVATION ARMY SW DIV HQ ADMIN 7328 N 61ST AVE GLENDALE, AZ 85301 | 94-1156347 | 3 | 0. | 22,479. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SDA CHURCH AVONDALE PO BOX 442 AVONDALE, AZ 85323 | 86-0131620 | 3 | 0. | 209,279. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SDA COMMUNITY SERVICES CAMP VERDE PO BOX 2119 CAMP VERDE, AZ 86322 | 86-0131620 | 3 | 0. | 1,518,611. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SDA COMMUNITY SERVICES CAMP VERDE PO BOX 2119 CAMP VERDE, AZ 86332 | 86-0131620 | 3 | 0. | 171,187. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SDA COMMUNITY SERVICES PHX 1320 N 15TH ST PHOENIX, AZ 85006 | 86-0298747 | 3 | 0. | 167,511. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SELIGMAN CARE CLUB PO BOX 631 SELIGMAN, AZ 86337 | | 3 | 0. | 329,048. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SET FREE BAPTIST 1034 N 24TH ST PHOENIX, AZ 85008 | 65-1208607 | 3 | 0. | 44,451. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SHEPHERDS KITCHEN FOOD BANK PO BOX 1364 SNOWFLAKE, AZ 85937 | 86-0887516 | 3 | 0. | 1,409,514. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SICHOMOVI VILLAGE WALPI HOUSING UNIT 2023 POLACCA, AZ 86042 | | 3 | 0. | 79,179. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SIPAULOVI VILLAGE PO BOX 889 SECOND MESA, AZ 86043 | 23-7353532 | 3 | 0. | 25,355. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036 | 94-2465081 | 3 | 0. | 6,030. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SONBURST DISCIPLESHIP MINISTRIES 38 W FREMONT RD PHOENIX, AZ 85041 | 86-0617550 | 3 | 0. | 90,504. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SOUTH MOUNTAIN COMMUNITY COLLEGE 7050 S 24TH ST STE114 PHOENIX, AZ 85042 | 23-7353643 | 3 | 0. | 184,343. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SOUTH PHOENIX BAPTIST CHURCH 2006 E BROADWAY RD PHOENIX, AZ 85040 | 73-1659656 | 3 | 0. | 500,145. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SOUTHWEST BEHAVIORAL HEALTH SERVICES - 3450 N 3RD ST - PHOENIX, AZ 85012 | 86-0290033 | 3 | 0. | 13,176. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SPRINGS CHURCH ASSEMBLY OF GOD PO BOX 1069 MAYER, AZ 86333 | 44-0577787 | 3 | 0. | 11,251. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST JOHN INSTITUTIONAL BAPTIST 1428 S 13TH AVE PHOENIX, AZ 85007 | 86-0448117 | 3 | 0. | 242,909. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST JUDE FOOD BANK PO BOX 1277 TUBA CITY, AZ 86045 | 86-1047161 | 3 | 0. | 1,110,322. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST LUKE'S AT THE MOUNTAIN PO BOX 8667 PHOENIX, AZ 85066 | 31-1629166 | 3 | 0. | 414,587. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST LUKE'S AT THE MOUNTAIN PO BOX 8667 PHOENIX, AZ 85066 | 31-1629166 | 3 | 0. | 171,007. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST MARY'S EPISCOPAL CHURCH 6501 N 39TH AVE PHOENIX, AZ 85019 | 31-1629166 | 3 | 0. | 324,043. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| ST STEPHEN'S EPISCOPAL CHURCH 2310 N 56TH ST PHOENIX, AZ 85008 | 31-1629166 | 3 | 0. | 39,866. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| STAR CENTERS 3003 N CENTRAL AVE SUITE 675 PHOENIX, AZ 85012 | 86-0586210 | 3 | 0. | 29,960. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| STEADFAST LB DEER VALLEY LP 15051 W DEER VALLEY DR SUN CITY WEST, AZ 85375 | | 3 | 0. | 11,381. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STERLING RANCH PO BOX 36 SKULL VALLEY, AZ 86338 | 86-0621906 | 3 | 0. | 7,707. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| STREETLIGHTUSA PO BOX 6178 PEORIA, AZ 85385 | 26-4359672 | 3 | 0. | 5,577. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SUN CITIES SPAY A STRAY PO BOX 52 YOUNGTOWN, AZ 85363 | 86-1023948 | 3 | 0. | 39,772. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SUN VALLEY INDIAN SCHOOL PO BOX 4013 SUN VALLEY, AZ 86029 | 86-0580967 | 3 | 0. | 77,689. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SUNSHINE GROUP HOMES INC 17201 N 63RD AVE GLENDALE, AZ 85308 | 86-0815254 | 3 | 0. | 20,465. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SUNSHINE GROUP HOMES INC 17201 N 63RD AVE GLENDALE, AZ 85308 | 86-0815254 | 3 | 0. | 20,031. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS BUCKEYE 201 E CENTRE AVE BUCKEYE, AZ 85326 | 86-0419881 | 3 | 0. | 204,685. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS CACTUS 6901 W SURREY AVE PEORIA, AZ 85381 | 86-0419881 | 3 | 0. | 198,246. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS COMMUNITY CENTER NORTH 2934 W LAS PALMARITAS PHOENIX, AZ 85051 | 86-0419881 | 3 | 0. | 548,229. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SV GLEANERS DESERT WEST 6501 W VIRGINIA PHOENIX, AZ 85035 | 86-0419881 | 3 | 0. | 184,130. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS DEVONSHIRE 2802 E DEVONSHIRE PHOENIX, AZ 85016 | 86-0419881 | 3 | 0. | 165,852. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS GILA BEND PO BOX 439 GILA BEND, AZ 85337 | 86-0419881 | 3 | 0. | 145,107. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS MARCOS DE NIZA 305 W PIMA PHOENIX, AZ 85003 | 86-0419881 | 3 | 0. | 76,587. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS MCDOWELL PLACE 1845 E MCDOWELL RD PHOENIX, AZ 85006 | 86-0419881 | 3 | 0. | 152,335. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS PEORIA PLACE PO BOX 176 PEORIA, AZ 85361 | 86-0419881 | 3 | 0. | 193,862. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS SAGUARO JANES INC PO BOX 151 WITTMANN, AZ 85361 | 86-0419881 | 3 | 0. | 329,267. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS SCOTTSDALE II 1700 N GRANITE REEF RD SCOTTSDALE, AZ 85257 | 86-0419881 | 3 | 0. | 234,636. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS SENIOR OPPORTUNITIES WEST - 1220 S 7TH AVE - PHOENIX, AZ 85007 | 86-0419881 | 3 | 0. | 189,280. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SV GLEANERS ST JAMES CHURCH 19640 N 35TH AVE GLENDALE, AZ 85308 | 86-0419881 | 3 | 0. | 122,868. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS TOLLESON 9555 W VAN BUREN TOLLESON, AZ 85353 | 86-0419881 | 3 | 0. | 169,637. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SV GLEANERS YWCA 8561 N 61ST AVE GLENDALE, AZ 85302 | 86-0419881 | 3 | 0. | 382,431. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP BULLHEAD CITY 780 MARINA BULLHEAD CITY, AZ 86442 | 86-0096789 | 3 | 0. | 5,607. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP CASA GRANDE 405 E 2ND ST CASA GRANDE, AZ 85122 | 86-0570967 | 3 | 0. | 534,387. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP CORDES LAKES 16231 S INDIAN BEND RD CORDES LAKES, AZ 86333 | 86-0096789 | 3 | 0. | 49,867. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP DOLAN SPRINGS PO BOX 1298 DOLAN SPRINGS, AZ 86441 | 86-0096789 | 3 | 0. | 315,654. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP FLAGSTAFF 2113 NE ST FLAGSTAFF, AZ 86004 | 86-0096789 | 3 | 0. | 5,163. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP IMMACULATE CONCEPTION 2101 E FIR ST COTTONWOOD, AZ 86326 | 86-0096789 | 3 | 0. | 17,249. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SVDP KINGMAN PO BOX 788 KINGMAN, AZ 86402 | 86-0096789 | 3 | 0. | 5,889. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP LAKE HAVASU 1851 COMMANDER DR LAKE HAVASU CITY, AZ 86403 | 86-0096789 | 3 | 0. | 350,490. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP OUR LADY OF PERPETUAL HELP 5614 W ORANGEWOOD GLENDALE, AZ 85301 | 86-0096789 | 3 | 0. | 75,439. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP OUR LADY OF THE VALLEY 3220 W GREENWAY PHOENIX, AZ 85053 | 86-0096789 | 3 | 0. | 26,882. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP OUR LADY OF THE VALLEY TEFAP 3220 W GREENWAY PHOENIX, AZ 85053 | 86-0096789 | 3 | 0. | 42,510. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP OZANAM MANOR PO BOX 24460 PHOENIX, AZ 85074 | 86-0096789 | 3 | 0. | 15,743. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP PHOENIX PO BOX 13600 PHOENIX, AZ 85002 | 86-0096789 | 3 | 0. | 744,581. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST FRANCES CABRINI CONF PO BOX 1677 CAMP VERDE, AZ 86322 | 80-0320093 | 3 | 0. | 19,544. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST FRANCIS XAVIER 4715 N CENTRAL PHOENIX, AZ 85012 | 86-0096789 | 3 | 0. | 59,248. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SVDP ST GERMAINE PO BOX 26228 PRESCOTT VALLEY, AZ 86312 | 86-0096789 | 3 | 0. | 8,822. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST GREGORYS 3437 N 18TH AVENUE PHOENIX, AZ 85015 | 86-0096789 | 3 | 0. | 28,838. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST JAMES 19640 N 35TH AVE GLENDALE, AZ 85308 | 86-0095789 | 3 | 0. | 34,070. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST JEROMES 10815 N 35TH AVE PHOENIX, AZ 85029 | 86-0096789 | 3 | 0. | 16,454. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST JOHN VIANNEY PARISH 539 E LA PASADA BLVD GOODYEAR, AZ 85338 | 90-0429155 | 3 | 0. | 7,298. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST LOUIS THE KING 4331 W MARYLAND AVE GLENDALE, AZ 85301 | 86-0096789 | 3 | 0. | 39,706. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| SVDP ST PHILIP BENZI PO BOX 1711 BLACK CANYON CITY, AZ 85324 | 86-0096789 | 3 | 0. | 30,465. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TAKIN IT TO THE STREETS MINISTRIES 314 E ORAIBI DR PHOENIX, AZ 85024 | 86-0761352 | 3 | 0. | 6,994. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TANNER CHAPEL AME CHURCH 20 S 8TH ST PHOENIX, AZ 85034 | 86-0310590 | 3 | 0. | 43,488. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TEEC NOS POS SR CENTER PO BOX 200 TEEC NOS POS, AZ 86514 | 23-7353532 | 3 | 0. | 224,675. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TEEN CHALLENGE OF ARIZONA PO BOX 5966 TUCSON, AZ 85703 | 86-0255257 | 3 | 0. | 25,011. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TEMPE COMMUNITY ACTION AGENCY 2150 E ORANGE ST TEMPE, AZ 85281 | 86-0254820 | 3 | 0. | 32,321. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TEMPLO CALVARIO (AOG) 6285 W PIERSON ST PHOENIX, AZ 85033 | 44-0577787 | 3 | 0. | 146,924. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| THINK JESUS PROJECT P.O. BOX 3083 FLAGSTAFF AZ 86003 FLAGSTAFF, AZ 86004 | 71-1006154 | 3 | 0. | 17,508. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TIME OUT INC SHELTER PO BOX 306 PAYSON, AZ 85547 | 86-0723051 | 3 | 0. | 230,647. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TOWN OF FREDONIA PO BOX 331 FREDONIA, AZ 86022 | | 3 | 0. | 280,455. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TOWN OF GUADALUPE CAP 9241 S AVENIDA DE YAQUI GUADALUPE, AZ 85283 | | 3 | 0. | 66,588. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TRINITY BIBLE CHURCH 3420 W PEORIA AVE PHOENIX, AZ 85029 | 86-0215940 | 3 | 0. | 194,113. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TRINITY LUTHERAN CHURCH 9424 N 7TH AVE PHOENIX, AZ 85021 | 86-0783670 | 3 | 0. | 10,542. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TUMBLEWEED CTR FOR YOUTH DEV 3707 N 7TH ST SUITE 305 PHOENIX, AZ 85014 | 23-7284153 | 3 | 0. | 25,805. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| TUMBLEWEED CTR FOR YOUTH DEV 3707 N 7TH ST SUITE 305 PHOENIX, AZ 85014 | 23-7284153 | 3 | 0. | 6,259. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UMOM NEW DAY CENTERS 3333 E VAN BUREN PHOENIX, AZ 85008 | 86-0521062 | 3 | 0. | 14,931. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UNION ELEMENTARY SCHL DIST 3834 S 91ST AVE TOLLESON, AZ 85353 | | 3 | 0. | 103,750. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210 | 86-0505273 | 3 | 0. | 2,434,369. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210 | 86-0505273 | 3 | 0. | 1,573,060. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210 | 86-0505273 | 3 | 0. | 43,104. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210 | 86-0505273 | 3 | 0. | 462,942. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VALLEY CHRISTIAN CENTERS INC 1326 W HADLEY ST PHOENIX, AZ 85007 | 13-5563018 | 3 | 0. | 147,542. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| VALLEY YOUTH ORGANIZATION INC 6719 E 2ND ST STE A PRESCOTT VALLEY, AZ 86314 | 86-0542919 | 3 | 0. | 5,138. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| VILLAGE OF TEWA PO BOX 792 POLACCA, AZ 86042 | | 3 | 0. | 70,313. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| VILLAGE OF WALPI PO BOX 922 POLLACCA, AZ 86042 | | 3 | 0. | 58,645. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| VINEYARD COMMUNITY CHARITIES 6250 W PEORIA AVE GLENDALE, AZ 85302 | 74-2467930 | 3 | 0. | 247,600. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| WAY OF LIFE CHURCH AOG 5802 S 15TH AVE PHOENIX, AZ 85041 | 44-0577787 | 3 | 0. | 339,317. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| WESTCARE AZ INC 821 HANCOCK RD STE 2 BULLHEAD CITY, AZ 86442 | 86-0968693 | 3 | 0. | 80,385. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| WESTWARD HO 618 N CENTRAL AVE PHOENIX, AZ 85004 | 86-1045776 | 3 | 0. | 47,561. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| WHITE CONE UNITED METHODIST CHURCH PO BOX 865 KEAMS CANYON, AZ 86034 | 36-2167731 | 3 | 0. | 207,490. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WINSLOW COUNCIL ON AGING 212 E 2ND ST WINSLOW, AZ 86047 | 86-0310351 | 3 | 0. | 266,112. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| WINSLOW COUNCIL ON AGING 212 E 2ND ST WINSLOW, AZ 86047 | 86-0310351 | 3 | 0. | 60,479. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YARNELL SENIOR CITIZENS INC PO BOX 641 YARNELL, AZ 85362 | 74-2467916 | 3 | 0. | 6,441. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI APACHE NATION 2400 W DATSI STREET CAMP VERDE, AZ 86322 | | 3 | 0. | 15,321. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 97,415. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 89,816. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 87,195. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 71,773. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 60,637. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | 86-0667052 | 3 | 0. | 57,256. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | 23-7353532 | 3 | 0. | 46,586. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 40,739. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | 94-2882535 | 3 | 0. | 30,563. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 26,931. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 26,131. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI COUNTY COMM HLTH SVCS 1090 COMMERCE DR, ATTN: ACCTS PAYAB PRESCOTT, AZ 86305 | | 3 | 0. | 10,680. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI FOOD BANK 8866 E LONG MESA DR PRESCOTT VALLEY, AZ 86314 | 86-0709163 | 3 | 0. | 1,857,805. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YAVAPAI FOOD BANK 8866 E LONG MESA DR PRESCOTT VALLEY, AZ 86314 | 86-0709163 | 3 | 0. | 1,109,299. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YUMA COMMUNITY FOOD BANK 2404 E 24TH ST STE A YUMA, AZ 85365 | 86-0457836 | 3 | 0. | 1,441,795. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YUMA COMMUNITY FOOD BANK 2404 E 24TH ST STE A YUMA, AZ 85365 | 86-0457836 | 3 | 0. | 425,492. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| YWCA MARICOPA COUNTY 8561 N 61ST AVE GLENDALE, AZ 85302 | 86-0098936 | 3 | 0. | 57,892. | \$1.72 PER POUND | FOOD | FOOD ASSISTANCE |
| | | | | | | | |
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Public Copy

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| FOOD DISTRIBUTION | 1520510 | 0. | 21,279,112. | \$1.72 PER POUND | FOOD |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: AFTER FOOD IS DISTRBUTED, NO FURTHER MONITORING IS DEEMED NECESSARY. THE CASH GRANT TO SMFB FOUNDATION IS TO A RELATED PARTY WHICH IS MONITORED BY VITURE OF A COMMON MANAGEMENT TEAM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

Part I Questions Regarding Compensation

| | | Yes | No | | | | | | | | |
|---|---|--|--|--|---|---|---|--|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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 in line 1a? | 2 | | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | | X | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X | | | | | | | | |
| 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) and 501(c)(4) organizations must complete lines 5-9. | | | | | | | | | | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | | | | | | | | | |
| a The organization? | 5a | | X | | | | | | | | |
| b Any related organization? | 5b | | X | | | | | | | | |
| If "Yes" to line 5a or 5b, describe in Part III. | | | | | | | | | | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | | | | | | | | | |
| a The organization? | 6a | | X | | | | | | | | |
| b Any related organization? | 6b | | X | | | | | | | | |
| If "Yes" to line 6a or 6b, describe in Part III. | | | | | | | | | | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X | | | | | | | | |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X | | | | | | | | |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | | |

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

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

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

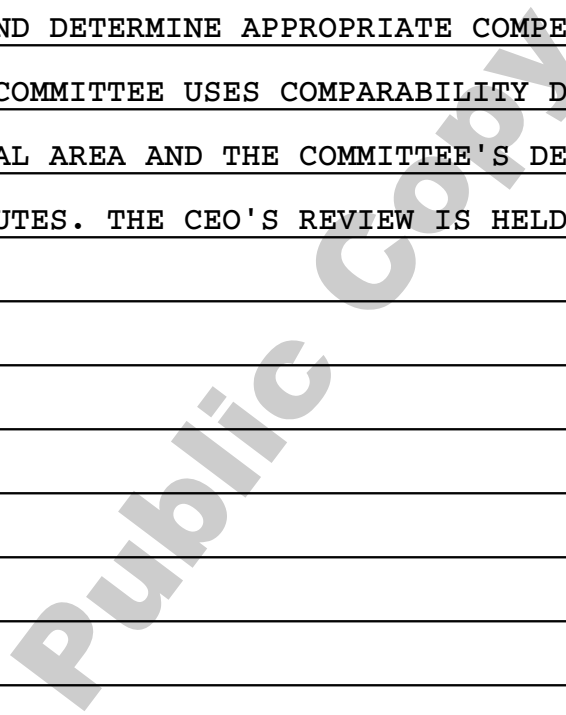
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BEVERLY DAMORE PRESIDENT & CEO | (i) | 163,344. | 0. | 0. | 4,787. | 9,211. | 177,342. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) BRYAN LEESEBERG FORMER COO | (i) | 61,975. | 0. | 0. | 0. | 0. | 61,975. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 3:

EXPLANATION: 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 HELD ANNUALLY
 IN APRIL.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 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 | X | 3 | 3,575. | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1,785 | 108,480,586. | \$1.72 PER POUND |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

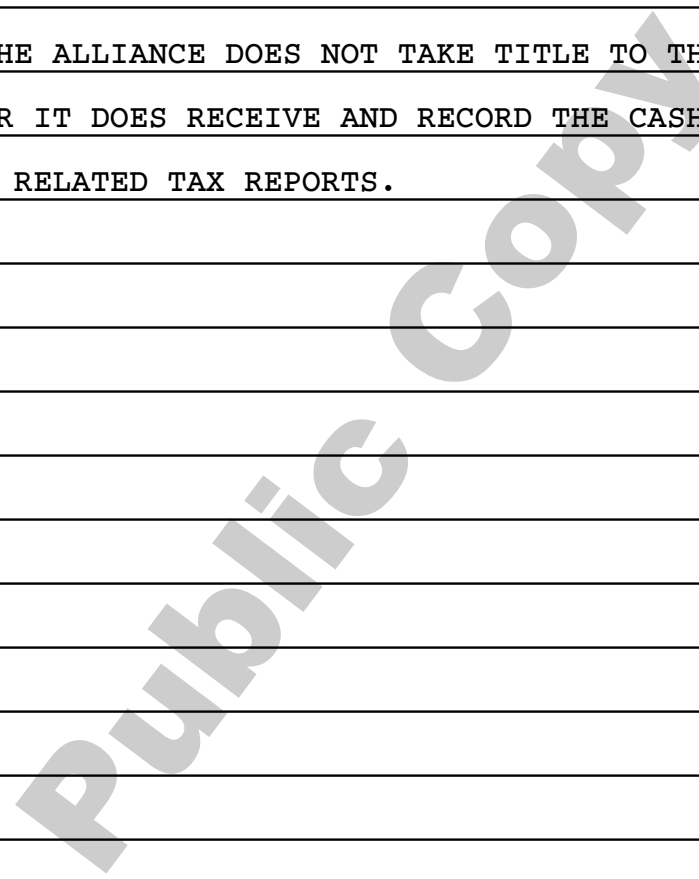
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: MANY DONORS MAKE DONATIONS REGULARLY THROUGHOUT THE YEAR, BUT THEY ARE ONLY COUNTED ONCE IN THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

EXPLANATION: THE ALLIANCE WORKS WITH A THIRD PARTY IN THE SALE OF DONATED VEHICLES. THE ALLIANCE DOES NOT TAKE TITLE TO THE VEHICLES THAT ARE DONATED, HOWEVER IT DOES RECEIVE AND RECORD THE CASH RELATED TO THE SALES AND FILES THE RELATED TAX REPORTS.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
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:

EACH DOLLAR DISTRIBUTED 7 MEALS.

ST. MARY'S FOOD BANK ALLIANCE'S MAIN PROGRAM IS DISTRIBUTION OF FOOD TO PARTNER AGENCIES, AS WELL AS DIRECTLY TO INDIVIDUALS. WITHIN THIS PROGRAM WE HAVE MANY PROJECTS INCLUDING:

AGENCY SHOPPING AND SCHOOL AND COMMUNITY DISTRIBUTIONS - ST. MARY'S PROVIDES PERISHABLE FOOD, FREE OF CHARGE, TO HUNDREDS OF LOCAL AGENCIES THAT, IN TURN, PROVIDE FOOD TO THEIR CLIENTS. PROVIDES DISTRIBUTIONS OF PERISHABLE FOOD, FREE OF CHARGE, TO INDIVIDUALS AND FAMILIES IN NEED THROUGHOUT ARIZONA. APPROXIMATELY 68 MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR.

BACKPACK PROGRAM - THE BACKPACK PROGRAM PROVIDES "CHRONICALLY HUNGRY" CHILDREN IN ARIZONA WITH NON-PERISHABLE, PRIMARILY SINGLE-SERVE AND CHILD-FRIENDLY MEALS THAT KIDS CAN TAKE HOME AND EAT ON WEEKENDS WHEN NOT IN SCHOOL. WE CURRENTLY COLLABORATE WITH MORE THAN 30 SCHOOLS AND COMMUNITY CENTERS TO PROVIDE NEARLY 700 BACKPACKS IN THE VALLEY AS A SUPPLEMENTAL FOOD SOURCE THAT IS DISTRIBUTED TO CHILDREN EACH FRIDAY.

MOBILE PANTRIES - NOT EVERYONE CAN COME TO A ST. MARY'S FOOD BANK ALLIANCE LOCATION FOR EMERGENCY BOXES, SO WE HAVE EXPANDED OUR 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 ALLIANCE TRUCK, PALLETS AND PALLETS OF FRUIT, VEGETABLES AND BREAD - AS WELL AS DOZENS OF NEIGHBORHOOD FAMILIES AWAITING THIS MUCH-NEEDED,

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

NUTRITIOUS FOOD. THIS SCENE IS PLAYING OUT IN COUNTLESS COMMUNITIES THROUGHOUT ARIZONA AS THE ST. MARY'S MOBILE PANTRY PROGRAM, WHICH HAS GROWN TO MORE THAN 40 SITES IN BOTH RURAL AND URBAN LOCATIONS, BRINGING PERISHABLE FOOD DIRECTLY TO NEIGHBORHOODS IN THE GREATEST NEED.

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 IS ABLE TO 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 4D, OTHER PROGRAM SERVICES:

KIDS CAFE

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. KIDS CAFE SERVES MORE THAN 5,000 MEALS A DAY DURING THE SCHOOL YEAR AND MORE THAN 4,800 MEALS A DAY DURING THE SUMMER MONTHS - ALL AT A SAFE, ACCESSIBLE AND NURTURING ENVIRONMENT TO BENEFIT AT-RISK CHILDREN. OFTEN PART OF AN AFTER SCHOOL PROGRAM THAT ALSO INCLUDES TUTORING, HOMEWORK STUDY GROUPS AND ATHLETIC ACTIVITIES, KIDS CAFE PARTNERS WITH AREA CHURCHES, SCHOOLS, COMMUNITY CENTERS AND CITY PARKS & RECREATION DEPARTMENTS TO PROVIDE MEALS FOR KIDS WHO MIGHT NOT HAVE A DEPENDABLE EVENING MEAL AT HOME.

COMMUNITY KITCHEN

THE COMMUNITY KITCHEN IS A LIFE SKILLS AND FOOD SERVICE TRAINING PROGRAM FOR THOSE WITH BARRIERS TO EMPLOYMENT. STUDENTS GAIN THE SKILLS TO GET JOBS OFFERING LIVABLE WAGES, BENEFITS, AND OPPORTUNITIES FOR

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

ADVANCEMENT THROUGH HANDS-ON FOOD SERVICE TRAINING AS WELL AS CLASSROOM STUDIES. DURING THE PAST DECADE, THE COMMUNITY KITCHEN HAS PROVIDED THOUSANDS OF MEALS TO THOSE IN NEED, WHILE TRANSFORMING THE LIVES OF COUNTLESS PARTICIPANTS AND FAMILIES. NEW SESSIONS START EVERY FIRST MONDAY OF THE MONTH. IN ADDITION TO TRAINING, EACH STUDENT RECEIVES JOB-PLACEMENT ASSISTANCE AND SUPPORT FOLLOWING GRADUATION.

EXPENSES \$ 3,152,145. INCLUDING GRANTS OF \$ 13,178. REVENUE \$ 2,738,747

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION'S CEO AND CFO WILL REVIEW THE FORM 990. THE ENTIRE BOARD WILL RECEIVE A COPY OF THE DRAFT FORM 990 TO REVIEW PRIOR TO A BOARD MEETING, AT WHICH POINT IT WILL BE APPROVED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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 DISCLOSURE 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 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:

EXPLANATION: 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

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

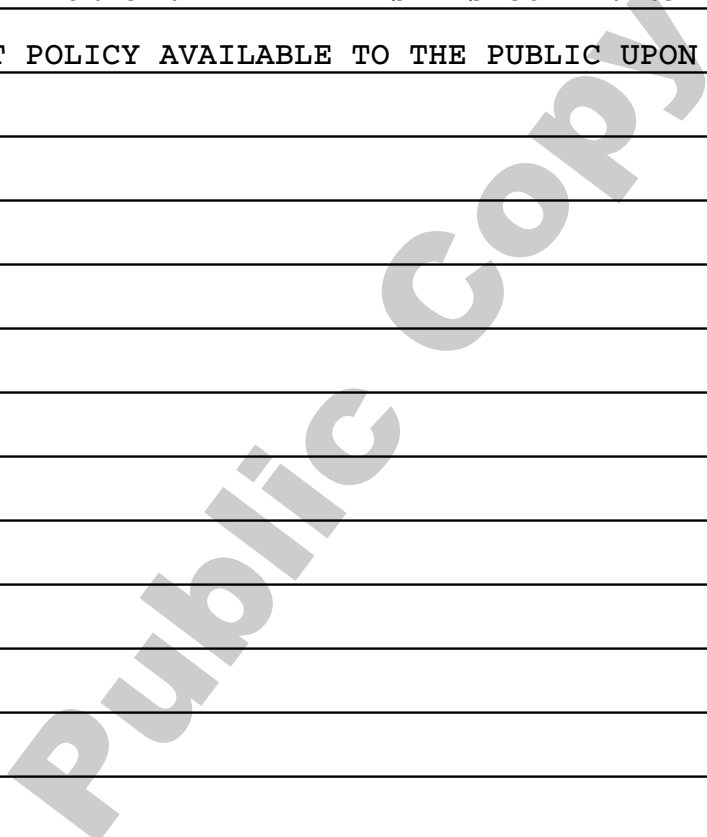
Employer identification number

23-7353532

TAX EXEMPT ORGANIZATIONS IN THE LOCAL AREA AND THE COMMITTEE'S DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THE CEO'S REVIEW IS HELD ANNUALLY IN APRIL.

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

EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION GENERALLY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SMFB FOUNDATION - 27-0277109 2831 N. 31ST AVE. PHOENIX, AZ 85009 | LONG-TERM FINANCIAL SUPPORT OF ST. MARY'S FOOD BANK ALLIANCE | ARIZONA | 501(C)(3) | LINE 11A, I | N/A | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) SMFB FOUNDATION | B | 754,369. | CASH |
| (2) SMFB FOUNDATION | C | 659,227. | CASH |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

Lined area for supplemental information.

Public Copy

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

| | Enter filer's identifying number | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. ST. MARY'S FOOD BANK ALLIANCE | Employer identification number (EIN) or 23-7353532 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 2831 N. 31ST AVE. | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85009 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

THE ORGANIZATION

- The books are in the care of ▶ **2831 N. 31ST AVE. - PHOENIX, AZ 85009**
Telephone No. ▶ **602-242-3663** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

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

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

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