

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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	
	City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85009		G Gross receipts \$ 148,223,071.
F Name and address of principal officer: TOM KERTIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.FIRSTFOODBANK.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1967		M State of legal domicile: AZ	

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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	211
	6 Total number of volunteers (estimate if necessary)	6	87000
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	120,724,369.	140,085,369.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,790,421.	3,992,171.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,627.	143,584.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,793.	181,921.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	124,854,210.	144,403,045.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	105,148,007.	119,726,557.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,877,807.	11,151,346.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,009,952.	42,000.	42,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,797,099.	12,287,314.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,864,913.	143,207,217.
19 Revenue less expenses. Subtract line 18 from line 12	-1,010,703.	1,195,828.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	28,418,502.	30,703,586.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,613,551.	7,867,421.
		21,804,951.	22,836,165.

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
	TOM KERTIS, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name COLETTE KAMPS, CPA	Preparer's signature COLETTE KAMPS, CPA	Date 02/08/17	Check if self-employed <input type="checkbox"/>	PTIN P00367616
	Firm's name ▶ HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881	Phone no. (480) 839-4900		
	Firm's address ▶ 2055 E WARNER RD, STE 101 TEMPE, AZ 85284				

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 \$ 127,434,936. including grants of \$ 115,214,673.) (Revenue \$ 976,273.) ST MARY'S DEMONSTRATES ITS STEWARDSHIP OF DONOR CONTRIBUTIONS PRIMARILY IN 2 WAYS:

1. 95% OF ALL DONATIONS ARE USED IN PROGRAMS: SMFB'S AUDITED FY 2016 STATEMENT OF FUNCTIONAL EXPENSES REFLECTS THAT 95% OF TOTAL EXPENSES ARE USED FOR PROGRAMMATIC SERVICES VERSUS FUNDRAISING AND ADMINISTRATION.

2. EACH DOLLAR CONTRIBUTED TO SMFB ALLOWS US TO DISTRIBUTE ENOUGH FOOD TO PROVIDE SEVEN MEALS: SMFB'S AUDITED FY2016 STATEMENT OF FUNCTIONAL EXPENSES REFLECTS THAT, OUTSIDE OF FOOD COSTS, SMFB SPENT \$10.7 MILLION ON DONOR-FUNDED PROGRAMS (TEFAP, CSFP, DISTRIBUTIONS AND OTHER DISTRIBUTIONS) TO DISTRIBUTE 71.2 MILLION POUNDS OF FOOD RELATED TO THOSE PROGRAMS. (CONT ON SCH O).

4b (Code:) (Expenses \$ 4,963,179. including grants of \$ 4,496,424.) (Revenue \$) COMMODITY SUPPLEMENTAL FOOD PROGRAMS (CSFP):

THE CSFP PROGRAM IS A FEDERALLY FUNDED PROGRAM WHICH WORKS TO IMPROVE THE HEALTH OF ELDERLY PEOPLE AT LEAST 60 YEARS OF AGE BY SUPPLEMENTING THEIR DIETS WITH NUTRITIOUS USDA COMMODITY FOODS.

4c (Code:) (Expenses \$ 2,919,283. including grants of \$ 15,460.) (Revenue \$ 3,147,487.)

CHILD NUTRITION: "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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 799,217. including grants of \$) (Revenue \$ 50,332.)

4e Total program service expenses 136,116,615.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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
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? <i>If "Yes," complete Schedule L, Part II</i>		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
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
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
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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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
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
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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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 numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 34, 0, 211).

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.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
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
b	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?		
10b			
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	
12c		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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **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) JOHN DEMETRA CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) MARC ISAACS VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) NICKI SCHILLHAHN-AMOS TREASURER	2.00	X		X			0.	0.	0.	
(4) SUSAN WAIN SECRETARY	2.00	X		X			0.	0.	0.	
(5) TROY MCNEMAR IMMEDIATE PAST CHAIRMAN	1.00	X		X			0.	0.	0.	
(6) MARY BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(7) BARRY BRENNAN DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN GINTY DIRECTOR	1.00	X					0.	0.	0.	
(9) STEPHAN KING DIRECTOR	1.00	X					0.	0.	0.	
(10) LISA GLENN DIRECTOR	1.00	X					0.	0.	0.	
(11) PATTY KING DIRECTOR	1.00	X					0.	0.	0.	
(12) SHERYL HILDEBRAND DIRECTOR	1.00	X					0.	0.	0.	
(13) PETER LARSON DIRECTOR (STARTED 06/2016)	1.00	X					0.	0.	0.	
(14) TOM KERTIS DIRECTOR	1.00	X					0.	0.	0.	
(15) TERRY MORRISON DIRECTOR	1.00	X					0.	0.	0.	
(16) ERIK OLSSON DIRECTOR	1.00	X					0.	0.	0.	
(17) PAUL SWARTZ 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) GENE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(19) STEVE SEILER DIRECTOR (TERMED 06/2016)	1.00	X					0.	0.	0.	
(20) MARY GAUWITZ DIRECTOR (TERMED 06/2016)	1.00	X					0.	0.	0.	
(21) BEVERLY DAMORE PRESIDENT & CEO (TO 04/28/16)	40.00 2.00	X		X			229,269.	0.	16,506.	
(22) SARAH STUCKEY CFO	40.00 2.00	X		X			161,091.	0.	14,682.	
(23) EILEEN MADDEN MITCHELL CPLO	40.00	X		X			110,187.	0.	7,111.	
(24) JIM TOY CIO (STARTED 12/21/15)	40.00	X		X			1,346.	0.	0.	
(25) LISA NOTARO-GOIN CDO	40.00	X		X			155,308.	0.	8,089.	
(26) MIKE HANOSH COO (TERMED 11/06/15)	40.00	X		X			217,101.	0.	17,223.	
1b Sub-total							874,302.	0.	63,611.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							874,302.	0.	63,611.	

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
GRIZZARD COMMUNICATIONS, 229 PEACHTREE STREET NE, SUITE 1400, ATLANTA, GA 30303	MARKETING AND ADVERTISING	1,197,227.
MCLANE GLOBAL TRADING, 16607 CENTRAL GREEN BLVD., SUITE 400, HOUSTON, TX 77032	LOGISTICS/DISTRIBUTION SERVICES	549,820.
FEEDING AMERICA, 35 EAST WACKER DRIVE, SUITE 2000, CHICAGO, IL 60601	TRANSPORT SERVICES	438,264.
PIONEER DISTRIBUTION CO. 1300 N. 24TH AVE, PHOENIX, AZ 85009	LOGISTICS/DISTRIBUTION SERVICES	351,447.

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 **4**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 233,924.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 697,896.				
	e Government grants (contributions)	1e 1,907,415.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 137,246,134.				
	g Noncash contributions included in lines 1a-1f: \$	120,124,504.				
	h Total. Add lines 1a-1f	▶ 140,085,369.				
	Program Service Revenue	2 a KID'S CAFE REVENUE	Business Code 624210	3,147,487.	3,147,487.	
b SOURCE PROGRAM		900099	602,625.	602,625.		
c SHARED MAINTENANCE FEE		900099	191,727.	191,727.		
d CK CATERING		624210	50,332.	50,332.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 3,992,171.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 147,600.			147,600.	
	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	2,851,918.	964,092.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,856,436.	963,590.		
		c Gain or (loss)	-4,518.	502.		
	d Net gain or (loss)	▶ -4,016.			-4,016.	
	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	b			
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	b				
	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	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a CITRUS GLEANING AND OTHER REVENUE	900099	88,300.	88,300.			
	b LEASE INCOME	900099	72,000.	72,000.		
		900099	16,318.	16,318.		
	c RECYCLING INCOME	900099	5,303.	5,303.		
		e Total. Add lines 11a-11d	▶ 181,921.			
12 Total revenue. See instructions.	▶ 144,403,045.	4,174,092.	0.	143,584.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	92,618,079.	92,618,079.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,108,478.	27,108,478.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	940,967.	475,764.	239,535.	225,668.
7 Other salaries and wages	8,094,269.	5,634,487.	1,226,253.	1,233,529.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,269.	88,788.	16,646.	16,835.
9 Other employee benefits	1,412,447.	966,309.	219,795.	226,343.
10 Payroll taxes	581,394.	395,348.	93,023.	93,023.
11 Fees for services (non-employees):				
a Management				
b Legal	6,790.		6,790.	
c Accounting	50,750.		50,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,000.			42,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	405,982.	61,864.	280,452.	63,666.
12 Advertising and promotion				
13 Office expenses	96,961.	41,798.	21,434.	33,729.
14 Information technology	447,982.	36,457.	411,525.	
15 Royalties				
16 Occupancy	991,819.	988,444.	407.	2,968.
17 Travel	108,750.	42,735.	27,870.	38,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,606,742.	1,472,483.	134,259.	
23 Insurance	254,186.	224,136.	23,549.	6,501.
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	3,826,848.	3,826,848.		
b MISC. EXPENSE	1,851,956.	58,628.	55,410.	1,737,918.
c PACKAGING PRODUCTS	668,614.	622,793.		45,821.
d ADMINISTRATION	527,298.	156,959.	178,471.	191,868.
e All other expenses	1,442,636.	1,296,217.	94,481.	51,938.
25 Total functional expenses. Add lines 1 through 24e	143,207,217.	136,116,615.	3,080,650.	4,009,952.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,372,802.	1	1,489,164.
	2 Savings and temporary cash investments	528,249.	2	529,265.
	3 Pledges and grants receivable, net	39,890.	3	1,508,500.
	4 Accounts receivable, net	666,092.	4	976,857.
	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	4,552,120.	8	5,001,533.
	9 Prepaid expenses and deferred charges	88,187.	9	92,469.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,825,704.		
	b Less: accumulated depreciation	10b 11,469,816.	16,051,943.	10c 16,355,888.
	11 Investments - publicly traded securities	3,531,155.	11	3,463,940.
	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	588,064.	15	1,285,970.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,418,502.	16	30,703,586.	
Liabilities	17 Accounts payable and accrued expenses	1,102,667.	17	1,504,095.
	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	3,834,600.	23	3,834,600.
	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	1,676,284.	25	2,528,726.
	26 Total liabilities. Add lines 17 through 25	6,613,551.	26	7,867,421.
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	21,268,899.	27	22,288,825.
	28 Temporarily restricted net assets	530,052.	28	541,340.
	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	21,804,951.	33	22,836,165.
34 Total liabilities and net assets/fund balances	28,418,502.	34	30,703,586.	

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	144,403,045.
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,207,217.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,195,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,804,951.
5	Net unrealized gains (losses) on investments	5	-164,616.
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	22,836,163.

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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	110,228,660.	130,949,540.	125,868,402.	120,724,369.	140,085,369.	627,856,340.
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	110,228,660.	130,949,540.	125,868,402.	120,724,369.	140,085,369.	627,856,340.
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)						20,926,125.
6 Public support. Subtract line 5 from line 4.						606,930,215.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	110,228,660.	130,949,540.	125,868,402.	120,724,369.	140,085,369.	627,856,340.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,052.	8,854.	124,632.	90,032.	147,600.	377,170.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,010.	313,155.	482,370.	227,793.	181,921.	1,231,249.
11 Total support. Add lines 7 through 10						629,464,759.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	96.42 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	96.76 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

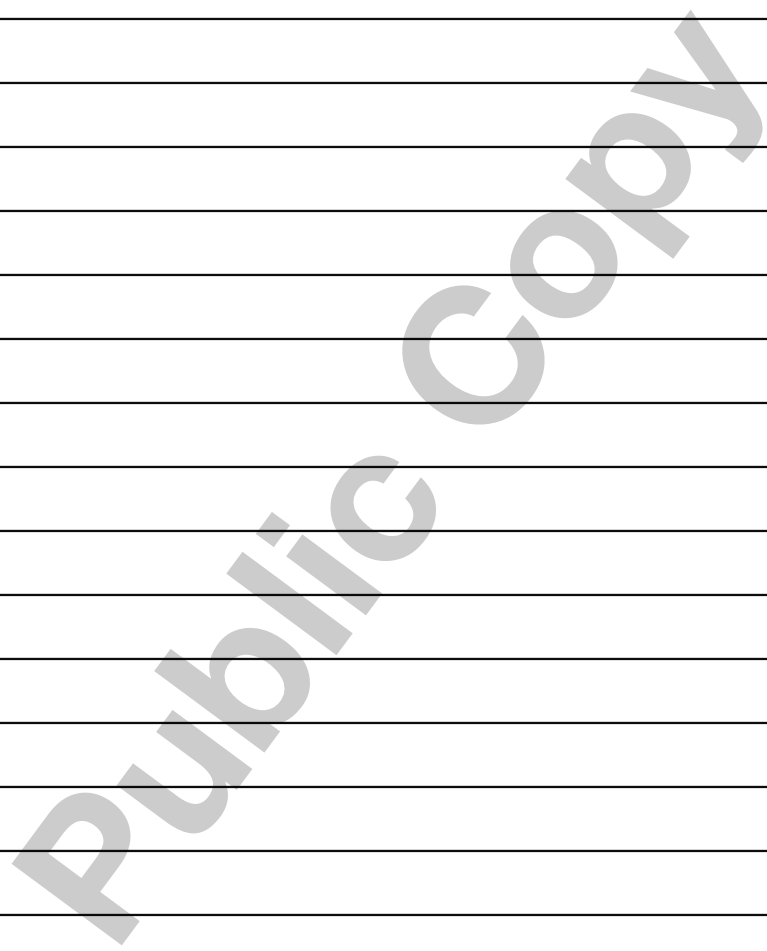
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Multiple horizontal lines for supplemental information.



SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor 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" on 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 a 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

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11-02-15

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
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, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,202,865.		2,202,865.
b Buildings		17,343,807.	7,999,074.	9,344,733.
c Leasehold improvements				
d Equipment		8,241,499.	3,470,742.	4,770,757.
e Other		37,533.		37,533.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,355,888.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	2,240,469.
(3) GIFT ANNUITIES PAYABLE	288,257.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,528,726.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	144,613,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-164,616.	
	b Donated services and use of facilities	2b	375,508.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	210,892.	
3	Subtract line 2e from line 1		3	144,403,045.
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	144,403,045.

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

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

1	Total expenses and losses per audited financial statements		1	143,582,725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	375,508.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	375,508.	
3	Subtract line 2e from line 1		3	143,207,217.
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	143,207,217.

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:

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:

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, 2016, 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 AND PART XII

THE AMOUNTS PER AUDITED FINANCIAL STATEMENTS ON LINE 1 IN PARTS XI AND XII ARE THE AMOUNTS PER THE AUDITED CONSOLIDATING FINANCIAL STATEMENTS FOR SMFB IN THE SUPPLEMENTARY INFORMATION SECTION OF THE AUDITED FINANCIAL STATEMENTS.



SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KELLY HART AND ASSOCIATES - 6042 E WALTANN LN.,	FUNDRAISING/GRANT WRITING		X	1,018,869.	42,000.	976,869.
Total				1,018,869.	42,000.	976,869.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AZ

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KELLY HART AND ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 6042 E WALTANN LN., SCOTTSDALE, AZ 85254

PART I, LINE 2B, COLUMN (V):

PAYMENTS FOR PROFESSIONAL GRANT WRITING SERVICES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERT MISSION FOOD BANK 9229 N 4TH ST PHOENIX, AZ 85020	88-0096941	3	0.	5,298,768.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ICM FOOD AND CLOTHING BANK 501 S 9TH AVE PHOENIX, AZ 85007	86-0401223	3	0.	4,738,593.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FLAGSTAFF FAMILY FOOD CTR 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004	86-0754044	3	0.	3,797,372.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HOPE FOR HUNGER CORPORATION 5605 N 55TH AVE GLENDALE, AZ 85301	45-2246511	3	0.	3,527,908.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ALL FAITH COMMUNITY SERVICES 214 S 5TH ST BUCKEYE, AZ 85326	54-2160931	3	0.	2,716,767.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YAVAPAI FOOD BANK 8866 E LONG MESA DR PRESCOTT VALLEY, AZ 86314	86-0709163	3	0.	2,688,064.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **277.**
- 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) (2015)

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
UNITED FOOD BANK - RSM MANNA 1135 E MAIN ST MESA, AZ 85201	86-0505273	3	0.	2,413,766.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210	86-0505273	3	0.	2,236,485.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
KINGMAN AREA FOOD BANK 2930 BUTLER AVE KINGMAN, AZ 86409	86-0503686	3	0.	2,140,398.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BULLHEAD CHRISTIAN CTR 590 HANCOCK RD BULLHEAD CITY, AZ 86442	86-0693439	3	0.	2,079,493.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PHOENIX RESCUE MISSION 1801 S 35TH AVE PHOENIX, AZ 85009	86-6057771	3	0.	2,055,911.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BANNER OLIVE BRANCH SENIOR CTR 11250 N 107TH AVE SUN CITY, AZ 85351	94-2745413	3	0.	1,938,688.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHURCH ON FILLMORE 745 W FILLMORE ST PHOENIX, AZ 85007	86-0344047	3	0.	1,725,468.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SHEPHERDS KITCHEN FOOD BANK 344 W 4TH STREET SOUTH SNOWFLAKE, AZ 85937	86-0887516	3	0.	1,689,306.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP PHOENIX 420 W WATKINS ST PHOENIX, AZ 85002	86-0096789	3	0.	1,613,219.	\$1.67 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
SDA COMMUNITY SERVICES CAMP VERDE 1406 N BOOTHILL DR CAMP VERDE, AZ 86332	86-0131620	3	0.	1,496,368.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YUMA COMMUNITY FOOD BANK 2404 E 24TH ST STE A YUMA, AZ 85365	86-0457836	3	0.	1,444,336.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LAKE HAVASU CITY INTERAGENCY 2385-2 N PIMA DRIVE LAKE HAVASU CITY, AZ 86404	86-0516654	3	0.	1,354,598.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS COMMUNITY CENTER NORTH 12321 NW GRAND AVE EL MIRAGE, AZ 85335	86-0419881	3	0.	1,314,037.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OUR LADY OF FATIMA NAVAJO RT 7 CHINLE, AZ 86503	85-0225263	3	0.	1,170,453.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ST JUDE FOOD BANK 100 ASPEN DR TUBA CITY, AZ 86045	86-1047161	3	0.	1,136,625.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PINAL COUNTY DIV OF PUBLIC HEALTH 702 E COTTONWOOD LN CASA GRANDE, AZ 85122	86-6000556	3	0.	1,133,752.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SAGUARO JANES SENIOR CTR 21802 W WILSON WITTMANN, AZ 85361	86-0476466	3	0.	1,096,822.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FOOTHILLS FOOD BANK 6038 E HIDDEN VALLEY DR CAVE CREEK, AZ 85331	86-0619725	3	0.	1,002,687.	\$1.67 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
AGUA FRIA FOOD AND CLOTHING BANK 405 E HARRISON AVONDALE, AZ 85323	56-2515365	3	0.	903,736.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP CASA GRANDE 405 E 2ND ST CASA GRANDE, AZ 85122	86-0570967	3	0.	892,004.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SALVATION ARMY SW DIV HQ ADMIN 6010 W NORTHERN AVE STE 200 GLENDALE, AZ 85301	94-1156347	3	0.	876,142.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COMMUNITY FOOD BANK TUCSON 3003 S COUNTRY CLUB TUCSON, AZ 85713	51-0192519	3	0.	874,775.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NOGALES COMMUNITY FOOD BANK 2636 N DONNA AVE NOGALES, AZ 85621	51-0192519	3	0.	824,539.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OUR SAVIOR'S COMPASSION INC HWY 99 JUST N MILEPOST 60; CATTLE GUARD W/4 MAILBOX - WINSLOW, AZ 86047	80-0400192	3	0.	810,387.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COTTONWOOD CHRISTIAN ASSEMBLY INC 750 E MINGUS AVE COTTONWOOD, AZ 86326	23-7216131	3	0.	792,391.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COLORADO RIVER FOOD BANK 240 E LAUGHLIN CIVIC DR LAUGHLIN, NV 89029	88-0345703	3	0.	738,388.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FOUNDATION FOR SENIOR LIVING 255 N WASHINGTON WICKENBURG, AZ 85390	86-0298945	3	0.	715,578.	\$1.67 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
CIRCLE OF PAGE 801 AQUA AVENUE PAGE, AZ 86040	30-0170553	3	0.	701,799.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
THREE SQUARE FOOD BANK 4190 N PECOS LAS VEGAS, NV 89115	30-0396918	3	0.	689,837.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHRISTIAN FAITH FELLOWSHIP 34821 W BROADWAY RD TONOPAH, AZ 85354	80-0031759	3	0.	661,952.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CARE AND SHARE FOOD BANK 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930	3	0.	653,920.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HOUSE OF REFUGE SUNNYSLOPE INC 9835 N 7TH ST PHOENIX, AZ 85020	86-1026266	3	0.	636,150.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
WILLCOX DISTRIBUTION CENTER 931 N BISBEE AVE WILLCOX, AZ 85643	51-0192519	3	0.	634,966.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YAVAPAI COUNTY COMM HLTH SVCS 22815 HIGHWAY 89 YARNELL, AZ 85362	94-2882535	3	0.	585,039.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BREAD OF LIFE MISSIONS INC 1575 S SULLIVAN LN 28 CAMP VERDE, AZ 86322	86-0814302	3	0.	567,244.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW LIFE CHURCH 11832 S WARNER ELLIOT LOOP PHOENIX, AZ 85044	86-0700407	3	0.	564,899.	\$1.67 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
HOLBROOK SENIOR CITIZENS ASSN PO BOX 580 HOLBROOK, AZ 86025	86-0462642	3	0.	538,532.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LITCHFIELD SCHOOL DIST 5340 N WIGWAM CREEK BLVD LITCHFIELD PARK, AZ 85340	86-6000514	3	0.	507,790.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ST LUKE'S AT THE MOUNTAIN 848 E DOBBINS RD PHOENIX, AZ 85042	31-1629166	3	0.	500,536.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ROAD RUNNER FOOD BANK 2645 BAYLOR DR SE ALBUQUERQUE, NM 87106	85-0278525	3	0.	498,335.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GREATER BETHEL AME CHURCH 7040 S 40TH ST PHOENIX, AZ 85042	26-0072729	3	0.	482,100.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OLD TOWN MISSION 116 E PINAL ST COTTONWOOD, AZ 86326	86-0667052	3	0.	464,827.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHURCH OF GOD OF PROPHECY PO BOX 11241 PHOENIX, AZ 85061	86-0808790	3	0.	450,566.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MC SHERIFFS OFFICE 3150 W LOWER BUCKEYE RD PHOENIX, AZ 85009	86-6000472	3	0.	442,146.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
AAAA ALCOHOL AND ADDICTION ASST ASSN - 316 N 11TH WAY - PHOENIX, AZ 85006	86-0267826	3	0.	439,691.	\$1.67 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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COP HS SENIOR CTR 734 W ELM ST PHOENIX, AZ 85013	86-6000256	3	0.	425,340.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LIVING HOPE HELPING HAND 13270 S SUNLAND GIN RD ARIZONA CITY, AZ 85223	65-1238877	3	0.	409,524.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SOUTH PHOENIX BAPTIST CHURCH 2006 E BROADWAY RD PHOENIX, AZ 85040	73-1659656	3	0.	391,616.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP LAKE HAVASU 1841 ACOMA BLVD WEST LAKE HAVASU CITY, AZ 86403	86-0096789	3	0.	363,364.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137	74-1100380	3	0.	360,511.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS YWCA 8561 N 61ST AVE GLENDALE, AZ 85302	86-0419881	3	0.	358,547.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TOWN OF FREDONIA 100 E WOODLAND RD FREDONIA, AZ 86022	86-0186382	3	0.	350,032.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SELIGMAN CARE CLUB 57 LARKSPUR RD SELIGMAN, AZ 86337	23-7353532	3	0.	343,264.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ALHAMBRA SCHOOL DISTRICT 68 3801 W MISSOURI AVE PHOENIX, AZ 85019	86-0857358	3	0.	342,155.	\$1.67 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
ST MARY'S EPISCOPAL CHURCH 6501 N 39TH AVE PHOENIX, AZ 85019	86-0170321	3	0.	342,154.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ABUNDANT LIFE CENTER AOG 3535 N 63RD AVE PHOENIX, AZ 85033	26-0072363	3	0.	336,241.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
DAAKE HALANI DEVELOPMENT INC JCT 191 AND 59 CHAPTER HOUSE PREMIS MANY FARMS, AZ 86538	86-0887359	3	0.	336,045.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COMMUNITY HOPE CENTERS 14185 N 83RD AVE PEORIA, AZ 85381	27-0957157	3	0.	330,999.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
QUARTZSITE FOOD BANK 40 N MOON MOUNTAIN AVE QUARTZSITE, AZ 85346	86-0445604	3	0.	313,566.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PAULDEN CHRISTIAN FELLOWSHIP 131 ASPEN ST PAULDEN, AZ 86334	86-0767780	3	0.	300,557.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PILGRIM REST FOUNDATION 1401 E JEFFERSON ST PHOENIX, AZ 85034	86-0885862	3	0.	298,343.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CPLC PO BOX 6553 PHOENIX, AZ 85005	86-0227210	3	0.	292,858.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
DESERT CHRISTIAN FELLOWSHIP 1445 W NORTHERN AVE PHOENIX, AZ 85021	86-0731548	3	0.	277,165.	\$1.67 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
COTTONWOOD SENIOR CENTER HWY 191 AND ROUTE N4 BLUE GAP, AZ 86520	86-0718395	3	0.	263,678.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
WAY OF LIFE CHURCH AOG 5802 S 15TH AVE PHOENIX, AZ 85041	86-0655205	3	0.	263,477.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
THANK A VET 8625 W HORIZON RD GOLDEN VALLEY, AZ 86413	47-1263706	3	0.	263,354.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ANDRE HOUSE OF AZ INC 213 S 11TH AVE PHOENIX, AZ 85007	86-0717841	3	0.	258,792.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COP HOUSING DEPT 4545 N MARYVALE PARKWAY PHOENIX, AZ 85031	86-6000256	3	0.	256,990.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FIRST SOUTHERN BAPTIST CHURCH 11340 CIRCLE DR CORNVILLE, AZ 86325	86-6091209	3	0.	256,813.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NORTHMINSTER PRESBYTERIAN FOOD BANK - 13001 N 35TH AVE - PHOENIX, AZ 85029	82-0586529	3	0.	254,922.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PARKER FOOD BANK 1124 GERONIMO AVE PARKER, AZ 85344	86-0445604	3	0.	248,614.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW BEGINNINGS ASSEMBLY OF GOD 5121 W OCOTILLO RD GLENDALE, AZ 85301	26-0072371	3	0.	245,410.	\$1.67 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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NAOS INC 14240 N 43RD AVE GLENDALE, AZ 85306	86-0543988	3	0.	241,634.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
WINSLOW COUNCIL ON AGING 212 E 2ND ST WINSLOW, AZ 86047	86-0310351	3	0.	240,237.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CORDES LAKES COMMUNITY ASSOCIATION 16357 S CORDES LAKES DR CORDES LAKES, AZ 86333	86-0444010	3	0.	235,702.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
JOSHUA TREE FEEDING PROGRAM 214 E WILLETTA PHOENIX, AZ 85004	86-0789213	3	0.	232,270.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SDA CHURCH AVONDALE PO BOX 442 AVONDALE, AZ 85323	86-0131620	3	0.	228,300.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PERALTA ELEMENTARY SCHOOL 7125 W ENCANTO BLVD PHOENIX, AZ 85033	86-6000517	3	0.	227,254.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CULTURAL CUP FOOD BANK 342 E THOMAS RD PHOENIX, AZ 85012	81-0622721	3	0.	221,688.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MOHAVE COUNTY HEALTH DEPT PO BOX 7000 KINGMAN, AZ 86401		3	0.	220,139.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VINEYARD COMMUNITY CHARITIES 6250 W PEORIA AVE GLENDALE, AZ 85302	74-2467930	3	0.	214,142.	\$1.67 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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SDA COMMUNITY SERVICES PHX 1320 N 15TH ST PHOENIX, AZ 85006	52-0643036	3	0.	213,883.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GILA BEND CAP 303 E PIMA ST GILA BEND, AZ 85337	86-0180965	3	0.	199,770.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ST JOHN INSTITUTIONAL BAPTIST 1428 S 13TH AVE PHOENIX, AZ 85007	86-0448117	3	0.	190,071.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
KAIBAB ESTATES WEST 3905 DOUBLE A RANCH RD ASH FORK, AZ 86320		3	0.	188,512.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NAOS INC 14240 N 43RD AVE GLENDALE, AZ 85306	86-0543988	3	0.	180,206.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GOSPEL OF FAITH CHURCH - ASHFORK LOT 104 BULLOCK RD ASH FORK, AZ 86320	86-0441912	3	0.	178,814.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TRINITY BIBLE CHURCH 3420 W PEORIA AVE PHOENIX, AZ 85029	86-0215940	3	0.	178,260.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
STEP ONE HALFWAY HOUSE 9636 N 11TH AVE PHOENIX, AZ 85021	86-1032253	3	0.	176,617.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NORTH MOUNTAIN CHRISTIAN AOG 341 E MOUNTAIN VIEW RD PHOENIX, AZ 85020	86-0441912	3	0.	167,377.	\$1.67 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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COCONINO COUNTY HEALTH DEPT 2625 N KING ST FLAGSTAFF, AZ 86004	23-7353643	3	0.	166,442.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MOHAVE VALLEY UNITED METHODIST CHURCH - 1593 E LIPAN BLVD - FORT MOHAVE, AZ 86426	86-0853050	3	0.	166,059.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CAMERON ASSEMBLY OF GOD 1MI SW OF CAMERON TRADING POST CAMERON, AZ 86020	86-0441521	3	0.	161,607.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FIBCO FAMILY SVCS INC 1141 E JEFFERSON ST PHOENIX, AZ 85034	86-0434933	3	0.	159,422.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TEMPLO CALVARIO (AOG) 6285 W PIERSON ST PHOENIX, AZ 85033	26-0072729	3	0.	155,764.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP CORDES LAKES 16231 S INDIAN BEND RD CORDES LAKES, AZ 86333	86-0096789	3	0.	152,859.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PARADISE VALLEY UNIFIED SCHL DIST 69 - 15833 N 29TH ST - PHOENIX, AZ 85032	86-6005162	3	0.	151,697.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MURPHY ELEMENTARY SCHOOL DISTRICT NO 21 - 3140 W BUCKEYE RD - PHOENIX, AZ 85009	86-6000491	3	0.	151,275.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	84-0772672	3	0.	151,103.	\$1.67 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
NIFTYTHRIFTY FOOD BANK 479 PARK AVENUE ASH FORK, AZ 86320	86-1043856	3	0.	146,244.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COMMUNITY PANTRY GALLUP PO BOX 520 GALLUP, NM 87305	85-0460193	3	0.	143,263.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COALITION FOR COMPASSION AND JUSTICE - 505 W GURLEY - PRESCOTT, AZ 86303	47-0851633	3	0.	143,094.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MERCY HOUSING SOUTHWEST 401 W BASELINE RD TEMPE, AZ 85283	86-0743192	3	0.	142,491.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CONCERNED CITIZENS FOR COMMUNITY HEALTH - 7700 E ROOSEVELT - SCOTTSDALE, AZ 85258	95-3416943	3	0.	142,024.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW BIRTH COMMUNITY CHURCH 7449 W DESERT COVE PEORIA, AZ 85345	86-0901069	3	0.	138,228.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SOUTH MOUNTAIN COMMUNITY COLLEGE 7050 S 24TH ST STE114 PHOENIX, AZ 85042	82-0586529	3	0.	135,260.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BIRDSPRINGS CHAPTER HOUSE ON N-15 MILE POST 28 WINSLOW, AZ 86047	23-7353532	3	0.	132,758.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CORNERSTONE MISSION PROJECT 3049 SYCAMORE ST KINGMAN, AZ 86409	86-0960036	3	0.	132,098.	\$1.67 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
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 55109	23-7417654	3	0.	130,766.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
AIM RIGHT MINISTRIES 1013 N 13TH ST PHOENIX, AZ 85006	86-0821440	3	0.	130,169.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LUTHERAN CHURCH OF THE MASTER 2340 W CACTUS RD PHOENIX, AZ 85029	43-0658188	3	0.	129,105.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FOOD BANK OF NORTHERN NEVADA 550 ITALY DR MCCARRAN, NV 89434	94-2924979	3	0.	128,590.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MCMULLEN VALLEY FOOD BANK 69725 CENTENNIAL PARK RD WENDEN, AZ 85357	86-0445604	3	0.	126,288.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX, AZ 85040	20-1569551	3	0.	125,246.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CARING HEARTS MINISTRY INC 4195 LYNN DR FORT MOHAVE, AZ 86426	27-0411265	3	0.	124,416.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SICHOMOVI VILLAGE PO BOX 941 POLACCA, AZ 86042	23-7353532	3	0.	123,689.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS SCOTTSDALE II 1700 N GRANITE REEF RD SCOTTSDALE, AZ 85257	86-0419881	3	0.	118,130.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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DYSART COMMUNITY CENTER 14414 N EL MIRAGE RD EL MIRAGE, AZ 85335	86-6031134	3	0.	117,715.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MT OF OLIVES LUTHERAN CHURCH 3546 E THOMAS RD PHOENIX, AZ 85018	86-6004439	3	0.	115,230.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GILA COUNTY HEALTH DEPT 5515 S APACHE AVE STE 100 GLOBE, AZ 85501		3	0.	114,670.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GLOBAL TRANSITIONS INC 906 W PEORIA AVE PHOENIX, AZ 85051	14-1945912	3	0.	112,491.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CIRCLE THE CITY 333 W INDIAN SCHOOL RD PHOENIX, AZ 85013	26-2420730	3	0.	111,380.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LIFEBRIDGE COMMUNITY ALLIANCE INC 7510 N 27TH AVE PHOENIX, AZ 85051	37-1553260	3	0.	108,066.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CITY OF AVONDALE 1007 S 3RD ST AVONDALE, AZ 85323	86-6000233	3	0.	106,300.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TWIN BUTTES CHURCH (SOUTH PHOENIX HEALTHY START) - 7202 S 48TH ST - PHOENIX, AZ 85042	86-6000472	3	0.	105,482.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SALVATION ARMY KINGMAN CORPS 1200 E ANDY DEVINE KINGMAN, AZ 86401	94-1156347	3	0.	103,443.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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BLACK FAMILY CHILD SVCS 1522 E SOUTHERN AVE STE 1 PHOENIX, AZ 85040	86-0480412	3	0.	103,359.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BETHESDA COMMUNITY CHURCH 850 E JONES AVE PHOENIX, AZ 85040	86-0799742	3	0.	99,623.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEIGHBORHOOD MINISTRIES 1929 W FILLMORE ST PHOENIX, AZ 85009	86-0809052	3	0.	97,624.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ST STEPHEN'S EPISCOPAL CHURCH 2310 N 56TH ST PHOENIX, AZ 85008	86-0182823	3	0.	91,706.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CROSSROADS INC 4201 N. 16TH STREET, SUITE 110 PHOENIX, AZ 85016	86-0182987	3	0.	91,020.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LIVING STREAMS CHRISTIAN CHURCH 7000 N CENTRAL AVE PHOENIX, AZ 85020	86-0538638	3	0.	87,770.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP OUR LADY OF PERPETUAL HELP 5614 W ORANGEWOOD GLENDALE, AZ 85301	86-0096789	3	0.	85,457.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BEAVER CREEK SCHOOL 4810 E BEAVER CREEK RD RIMROCK, AZ 86335	86-0343804	3	0.	85,057.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VILLAGE OF TEWA HWY 264 MP 392.5 POLACCA, AZ 86042	23-7353532	3	0.	84,648.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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SALVATION ARMY PRESCOTT 237 S MONTEZUMA ST PRESCOTT, AZ 86303	86-0096791	3	0.	84,603.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FIRST SOUTHERN BAPTIST CH-PHX 3100 W CAMELBACK RD PHOENIX, AZ 85017	86-0137800	3	0.	83,232.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHRIST EVANGELICAL LUTHERAN CHURCH 918 S LITCHFIELD GOODYEAR, AZ 85338	86-0476656	3	0.	80,211.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
LOW MOUNTAIN CHURCH NAVAJO ROUTE 64 2 MI NE FROM JUNC ROUTE 65 AND 67 - KEAMS CANYON, AZ 86034	68-0223396	3	0.	80,069.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VALLE MOBILE PANTRY FLINTSTONE'S BEDROCK CITY, STATE ROUTE 64/HWY 180 - WILLIAMS, AZ 86046	23-7353532	3	0.	79,414.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HARVEST CHURCH ASSEMBLY OF GOD INC 8340 W NORTHERN AVE GLENDALE, AZ 85305	45-2654221	3	0.	78,522.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP OUR LADY OF THE VALLEY TEFAP 3220 W GREENWAY PHOENIX, AZ 85053	86-0096789	3	0.	77,729.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SUNSHINE RESCUE MISSION 2211 E JOHNSON AVE FLAGSTAFF, AZ 86004	86-0264747	3	0.	77,151.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FRIENDLY HOUSE INC 723 S 1ST AVE PHOENIX, AZ 85003	86-0120506	3	0.	76,876.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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SIPAULLOVI VILLAGE HWY 264 1 MILE NORTH OF MP 390 POLACCA, AZ 86042	23-7353532	3	0.	76,853.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SET FREE BAPTIST 1034 N 24TH ST PHOENIX, AZ 85008	65-1208607	3	0.	75,035.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
KYKOTSMOVI VILLAGE 1 MAIN ST KYKOTSMOVI VILLAGE, AZ 86039	86-0648015	3	0.	74,422.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VILLAGE OF WALPI 1/2 MILE N HWY 264 MP 391 POLACCA, AZ 86042	23-7353532	3	0.	73,623.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SALVATION ARMY BULLHEAD CITY 1461 PALMA RD BULLHEAD CITY, AZ 86442	94-1156347	3	0.	72,423.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MC ADULT PROBATION 1022 E GARFIELD ST PHOENIX, AZ 85006	86-6000872	3	0.	71,317.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CITY OF TOLLESON CAP 9555 W VAN BUREN TOLLESON, AZ 85353	47-2304025	3	0.	70,750.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS DESERT WEST 6501 W VIRGINIA PHOENIX, AZ 85035	86-0419881	3	0.	70,579.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
THE SALVATION ARMY 628 N 3RD AVE PHOENIX, AZ 85003	94-1156347	3	0.	70,159.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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COVENANT OF GRACE 906 W PEORIA AVE PHOENIX, AZ 85029	86-0602290	3	0.	70,068.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VERMONT FOOD BANK 33 PARKER RD BARRE, VT 05641	22-3021942	3	0.	69,639.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SECOND HARVEST GLEANERS FB OF WEST MICHIGAN INC - 864 W RIVER CENTER DR - COMSTOCK PARK, MI 49321	38-2439659	3	0.	69,639.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
DAMION GOSA MEMORIAL FOUNDATION INC - 2102 E ALTA VISTA RD - PHOENIX, AZ 85042	45-5441868	3	0.	68,603.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS BUCKEYE COMMUNITY CENTER - 201 E CENTRE AVE - BUCKEYE, AZ 85326	86-0419881	3	0.	68,453.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CIVITAN FOUNDATION 12635 N 42ND ST PHOENIX, AZ 85032	23-7036797	3	0.	68,050.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GOLDEN VALLEY 5505 HIGHWAY 68 GOLDEN VALLEY, AZ 86413	86-0693439	3	0.	67,899.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	36-2971864	3	0.	66,633.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
DENNEHOTSO SENIOR CTR E HIGHWAY 160 .5 MILES AFTER MILE M DENNEHOTSO, AZ 86535	23-7353532	3	0.	65,316.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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SDA COMMUNITY SERVICES PRESCOTT 2980 WILLOW CREEK RD PRESCOTT, AZ 86301	86-0131620	3	0.	64,968.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS ST JAMES CHURCH 19640 N 35TH AVE GLENDALE, AZ 85308	86-0419881	3	0.	64,937.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036	94-2465081	3	0.	64,549.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 43123	31-0865343	3	0.	63,377.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHILCHINBETO COMMUNITY FOOD BANK 2 MI S OF US 160 ON N59 AT CHAPTER KAYENTA, AZ 86033		3	0.	61,942.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX INC - 1330 N 15TH ST - PHOENIX, AZ 85006	86-0107639	3	0.	61,268.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CRIMSON PARTNERS LLC BUILDING 469 ROUTE 64 GRAND CANYON, AZ 86023	27-1604768	3	0.	61,064.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YARNELL FOOD BANK INC 22815 HIGHWAY 89 YARNELL, AZ 85362	47-3449359	3	0.	60,250.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHURCH FOR THE NATIONS 6225 N CENTRAL AVE PHOENIX, AZ 85012	75-3114849	3	0.	60,103.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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MAYER AREA MEALS ON WHEELS 10051 S MIAMI ST MAYER, AZ 86333	46-2135781	3	0.	59,268.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CONGRESS SENIOR CTR 26733 SANTA FE RD CONGRESS, AZ 85332	94-2882535	3	0.	57,546.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SUN VALLEY INDIAN SCHOOL 8450 S SUN VALLEY RD SUN VALLEY, AZ 86029	86-0570967	3	0.	57,477.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TOLLESON ELEMENTARY SCHL DIST 9401 W GARFIELD ST TOLLESON, AZ 85353	86-6000490	3	0.	57,419.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TEEC NOS POS SR CENTER 1 MILE S OF US160 TEEC NOS POS, AZ 86514	23-7353532	3	0.	56,150.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NORTH TEXAS FOOD BANK 4500 S COCKRELL HILL RD DALLAS, TX 75236	74-1785357	3	0.	55,756.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
UNION ELEMENTARY SCHOOL DISTRICT 3834 S 91 AVE TOLLESON, AZ 85353	86-6000506	3	0.	54,482.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CONGRESS COMMUNITY CHURCH INC 27400 SANTA FE CONGRESS, AZ 85332	86-0558310	3	0.	54,086.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YWCA MARICOPA COUNTY 8561 N 61ST AVE GLENDALE, AZ 85302	86-0098936	3	0.	52,214.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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TUMBLEWEED CTR FOR YOUTH DEV 1419 N 3RD ST STE 102 PHOENIX, AZ 85004	23-7284153	3	0.	52,136.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COMMUNITY CHRISTIAN FELLOWSHIP 13990 DATELAND RD YUCCA, AZ 86438	94-3455015	3	0.	51,334.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ROCK CHURCH AOG 2012 N SCOTTSDALE RD STE A SCOTTSDALE, AZ 85257	86-6004439	3	0.	50,783.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP NEEDLES 10287 BARRECKMAN RD MOHAVE VALLEY, AZ 86440	33-0627839	3	0.	49,505.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
WESTWARD HO 618 N CENTRAL AVE PHOENIX, AZ 85004	86-1045776	3	0.	49,490.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
STAR CENTERS 2144 E ROOSEVELT ST PHOENIX, AZ 85006	86-0586210	3	0.	48,652.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS GILA BEND CAP 202 N EUCLID GILA BEND, AZ 85337	86-0419881	3	0.	48,647.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TANNER CHAPEL AME CHURCH 20 S 8TH ST PHOENIX, AZ 85034	86-0310590	3	0.	48,495.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
WESTCARE AZ INC 1160 AGATE AVE BULLHEAD CITY, AZ 86442	86-0968693	3	0.	47,643.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	95-3135649	3	0.	46,994.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MITCHELL SWABACK CHARITIES 4744 E THUNDERBIRD UNIT 9 PHOENIX, AZ 85032	27-0250769	3	0.	46,085.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST LOUIS THE KING 4331 W MARYLAND AVE GLENDALE, AZ 85301	86-0096789	3	0.	45,354.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
QUARTZSITE FOOD BANK 40 N MOON MOUNTAIN AVE QUARTZSITE, AZ 85346	86-0445604	3	0.	44,905.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HUALAPAI TRIBE 321 SHADY LANE PEACH SPRINGS, AZ 86434	23-7353532	3	0.	44,579.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OUR LADY OF THE LAKE ROMAN CATHOLIC PARISH - 1975 S DAYTONA DR - LAKE HAVASU CITY, AZ 86406	32-0267687	3	0.	43,145.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TOWN OF FREDONIA SENIOR CENTER 80 N 100 WEST FREDONIA, AZ 86022	86-0186382	3	0.	41,634.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST JAMES 19640 N 35TH AVE GLENDALE, AZ 85308	86-0095789	3	0.	40,332.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012	86-0293585	3	0.	39,855.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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SONBURST DISCIPLESHIP MINISTRIES 38 W FREMONT RD PHOENIX, AZ 85041	86-0617550	3	0.	38,415.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TEEN CHALLENGE OF ARIZONA PO BOX 13444 PHOENIX, AZ 85002	86-0255257	3	0.	38,180.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SUN CITIES SPAY A STRAY PO BOX 52 YOUNGTOWN, AZ 85363	86-1023948	3	0.	37,726.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TEMPE COMMUNITY ACTION AGENCY 2150 E ORANGE ST TEMPE, AZ 85281	86-0254820	3	0.	37,317.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ST VINCENT DE PAUL FOOD BANK 1015 JOSHUA AVE PARKER, AZ 85344	86-0096789	3	0.	35,252.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SV GLEANERS CACTUS APOSTLES LUTHERAN CHURCH - 7020 W CACTUS RD - PEORIA, AZ 85381	86-0419881	3	0.	34,706.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CALVARY CHAPEL MOHAVE VALLEY 1620 E PLANTATION RD MOHAVE VALLEY, AZ 86440	20-5828303	3	0.	34,577.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST FRANCIS XAVIER 4715 N CENTRAL AVE PHOENIX, AZ 85012	86-0096789	3	0.	34,362.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW DESTINY CHRISTIAN CHURCH 7848 S 27 AVE LAVEEN, AZ 85339	86-0805041	3	0.	34,292.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DIMENSIONS IN RECOVERY 530 E MCDOWELL RD SUITE 107 MAILBOX NUMBER 419 - PHOENIX, AZ 85004	27-2167017	3	0.	33,546.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FAITH VISION MINISTRIES INC 110 LUPTON RD MANUELITO, NM 87301	65-1291107	3	0.	32,010.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HAVASUPAI TRIBE 10 MAIN STREET SUPAI, AZ 86435	86-0118596	3	0.	30,700.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
KAYENTA CHAPTER HOUSE (ST JUDE'S FOOD BANK) - 1 MILE NORTH OF HIGHWAY 160 - KAYENTA, AZ 86033	86-1047161	3	0.	30,695.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YAVAPAI COUNTY COMM HLTH SVCS-CONGRESS - 26733 SANTA FE RD - CONGRESS, AZ 85332	94-2882535	3	0.	30,599.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST MARTIN DE PORES 4746 W MCNEIL LAVEEN, AZ 85339	86-0096789	3	0.	30,023.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST PHILIP BENZI 34621 S OLD BLACK CANYON HWY BLACK CANYON CITY, AZ 85324	86-0096789	3	0.	29,690.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BIG BROTHERS BIG SISTER OF FLAGSTAFF - 102 W HUNT AVE - FLAGSTAFF, AZ 86001	23-7170086	3	0.	29,566.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COP FAMILY SVCS CTRS 4732 S CENTRAL AVE PHOENIX, AZ 85040	86-6000256	3	0.	29,267.	\$1.67 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
SVDP ST GREGORYS 3437 N 18TH AVE PHOENIX, AZ 85015	86-0096789	3	0.	29,259.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP FLAGSTAFF 2113 NE ST FLAGSTAFF, AZ 86004	86-0096789	3	0.	28,575.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
ARIZONA ODD FELLOW-REBEKAH 222 E INDIANOLA AVE PHOENIX, AZ 85012	86-6000256	3	0.	27,887.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CIVITAN FOUNDATION INC 12635 N 42ND ST PHOENIX, AZ 85032	23-7036797	3	0.	27,494.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
UMOM NEW DAY CENTERS 3333 E VAN BUREN PHOENIX, AZ 85008	86-0521062	3	0.	27,491.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW HORIZON YOUTH HOMES INC PO BOX 3296 FLAGSTAFF, AZ 86003	86-1014335	3	0.	27,281.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST JOHN VIANNEY PARISH 539 E LA PASADA BLVD GOODYEAR, AZ 85338	90-0429155	3	0.	26,105.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST JEROMES 10815 N 35TH AVE PHOENIX, AZ 85029	86-0096789	3	0.	25,937.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PARKER FOOD BANK 1124 GERONIMO AVE PARKER, AZ 85344	86-0445604	3	0.	24,503.	\$1.67 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
MARK ALLEN MANOR FOUNDATION 2622 W STATE AVE PHOENIX, AZ 85051	94-2785374	3	0.	24,498.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PAINTED DESERT DEMONSTRATION PROJECTS INC - 145 LEUPP RD - FLAGSTAFF, AZ 86004	86-0710679	3	0.	24,182.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
DOS RIOS ELEMENTARY SCHOOL 2150 S 87TH AVE TOLLESON, AZ 85353	86-6000506	3	0.	23,289.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
KINGMAN AID TO ABUSED PEOPLE 2016 MULLEN AVE KINGMAN, AZ 86401	86-0601113	3	0.	22,980.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CHEEERS 1950 W HEATHERBRAE DR STE 2 PHOENIX, AZ 85015	86-0667217	3	0.	22,841.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
PRESCOTT MEALS ON WHEELS 1280 E ROSSER ST PRESCOTT, AZ 86301	86-0417621	3	0.	22,797.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
THINK JESUS PROJECT PO BOX 3083 FLAGSTAFF, AZ 86003	71-1006154	3	0.	22,477.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BOYS AND GIRLS CLUB OF PEACH SPRINGS - 479 DIAMOND CREEK RD - PEACH SPRINGS, AZ 86434	86-0133718	3	0.	22,041.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FIRE AND WATER INTERNATIONAL CHURCH - 1937 E DIAMOND ST - PHOENIX, AZ 85006	86-0928650	3	0.	21,177.	\$1.67 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
DRUG ELIMINATION FAMILY AWARENESS PROGRAM - 8561 N 61ST AVE - GLENDALE, AZ 85302	31-1521614	3	0.	21,035.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW CASA DE AMIGAS 1648 W COLTER STE 8 PHOENIX, AZ 85015	86-0185416	3	0.	20,998.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW DAY RECOVERY CTR 2221 N 42ND DR PHOENIX, AZ 85009	86-1039676	3	0.	20,338.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CONCERNED CITIZENS COMMUNITY HEALTH - 7700 E ROOSEVELT - SCOTTSDALE, AZ 85258	95-3416943	3	0.	19,926.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TERROS INC 3003 N CENTRAL AVE STE 200 PHOENIX, AZ 85012	86-0252067	3	0.	19,724.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SUNSHINE GROUP HOMES INC 17201 N 63RD AVE GLENDALE, AZ 85308	86-0815254	3	0.	18,937.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
COCONINO COUNTY COMMUNITY SVCS 2625 N KING ST FLAGSTAFF, AZ 86004	23-7353643	3	0.	18,770.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
RED MTN ACTIVE ADULT CENTER 7550 E ADOBE ST MESA, AZ 85207	94-2596075	3	0.	18,109.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HACIENDA DE LOS ARCOS 7529 E CULVER ST SCOTTSDALE, AZ 85257	86-6084067	3	0.	16,572.	\$1.67 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
EBONY HOUSE INC 6222 S 13TH ST PHOENIX, AZ 85042	86-0287878	3	0.	16,221.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
RECOVERY INNOVATIONS OF ARIZONA INC - 2701 N 16TH ST STE 316 - PHOENIX, AZ 85006	86-0671446	3	0.	16,217.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
AZ RETIREMENT HOME I AND II 7310 E PALM LN SCOTTSDALE, AZ 85257	86-0711505	3	0.	15,011.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FEEDING HOPE MARKET AND FOOD BANK 6027 W PALMAIRE AVE GLENDALE, AZ 85301	47-4887432	3	0.	14,611.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OLIVE BRANCH NEW BEGINNINGS INC 4430 E AZTEC RD RIMROCK, AZ 86335	86-0756947	3	0.	14,204.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CARTWRIGHT SCHOOL DIST 83 4308 N 51ST AVE STE 103 PHOENIX, AZ 85031	86-6000517	3	0.	13,647.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CASA DE PAZ IV SUNLAND TERRACE 435 E SUNLAND AVE PHOENIX, AZ 85040	86-0521062	3	0.	13,445.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
NEW LIFE CENTER 1444 N MANZANITA GOODYEAR, AZ 85338	86-0635950	3	0.	13,208.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
HOUSE OF HOPE OF ARIZONA INC 4324 N 42ND AVE PHOENIX, AZ 85019	86-0911362	3	0.	12,132.	\$1.67 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
NEIGHBORHOOD MINISTRIES INC 1929 W FILLMORE ST PHOENIX, AZ 85009	86-0809052	3	0.	10,037.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
MEADVIEW AREA NECESSARY NUTRITIONAL ASSISTANCE - 330 E MEADVIEW BLVD - MEADVIEW, AZ 86444	81-2507587	3	0.	9,859.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP OZANAM MANOR PO BOX 24460 PHOENIX, AZ 85074	86-0096789	3	0.	9,818.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
CENTRAL UNITED METHODIST CH 1875 N CENTRAL AVE PHOENIX, AZ 85004	86-0111426	3	0.	9,582.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
TRINITY LUTHERAN CHURCH 9424 N 7TH AVE PHOENIX, AZ 85021	86-0183670	3	0.	9,357.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
GILA BEND CAP TEFAP MEALS 202 N EUCLID GILA BEND, AZ 85337	86-0180960	3	0.	9,235.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SVDP ST MARY'S BASILICA CONFERENCE 231 N 3RD ST PHOENIX, AZ 85004	86-0096789	3	0.	8,846.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YARNELL SENIOR CITIZENS INC 22302 S HWY 89 YARNELL, AZ 85362	74-2467916	3	0.	8,482.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YAVAPAI APACHE NATION 3364 HAMALEY AVE CAMP VERDE, AZ 86322	86-0210241	3	0.	7,180.	\$1.67 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 YOUTH ORGANIZATION INC CONFIDENTIAL 3301 N MAJESTY PRESCOTT VALLEY, AZ 86314	86-0542919	3	0.	6,871.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
YAVAPAI COUNTY COMM HLTH SVCS (CALVARY CHAPEL) - 19450 INDIAN HILLS DR - BLACK CANYON CITY, AZ 85324	86-6000561	3	0.	6,556.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
AREA AGENCY ON AGING REGION 1 1366 E THOMAS RD STE 200 PHOENIX, AZ 85014	74-2371957	3	0.	6,551.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
BOYS AND GIRLS CLUBS OF METROPOLITAN PHX INC - 4309 E BELLEVIEW ST - PHOENIX, AZ 85008	86-0107639	3	0.	6,526.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
OPEN DOOR FELLOWSHIP CHURCH 8301 N 19TH AVE PHOENIX, AZ 85021	86-0333385	3	0.	5,985.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
FALLEN FEATHERS 9532 W CIELO GRANDE PEORIA, AZ 85383	01-0749446	3	0.	5,984.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
SOUTHWEST BEHAVIORAL HEALTH SERVICES - 3450 N 3RD ST - PHOENIX, AZ 85012	86-0290033	3	0.	5,398.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE
VIVRE 2501 W ELM ST PHOENIX, AZ 85017	45-4743181	3	0.	5,169.	\$1.67 PER POUND	FOOD	FOOD ASSISTANCE

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

(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	0	0.	27,108,478.	\$1.67 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:

AFTER FOOD IS DISTRIBUTED, 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)**

Compensation Information

OMB No. 1545-0047

2015

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" 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 on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

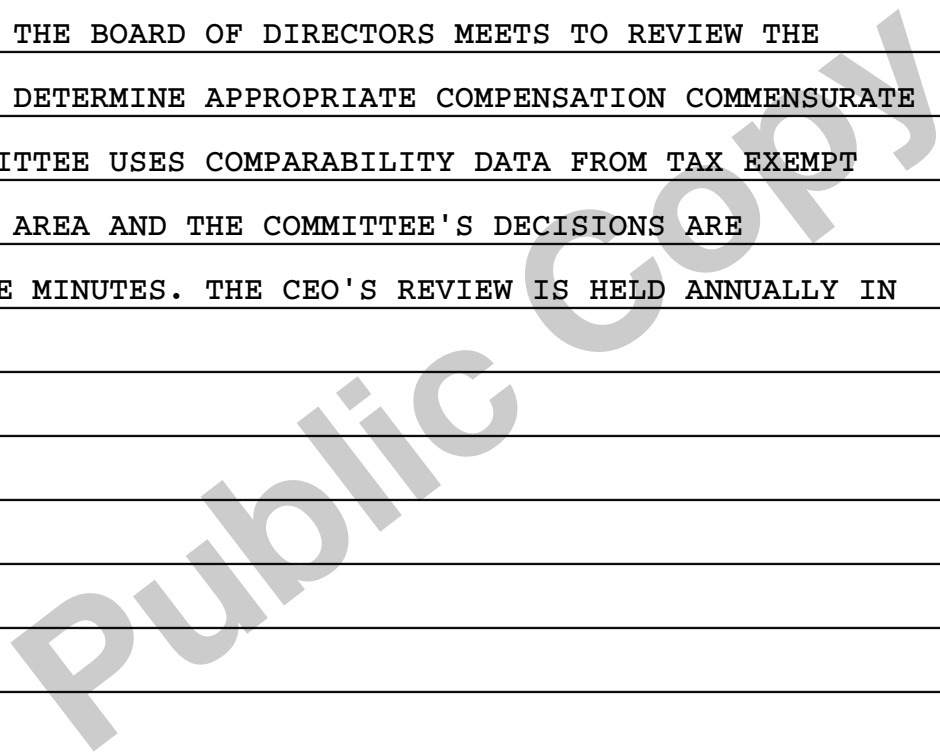
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BEVERLY DAMORE PRESIDENT & CEO (TO 04/28/16)	(i)	221,577.	7,692.	0.	6,946.	9,560.	245,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH STUCKEY CFO	(i)	161,091.	0.	0.	4,874.	9,808.	175,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA NOTARO-GOIN CDO	(i)	155,308.	0.	0.	4,685.	3,404.	163,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIKE HANOSH COO (TERMED 11/06/15)	(i)	217,101.	0.	0.	4,419.	12,804.	234,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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:

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

2015

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	24	17,627.	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	1,959	120,079,472.	\$1.67 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GREEN FEES AN)	X	1	27,405.	FMV
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 through 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.		

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

Schedule M (Form 990) (2015)

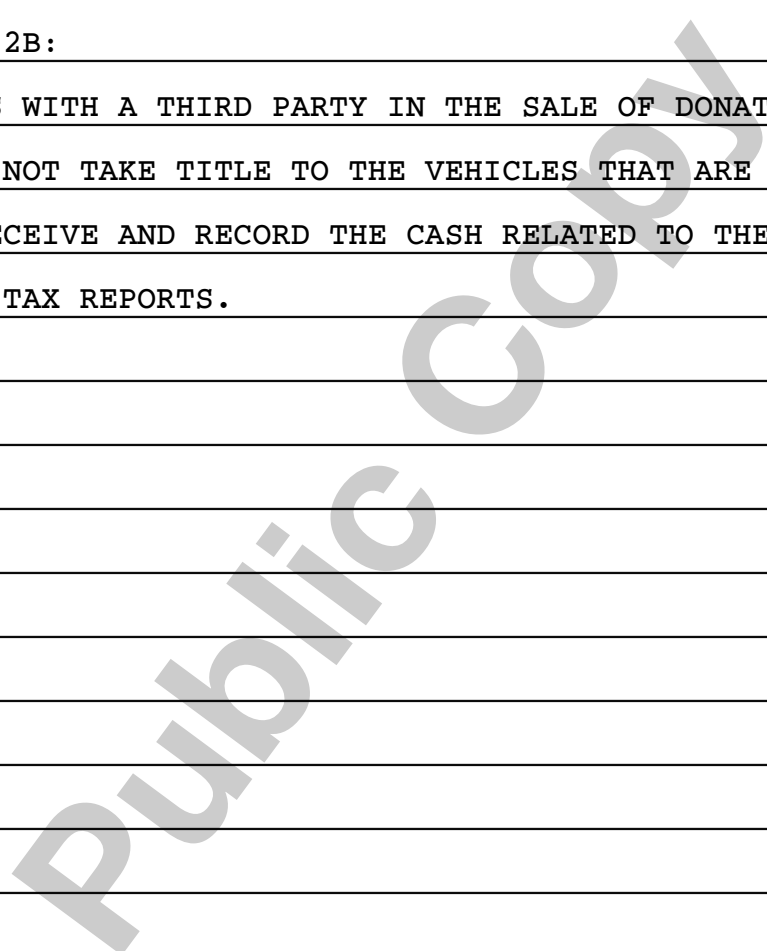
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

MANY DONORS MAKE DONATIONS REGULARLY THROUGHOUT THE YEAR, BUT THEY ARE ONLY COUNTED ONCE IN THE NUMBER OF CONTRIBUTORS REPORTED IN COLUMN B OF PART I.

SCHEDULE M, LINE 32B:

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

2015

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:

ASSUMING ONE POUND EQUALS ONE MEAL. FOR EVERY DOLLAR SPENT ON THESE
PROGRAMS, 6.65 MEALS WERE DISTRIBUTED.

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 THE FOLLOWING:

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. DISTRIBUTIONS OF
PERISHABLE FOOD, FREE OF CHARGE, ARE PROVIDED TO INDIVIDUALS AND
FAMILIES IN NEED THROUGHOUT ARIZONA. APPROXIMATELY 68.5 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

Name of the organization ST. MARY'S FOOD BANK ALLIANCE	Employer identification number 23-7353532
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- AS WELL AS DOZENS OF NEIGHBORHOOD FAMILIES AWAITING THIS MUCH-NEEDED, NUTRITIOUS FOOD. THIS SCENE IS PLAYING OUT IN COUNTLESS COMMUNITIES THROUGHOUT ARIZONA AS THE ST. MARY'S MOBILE PANTRY PROGRAM, WHICH HAS GROWN TO 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.

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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,

Name of the organization

ST. MARY'S FOOD BANK ALLIANCE

Employer identification number

23-7353532

AND OPPORTUNITIES FOR 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 \$ 799,217. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,332.

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

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:

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:

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

Name of the organization ST. MARY'S FOOD BANK ALLIANCE	Employer identification number 23-7353532
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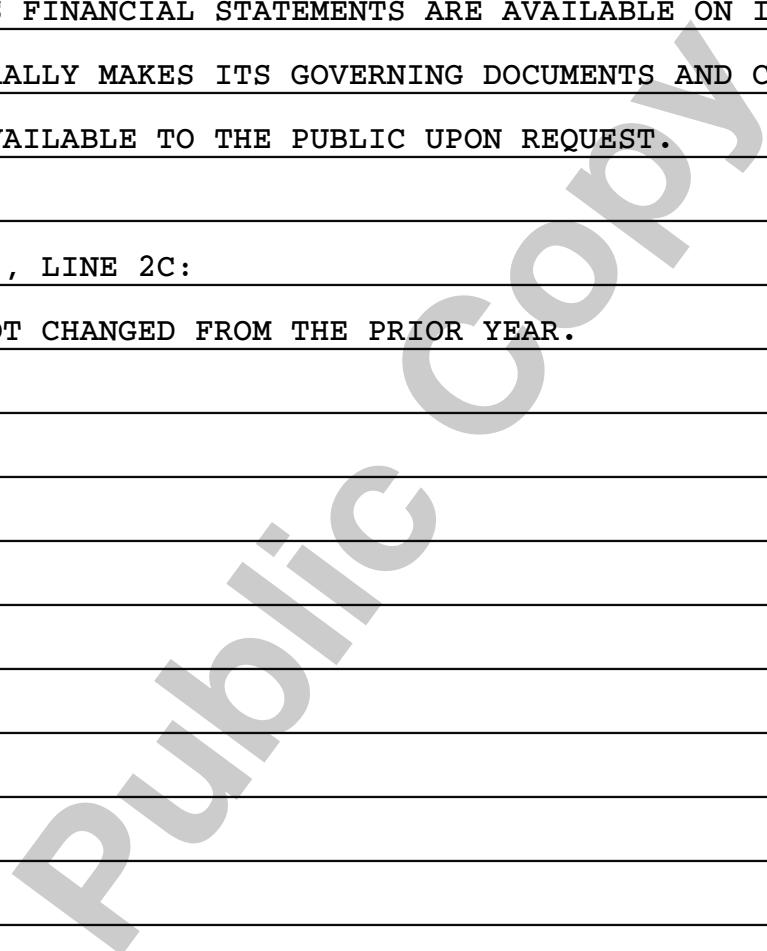
ORGANIZATIONS IN THE LOCAL AREA AND THE COMMITTEE'S DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THE CEO'S REVIEW IS HELD ANNUALLY IN APRIL.

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

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.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



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

OMB No. 1545-0047

2015

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

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

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	

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

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	697,906.	CASH
(2)			
(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
- 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, 2017**, 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, 2015**, and ending **JUN 30, 2016**.

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.

For the calendar year 2015 or fiscal year beginning 07/01/15 and ending 06/30/16

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name ST. MARY'S FOOD BANK ALLIANCE	Employer Identification Number (EIN) 23-7353532
Business Telephone Number (with area code) 602-242-3663	Address - number and street or PO Box 2831 N. 31ST AVE.	
	City, Town or Post Office PHOENIX, AZ 85009	State ZIP Code

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 01/01/1967

B Nature of Arizona activities: FOOD BANK

C Federal form filed: 990 990-EZ Other (specify) _____

Include a copy of the organization's federal return.

CHECK BOX IF return filed under extension:
 82 C 3-month federal
 82 F 6-month Arizona/federal

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

Sources of Income

1	Gross sales from business activities	1		00	
2	Less cost of goods sold or of operations: Include itemized statement	2		00	
3	Gross profit from business activities: Subtract line 2 from line 1	3		00	
4	Interest	4	147,600	00	
5	Dividends	5		00	
6	Rents and royalties	6		00	
7	Gain or (loss) from sales of assets, excluding inventory items	7	-4,016	00	
8	Dues, assessments, etc., from members	8		00	
9	Dues, assessments, etc., from affiliates	9	697,896	00	
10	Contributions, gifts, grants, etc., received	10	139,387,473	00	
11	Other income: Include itemized statement	11	4,174,092	00	STATEMENT 3
12	Total income: Add lines 3 through 11	12	144,403,045	00	

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	13		00	
14	Salaries and wages other than amounts included on line 2	14	2,924,985	00	
15	Interest	15		00	
16	Taxes	16	186,046	00	
17	Rent expense	17	3,375	00	
18	Depreciation: Include schedule	18	134,259	00	STATEMENT 1
19	Miscellaneous expenses: Include itemized statement	19	3,841,937	00	STATEMENT 4
20	Total expenses: Add lines 13 through 19	20	7,090,602	00	

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6	21	136,116,615	00	
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00	
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule STATEMENT 2	23	164,614	00	

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	1,031,214	00	
25	Accumulation of income at beginning of year	25	21,804,951	00	
26	Accumulation of income at end of year: Add lines 24 and 25	26	22,836,165	00	

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27		00	
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1		00		
A2 Contributions, gifts, grants, etc., paid	A2	119,726,557	00		
A3 Benefit payments to or for members or their dependents:					
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00		
A3b Other benefits	A3b		00		
A4 Dividends and other distributions to members, shareholders, or depositors ..	A4		00		
A5 Other	A5	16,390,058	00		STATEMENT 8
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6	136,116,615	00		

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1		00		
B2 Contributions, gifts, grants, etc., paid	B2		00		
B3 Benefit payments to or for members or their dependents:					
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a		00		
B3b Other benefits	B3b		00		
B4 Dividends and other distributions to members, shareholders, or depositors ..	B4		00		
B5 Other	B5		00		
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6				00

SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a)		(b)	
Assets		Beginning of Year		End of Year	
C1 Cash		2,901,051	00	C1	2,018,429
C2a Accounts receivable	C2a		00		
C2b Less - allowance for doubtful accounts	C2b		00		
C2c Line C2a less line C2b. Enter difference in column (b)		666,092	00	C2c	976,857
C3a Other notes and loans receivable: Include schedule	C3a		00		
C3b Less - allowance for doubtful accounts	C3b		00		
C3c Line C3a less line C3b. Enter difference in column (b)			00	C3c	
C4 Inventories		4,552,120	00	C4	5,001,533
C5 Investments (securities): Include schedule		3,531,155	00	C5	3,463,940
C6 Investments (other): Include schedule			00	C6	
C7a Land, buildings, and equipment; basis:	C7a	27,825,704	00		
C7b Less - accumulated depreciation: Include schedule	C7b	11,469,816	00		
C7c Line C7a less line C7b. Enter difference in column (b)		16,051,943	00	C7c	16,355,888
C8 Other assets (describe): SEE STATEMENT 5		716,141	00	C8	2,886,939
C9 Total assets: Add lines C1 through C8		28,418,502	00	C9	30,703,586
Liabilities					
C10 Accounts payable and accrued expenses		1,102,667	00	C10	1,504,095
C11 Mortgages and other notes payable: Include schedule STATEMENT 6		3,834,600	00	C11	3,834,600
C12 Other liabilities (describe): SEE STATEMENT 7		1,676,284	00	C12	2,528,726
C13 Total liabilities: Add lines C10 through C12		6,613,551	00	C13	7,867,421
Net Assets					
C14 Capital stock or trust principal			00	C14	
C15 Paid-in or capital surplus			00	C15	
C16 Retained earnings or accumulated income		21,804,951	00	C16	22,836,165
C17 Total net assets: Add lines C14 through C16		21,804,951	00	C17	22,836,165
C18 Total liabilities and net assets: Add lines C13 and C17		28,418,502	00	C18	30,703,586

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) **ST. MARY'S FOOD BANK ALLIANCE**

EIN **23-7353532**

Declaration

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

OFFICER'S SIGNATURE _____ DATE _____ **PRESIDENT & CEO**
TITLE

Paid Preparer's Use Only

COLETTE KAMPS, CPA **02/08/17** **P00367616**
PAID PREPARER'S SIGNATURE DATE PAID PREPARER'S PTIN

HENRY & HORNE, LLP **86-0133881**
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) FIRM'S EIN OR SSN

2055 E WARNER RD, STE 101 **(480) 839-4900**
FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER

TEMPE, AZ **85284**
CITY STATE ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	134,259.
TOTAL TO FORM 99, PAGE 1, LINE 18	134,259.

AZ 99	OTHER DISBURSEMENTS	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED LOSS	164,614.
TOTAL TO FORM 99, PAGE 1, LINE 23	164,614.

AZ 99	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
CITRUS GLEANING AND OT	88,300.
LEASE INCOME	72,000.
RECYCLING INCOME	16,318.
KID'S CAFE REVENUE	3,147,487.
SOURCE PROGRAM	602,625.
SHARED MAINTENANCE FEE	191,727.
CK CATERING	50,332.
ALL OTHER REVENUE	5,303.
TOTAL TO FORM 99, PAGE 1, LINE 11	4,174,092.

AZ 99	MISC EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PENSION PLAN CONTRIBUTIONS	33,481.
OTHER EMPLOYEE BENEFITS	446,138.
LEGAL FEES	6,790.
ACCOUNTING FEES	50,750.
PROFESSIONAL FUNDRAISING FEES	42,000.
OTHER PROFESSIONAL FEES	344,118.
OFFICE EXPENSES	55,163.
INFORMATION TECHNOLOGY	411,525.

TRAVEL	66,015.
INSURANCE	30,050.
MISC. EXPENSE	1,793,328.
PACKAGING PRODUCTS	45,821.
ADMINISTRATION	370,339.
ALL OTHER EXPENSES	146,419.
TOTAL TO FORM 99, PAGE 1, LINE 19	3,841,937.

AZ 99	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	39,890.	1,508,500.
PREPAID EXPENSES AND DEFERRED CHARGES DUE FROM AFFILIATE	88,187.	92,469.
	588,064.	1,285,970.
TOTAL TO FORM 99, PAGE 2, LINE C8	716,141.	2,886,939.

AZ 99	MORTGAGES AND OTHER NOTES PAYABLE	STATEMENT	6
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DESCRIPTION	BEG OF YEAR	END OF YEAR
MORTGAGES/NOTES TO UNRELATED 3RD PARTIES	3,834,600.	3,834,600.
TOTAL TO FORM 99, PAGE 2, LINE C11	3,834,600.	3,834,600.

AZ 99	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	BEG OF YEAR	END OF YEAR
CAPITAL LEASE OBLIGATIONS	1,380,642.	2,240,469.
GIFT ANNUITIES PAYABLE	295,642.	288,257.
TOTAL TO FORM 99, PAGE 2, LINE C12	1,676,284.	2,528,726.

AZ 99	OTHER EXPENSES	STATEMENT	8
DESCRIPTION		AMOUNT	
OTHER SALARIES AND WAGES		6,110,251.	
PENSION PLAN CONTRIBUTIONS		88,788.	
OTHER EMPLOYEE BENEFITS		966,309.	
PAYROLL TAXES		395,348.	
OTHER PROFESSIONAL FEES		61,864.	
OFFICE EXPENSES		41,798.	
INFORMATION TECHNOLOGY		36,457.	
OCCUPANCY		988,444.	
TRAVEL		42,735.	
DEPRECIATION/AMORTIZATION		1,472,483.	
INSURANCE		224,136.	
FOOD PURCHASES		3,826,848.	
MISC. EXPENSE		58,628.	
PACKAGING PRODUCTS		622,793.	
ADMINISTRATION		156,959.	
ALL OTHER EXPENSES		1,296,217.	
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5		16,390,058.	

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