** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u>	For the	2020 calendar year, or tax year beginning $$	ending J	<u>UN 30, 2021</u>					
	Check if applicable:	C Name of organization		D Employer identifi	cation number				
	Address change	UTAH FOOD BANK							
	Name change	Doing business as		87-02124	53				
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) 3150 SOUTH 900 WEST	Room/suite	E Telephone number 801-978-2452					
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 155,632,975					
	Amende return			H(a) Is this a group re					
	Applica- tion			for subordinates					
	pending	SAME AS C ABOVE		H(b) Are all subordinates in					
I	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions				
		E ► WWW.UTAHFOODBANK.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1904	M State of legal domicile: UT				
_	1 8	Briefly describe the organization's mission or most significant activities: UTAH	FOOD :	BANK FIGHTS	HUNGER				
Governance	<u> </u>	STATEWIDE.							
22	2 (Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	1				
Š	3 1			3	16				
		lumber of independent voting members of the governing body (Part VI, line 1b)			16				
S	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			147				
Activities &	6 ⊺	otal number of volunteers (estimate if necessary)			16740				
Αct	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	l p v	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>						
	, ,	Contributions and grants (Dort VIII line 1h)	1	Prior Year 06,024,155.	Current Year 155, 474, 632.				
9	8 C	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		206,773.					
ä	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-56,939.					
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	- 4		155,528,444.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
v.	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,525,389.	7,169,980.				
Fxnenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		56,606.	91,143.				
Š	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 2,035,90							
Ĺ	i 17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			125,821,703.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			133,082,826.				
_		Revenue less expenses. Subtract line 18 from line 12			22,445,618.				
SOF				ginning of Current Year 34,477,752.	End of Year				
Assets	ਰੂ 20 T	otal assets (Part X, line 16)		3,058,098.	57,413,792. 1,822,751.				
Net A	=	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		31,419,654.	55,591,041.				
_	<u>22 </u>	Signature Block		31,419,034.	JJ,JJI,041.				
		ies of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the hest of my	knowledge and helief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of which			intowiougo and boilor, it is				
		Sinite Bott							
Sig	ın	Signature of officer		Date					
He		GINETTE BOTT, PRESIDENT AND CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d C	CHRISTOPHER WINSLEY, CPA CHRISTOPHER WINS	LEY,	self-employ					
	. –	Firm's name EIDE BAILLY LLP		Firm's EIN ▶	45-0250958				
Use	Only	Firm's address 5 TRIAD CENTER, STE. 600		_					
_		SALT LAKE CITY, UT 84180-1106		Phone no. 80	1-532-2200				
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No				

Forn	n 990 (2020) UTAH FOOD BANK	87-0212453	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	UTAH FOOD BANK FIGHTS HUNGER STATEWIDE.		
2	Did the executation undertake any conditions are grown considered during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res	_21 NO
_		0 \	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service.	es? tes	_2 <u>2</u> _ NO
4	If "Yes," describe these changes on Schedule O.	as massured by synances	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	Juliers, trie total expenses, al	Iu
 4а	105 041 000	Revenue \$	
40		OOD VIA A	
	STATEWIDE NETWORK OF 216 PARTNER AGENCIES LOCATED IN A		
	FOOD IS PROVIDED THROUGH OUR EMERGENCY FOOD ASSISTANCE		
	FOOD DISTRIBUTED IS FREE-OF-CHARGE TO PARTNER AGENCIES		
4b		Revenue \$	
	DIRECT SERVICE PROGRAMS - UTAH FOOD BANK PROGRAMS OFFE		
	MOST VULNERABLE POPULATIONS IN OUR STATE - CHILDREN AN		
	SERVICE PROGRAMS INCLUDE: KIDS CAFE, MOBILE SCHOOL PAN	TRIES, FOOD BOX	<u>X</u>
	AND COMMUNITY MOBILE PANTRIES.		
	·		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	, (<u></u> ,), (,), (
4d	Other program services (Describe on Schedule O.)	· ·	
46	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 128,589,343.)	

Form 990 (2020) UTAH FOOD BANK
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		125
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
_	Part VI	11a	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		-		-

Form 990 (2020) UTAH FOOD BANK
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	$\Omega\Omega\Omega$	/a a a = :

UTAH FOOD BANK 87-0212453 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 147 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Х

Х

14b

16

10

Section 501(c)(7) organizations. Enter:

Form 990 (2020)

UTAH FOOD BANK

O I - U 4 1 4 2 3 3 5 ray

Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response

Transport of the page on Schedule O. See instructions. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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 16										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
·	of officers, directors, trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
,	more members of the governing body?	7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ı								
	(This dection b requests information about policies not required by the internal nevertide dode.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	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?	11a	Х								
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	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶UT										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	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										
	GINETTE BOTT - 801-978-2452										
	3150 SOUTH 900 WEST, SALT LAKE CITY, UT 84119										

Form 990 (2020) UTAH FOOD BANK 87-0212453 Page 7

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.

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

Check this box if neither the organization ne	or any related	orga	nizat	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated
	hours per	box	unles	eless person is both an and a director/trustee)			an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GINETTE BOTT	40.00	_	_							
PRESIDENT AND CEO				Х				225,093.	0.	15,627.
(2) KENT LISTON	40.00									
CFO				X				191,739.	0.	27,840.
(3) SCOTT WOODHEAD	40.00									
<u>coo</u>				X				175,982.	0.	25,279.
(4) JACOB BUHLER	40.00							122 222		0.5.004
IT DIRECTOR	1 00					X		139,039.	0.	26,284.
(5) HOWARD STOKER	1.00	37		37					0	_
CHAIR	1 00	Х		Х				0.	0.	0.
(6) ZACH ENGLADN VICE CHAIR	1.00	Х		х				0.	0.	_
(7) MICHAEL ANGLIN	1.00	Λ	-			\vdash		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) LINDA ASHTON	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) MATT BLOYE	1.00	25						•	•	•
BOARD MEMBER		х						0.	0.	0.
(10) SHAYSEE DENNIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JEFF ENGLAND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RICK FOSTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ERIC HALES	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) DON IPSON	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) RON JORGENSEN	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) AUBRIANA MARTINDALE	1.00	Х						0.	0	_
BOARD MEMBER (17) GENEVIEVE SPACKMAN	1.00	^	\vdash					"	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
JOIND HIMDIN	<u> </u>	Λ	Ш			L			U •	5 000 (2222)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	box	not c	Posi heck r ss per nd a di	ition more rson i	than	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d ns	an	(F) stimate nount other pensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org an	om the anizati d relate anizatio	ion ed
(18) MATHEW THOMAS BOARD MEMBER	1.00	х						0.		0.			0.
(19) KATELYN THOMPSON	1.00	22								<u> </u>			•
BOARD MEMBER	1 00	Х					<u> </u>	0.		0.			0.
(20) NATHAN WILKEY BOARD MEMBER	1.00	Х						0.		0.			0.
dh. Cubbadal								731,853.		0.	a	5,03	3 0
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		J, U.	0.
d Total (add lines 1b and 1c)							>	731,853.		0.	9	5,0	30.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			4
3 Did the organization list any former officer,	director, trust	ee. k	cev e	lame	ove	e. or	hia	nhest compensated emp	lovee on			Yes	No
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•		4	х	
5 Did any person listed on line 1a receive or a	•		•										
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch r	oers	on					5		Х
Complete this table for your five highest count the organization. Report compensation for the organization.										pensa	tion fro	om	
(A)					iurc	JI WI		(B)			(0		
Name and business	address	N	ONI	<u> </u>				Description of s	ervices		ompe	nsatio	n
2 Total number of independent contractors (in		ot lir	nited	d to t	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation >					<i>)</i>						000	

87-0212453

Form 990 (2020) UTAH FOOD BANK
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a r	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovonas	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a	28,406.				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
		С	Fundraising events			1c	215,649.				
			Related organizations			1d					
			Government grants (contri			1e	5,393,430.				
Sig			All other contributions, gifts,								
her			similar amounts not included			1f	149,837,147.				
草豆		g	Noncash contributions included in I			1g \$	117,035,131.				
Sor		_	Total. Add lines 1a-1f			- 3 +	•	155,474,632.			
							Business Code				
a	2	а									
Š.		b									
Ser		c									
E S		d									
Pg		e									
Program Service Revenue			All other program service r	ever	nue						
		g	T								
	3		Investment income (includ								
	_		other similar amounts)					50,490.			50,490.
	4		Income from investment o					,			•
	5		Royalties				.				
	_				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
	·		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	Π,	(i) Se	ecurities	(ii) Other				
	•	а	assets other than inventory	7a	(1)		45,300.				
		h	Less: cost or other basis	1a			10,000.				
a		D		7b			1,609.				
š		_		7c			43,691.				
ther Revenue			, ,				13,031.	43,691.			43,691.
<u>ج</u>			Net gain or (loss)					13,031.			45,051.
₹	٥	а	Gross income from fundraisin including \$								
0			contributions reported on								
			•		,		62,553.				
		L	Part IV, line 18				· · · · · · · · · · · · · · · · · · ·				
			Less: direct expenses				. 102,322.	-40,369.			-40,369.
	0		Net income or (loss) from f					40,303.			10,505.
	9	d	Gross income from gaming								
		h	Part IV, line 19								
			Net income or (loss) from (<u>'</u>				
	40										
	10	а	Gross sales of inventory, le								
			and allowances								
			Less: cost of goods sold				<u>D</u>				
\dashv		C	Net income or (loss) from s	saies	oi inv	entory .	Business Code				
sn	44	_					Dualifess Code				
eo ne	11										
Miscellaneous Revenue		b									
Sce		C	All other revenue								
Ξ̈́			All other revenue								
	40		Total rayanua Saa instructio					155,528,444.	0.	0.	53,812.
	12		Total revenue. See instruction	IIS				1 100,040,444.	ı .	1	33,012.

Form 990 (2020) UTAH FOOD BANK Part IX Statement of Functional Expenses

Secti	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 respon	nse or note to any line in									
	not include amounts reported on lines 6b, 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										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	705,368.	404,663.	300,705.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	5,000,823.	3,497,776.	993,160.	509,887.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	221,169.	153,447.	48,955.	18,767.						
9	Other employee benefits	221,169. 869,317.	153,447. 603,131.	192,421.	18,767. 73,765.						
10	Payroll taxes	373,303.	258,998.	82,629.	31,676.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting	33,911.	198.	20,629.	13,084.						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	91,143.			91,143.						
f	Investment management fees										
g	,	200 605	F1 F	261 060	06.050						
	column (A) amount, list line 11g expenses on Sch 0.)	388,627.	515.	361,262.	26,850.						
12	Advertising and promotion	110 700	25 755	21 040	F1 000						
13	Office expenses	118,792. 65,418.	35,755. 31,735.	31,948.	51,089. 4,796.						
14	Information technology	05,410.	31,733.	28,887.	4,790.						
15	Royalties	191,399.	165,819.	25,580.							
16	Occupancy	11,031.	6,956.	4,075.							
17 18	Travel Payments of travel or entertainment expenses	11,031.	0,550.	±,075.							
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	16,895.	6,656.	10,239.							
21	Payments to affiliates	,		,							
22	Depreciation, depletion, and amortization	1,114,877.	1,033,970.	44,086.	36,821.						
23	Insurance	118,928.	97,279.	21,649.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	IN-KIND FOOD DISTRIBUTI	116,016,308.	116,016,308.								
b	PURCHASED FOOD		3,706,077.								
С	FOOD TRANSPORTATION	1,492,643.	1,482,874.	9,769.							
d	DIRECT SOLICITATIONS	823,026.			823,026.						
е	All other expenses	1,723,771.	1,087,186.	281,589.	354,996.						
25	Total functional expenses. Add lines 1 through 24e	133,082,826.	128,589,343.	2,457,583.	2,035,900.						
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (2222)						

Form 990 (2020)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X	_		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			19,213,185.	2	32,083,045.
	3	Pledges and grants receivable, net			1,493,376.	3	1,831,011.
	4	Accounts receivable, net			88,761.	4	68,394.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,795,375.	8	5,472,814.
ğ	9	B			48,114.	9	7,321,069.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,590,421.			
	b	Less: accumulated depreciation	10b	7,952,962.	10,838,941.	10c	10,637,459.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	33)	34,477,752.	16	57,413,792.
	17	Accounts payable and accrued expenses			1,522,119.	17	1,527,676.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	1 525 070		205 075
					1,535,979.	25	295,075.
	26			V V	3,058,098.	26	1,822,751.
S		Organizations that follow FASB ASC 958, chec	k her	e ▶ 🔼			
JCe		and complete lines 27, 28, 32, and 33.			21 221 202	0=	EE 012 200
<u>a</u>	27	Net assets without donor restrictions	31,234,282.	27	55,013,398. 577,643.		
Ö	28	Net assets with donor restrictions			103,372.	28	3//,043.
Ě		Organizations that do not follow FASB ASC 95	8, cne	eck nere			
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
χ¥	31	Retained earnings, endowment, accumulated inc			31,419,654.	31	55,591,041.
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			34,477,752.	33	57,413,792.

87-0212453 Page **12**

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	155	5,52	<u>8,4</u>	<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 133</u>	3,08	2,8	26.
3	Revenue less expenses. Subtract line 2 from line 1	3	22	2,44	5,6	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	31	.,41	9,6	54.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	1	.,72	5,7	69.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	55	5,59	1,0	41.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	dit			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

87-0212453

Name of the organization

UTAH FOOD BANK

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

he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:					•					
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem										
		income and unrelated busin		•			• •	-				
		See section 509(a)(2). (Cor				•	, ,					
11		An organization organized a	•	vely to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	•		•			purposes of one or				
		more publicly supported org	•	•	-		· · · · · · · · · · · · · · · · · · ·					
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *					aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_						
		organization. You must c		• • • •	, ,			· · · · · · · · · · · · · · · · · · ·				
b		Type II. A supporting orga	- · · · · · · · · · · · · · · · · · · ·		ion with its	s supporte	ed organization(s), by hay	vina				
-		control or management of	•					-				
		organization(s). You mus			arrio porco	no triat oo	narage the eapp	501104				
С		Type III functionally inte	-		in connect	ion with.	and functionally integrate	ed with				
Ī		its supported organization	-				• •	,				
d		Type III non-functionally						ration(s)				
_		that is not functionally into										
		requirement (see instructi		•	•		•	7011000				
_		Check this box if the orga	·	-								
·		functionally integrated, or					Type i, Type ii, Type iii					
f	Ente	r the number of supported o										
		ide the following information	-									
- 3		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see mondenens)								
ota	si											

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	84164531.	83455656.	85911162.	106024155	155474632	515030136
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	84164531.	83455656.	<u>85911162.</u>	106024155	<u> 155474632</u>	515030136
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)						54500406
	Public support. Subtract line 5 from line 4.						515030136
	ction B. Total Support	1		Τ	1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	84164531.	83455656.	85911162.	106024155	1554/4632	515030136
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F0 600	45 540	100 (52	100 015	FO 400	
	and income from similar sources	52,683.	45,540.	180,653.	182,215.	50,490.	511,581.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						515541717
	Total support. Add lines 7 through 10	ata (ann in atmustis				12	476,989.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,				470,303.
13	_	~		•			▶□
Sec	organization, check this box and stoction C. Computation of Publi						
	Public support percentage for 2020 (column (f))		14	99.90 %
	Public support percentage from 2019					15	99.87 %
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
-	and stop here. The organization qua	•		•		•	
17a							
	'a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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, check this box and stop nere. Explain in Part vi now the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	~			•		
	more, and if the organization meets the						
	organization meets the facts-and-circ		,		•		▶ □
18	Private foundation. If the organization						s

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the 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 organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, chec	ck this box and st	top here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0-		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
90		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		the organization operate for the benefit of any supported organization other than the supported	-		
_		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (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			140
•		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations	•		
		<i>y</i>		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		rganization maintained a crose and continuous working relationship with the supported organization(s). Pason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	_	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sec	tion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1		ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activi	ities Test. Answer lines 2a and 2b below.	ili dolloll	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information Desired to the second of the Desired to Desired to Desired to the Second of
i dit 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.)
	(and the state of
-	
-	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Employer identification number

UT	AH FOOD	BANK	87-0212453	
Organization type (check or	ne):			
Filers of:	Section:			
Form 990 or 990-EZ		0 or 990-EZ X 501(c)(3) (enter number) organization		
	4947(a)	(1) nonexempt charitable trust not treated as a private foundation		
	527 poli	tical organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)((1) nonexempt charitable trust treated as a private foundation		
501(c)(3) taxable private foundation				
Note: Only a section 501(c)(General Rule For an organization	ck if your organization is covered by the General Rule or a Special Rule . Conly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or			
Special Rules		 Complete Parts I and II. See instructions for determining a contributor's 	,	
sections 509(a)(1) a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
contributor, during literary, or educatio	the year, total on the purposes, o	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 exclusively for religious, charitable, so or for the prevention of cruelty to children or animals. Complete Parts I (e contributor name and address), II, and III.	ientific,	
year, contributions is checked, enter h purpose. Don't con	exclusively for ere the total co	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a religious, charitable, etc., purposes, but no such contributions totaled matributions that were received during the year for an exclusively religious e parts unless the General Rule applies to this organization because it tions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>	
•		by the General Rule and/or the Special Rules doesn't file Schedule B (Fo		

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

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

Name of organization

Employer identification number

87-0212453

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$32,839,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 4 , 088 , 393 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Training according to the part of the part	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

UTAH FOOD BANK

87-0212453

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	USDA COMMODITIES		
_1			
		\$ 32,839,084.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
arti	USDA COMMODITIES		
2	USDA COMMODITIES		
	-		
		\$ 1,991,813.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
rarti			
			
	-		
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti			
(a)		(6)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti			
			
	-		
(a)		(3)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(===	
		\$	90. 990-EZ. or 990-PF) (2

Name of organization Employer identification number

UTAH F	FOOD	BANK	87-0212453
Part III	Exclus	ively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) the	nat total more than \$1,000 for the year

con Us	m any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, or e duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or	or less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	gift Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	gift Relationship of transferor to transferee
	n anoretee o name, audress, di	M Edi TT	notationship of unitation to unitationee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UTAH FOOD BANK

Employer identification number 87-0212453

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •	1
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 w	riting that the assets held in donor ac	dvised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		ı — —
Pa			
1	Purpose(s) of conservation easements held by the organization		,,
	Preservation of land for public use (for example, recreat		n of a historically important land area
	Protection of natural habitat	· —	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Yea
а			_
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	· ·	
3	Number of conservation easements modified, transferred, rele		
_	year >	, acca, e, aga.eca, e. 10acca e,	and organization dailing the talk
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	•	of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	-	- ,
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year
	▶ \$, ,	Ç ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	•	
Pai	t 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 FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in	n furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these it	tems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement ar	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fo	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1	_	Α
а	nevenue included of Form 990, Fait viii, line F		

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection litter (check latt that apply): a	Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	Asset	s (contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make sig	nificant ι	use of its	•	,	
b Scholarly research e Other Preservation for Nuture generations 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 XX, line 21. b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Beginning balance C Bedinning balance C Bedinnin		collection items (check all that apply):										
c Preservation for future generations 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 neceive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization collection? Part IVI Excorw and Custodial Arrangements. Complete if the organization answerd "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, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If the organization arrangement in Part XIII and complete the following table: Additions during the year	а	Public exhibition	d		Loan or exc	hange progra	ım					
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 after than to be maintained as part of 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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions during the year □ Form 150 Burling balance □ Bolistinitutions arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Form 150 Burling balance □ Bolistinitutions (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e	b	Scholarly research	е		Other							
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? 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 IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 11, line 11	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represent an amount on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	r similar a	assets				
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represent an amount on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of the	he organ	nization's co	llection?				Yes		No
Teported an amount on Form 990, Part X, line 21. Teves	Par									line 9, or		
on Form 990, Part X? Ves												
b If Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	ets not ir	cluded				
b If Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?							[Yes		No
c Beginning balance d Additions during the year 1	b											
d Additions during the year Eithibutions during the year Eithibutions during the year Eithibutions during the year Eithibutions during the year Beginning of year balance Complete if the organizations nature and programs Complete if the organizations nature and programs Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If 'Yes' on line 3a(ii), are the related organizations is liked as required on Schedule R? Describe in Part XIII but nature (a) Cours of the organization shall be provided in the organization shall be provided in the possession of the organization that are held and administered for the organization shall be provided in the possession of the organization that are held and administered for the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization that are held and administered for the organization shall be provided in the possession of the organization that are held and administered for the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the possession of the organization shall be provided in the pro										Amount		
d Additions during the year 1d	С	Beginning balance						1c				
e Distributions during the year 1 2 1 1 1 1 1 1 1 1	d							1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_											
b If "Ves," 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 [a] Beginning of year balance (a) Contributions (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 (g) End o	2a									Yes		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Describe in Part XIII the intended uses of the organizations is listed as required on Schedule R? Call Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 10. Call Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years		_						•				
a Beginning of year balance Contributions Contribution).				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		·							ears back	(e) Four	years t	oack
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance	,	, ,	,							
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	•											
g End of year balance	f											_
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) Description of property (b) Buildings Description of property (a) Cost or other basis (investment) Description of property (b) Buildings Description of property (c) Accumulated depreciation (d) Book value depreciation (e) Description of property (f) Description of property (g) Cost or other basis (investment) Description of property (g) Cost or other basis (investment) Description of property (g) Cost or other basis (investment) Description of property (g) Cost or other basis (investment) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Book value depreciation 1 1, 851, 633. 1, 851, 633. Description of property (g) Cost or other basis (other) Description of property (g) Cost or other basis (other) Description of property (g) Book value Description of property (g) Cost or other basis (other) Description of property (g) Book value Description of property (g) Cost or other basis (other) Description of property (g) Book value Description of property (g) Cost or other basis (other) Description of property (g) Book value Description of property Description of property Description of property Description of												
a Board designated or quasi-endowment ▶		•	rent vear end halance	e (line 1c	r column (a)) held as:	I			I		
b Permanent endowment ▶					y, column (a)) Hold do.						
Term endowment W				_′°								
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: (i) Unrelated organizations (ii) Related organizations (iii) Relat												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 A Land 1 A S 1 A S 3 A A B S 1 A A A A A A A A A A A A A A A A A A	·		•									
Second S	32		•	tion tha	t are held ar	nd administer	ed for the	organiza	ation			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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. (c) Accumulated depreciation (d) Book value 1a Land 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 6,632,125. b Buildings 9,741,461. 3,109,336. 6,632,125. 6 6,567,623. 4,700,392. 1,867,231. 6,567,623. 4,700,392. 1,867,231. 286,470.	ou		oolon of the organiza	ttiori tria	t are riola ar	ia aarriiriiotor	od for the	organiza	20011	Γ	Ves	No
(ii) Related organizations 3a(ii) 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 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,633. 1,851,		•										110
b ff "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4												
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) 1a Land Buildings Cupation of property (b) Cost or other basis (other) (c) Accumulated depreciation 1 , 851 , 633 . 1 , 851 , 633 . 1 , 851 , 633 . 2	h	If "Yes" on line 3a(ii) are the related organiza	itions listed as requir	ed on So	chedule R?							
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 1a Land 1,851,633. 1,851,633. b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.										. [00]		
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 1a Land 1,851,633. 1,851,633. b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.				WITICITE	urius.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,851,633. 1,851,633. 1,851,633. b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.) Part IV	/ line 11a S	See Form 990	Part X Ii	ne 10				
basis (investment) basis (other) depreciation 1a Land 1,851,633. 1,851,633. b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.		-							² d	(d) Book	value	
1a Land 1,851,633. 1,851,633. b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.		Description of property	1 ' '							(a) Door	value	•
b Buildings 9,741,461. 3,109,336. 6,632,125. c Leasehold improvements 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.	10	Land	,				236			1.851	. 6 2	33.
c Leasehold improvements d Equipment 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.							3 1	09 3	36.			
d Equipment 6,567,623. 4,700,392. 1,867,231. e Other 429,704. 143,234. 286,470.					<i></i>	_,,	J, 1	33,3		3,032	,	<u> </u>
e Other 429,704. 143,234. 286,470.					6 56	7 623	4 7	00 30	92.	1 867	23	11.
				V a=1				4J, Z.				

Schedule D (Form 990) 2020 UTAH FOOD BA	NK	87	-0212453 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n 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" of	n 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" of	n 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" of	n 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) FINANCE LEASES			295,075
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

295,075.

(7) (8) (9)

che	dule D (Form 990) 2020 UTAH FOOD BANK		87-	0212453	3 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.		
	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	155,528	8,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	155,528	<u>8,444.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			155,528	8,444.
Paı	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	133,08	<u>2,826.</u>
_				4	

Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 133,082,826 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 X, LINE 2:

THE ORGANIZATION IS A QUALIFIED CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER STATE OF UTAH TAX REGULATIONS AND, THEREFORE, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES IN REGARD TO ITS EXEMPT ACTIVITIES. THE ORGANIZATION HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND (3). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. WHEN APPLICABLE, THE ORGANIZATION FILES EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE

Part XIII Supplemental Information (continued)
INCOME. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY
TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UTAH FOOD BANK

Employer identification number 87-0212453

Part I Fundraising Activities. required to complete this par	Complete if the organization answer t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	sed funds through any of the following with a solicitate or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursures.	tion of tion of fundra (includ rofessi	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity or entity (fundraiser) (iii) Activity or entity (fundraiser) (iv) Gross receipts to					(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RKD GROUP - 8001 S 13TH ST, LINCOLN, NE 68512	DIRECT MAIL	Yes	No X	3,236,127.	91,143.	3,144,984.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		▶ utions	3,236,127. or has been notified	91,143. it is exempt from re	3 ,144 ,984 . gistration
UT						

87-0212453 Page 2 Schedule G (Form 990 or 990-EZ) 2020 UTAH FOOD BANK 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF EVENT HUMAN RACE col. (c)) (event type) (event type) (total number) 175,832. 78,212. 24,158. 278,202. 1 Gross receipts 155,886. 59,763. 215,649. 2 Less: Contributions 19,946. 18,449. 24,158. 62,553. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 11,246. 11,246. 8,203. 8,203. 7 Food and beverages 8 Entertainment 80,313. 3,098. 62. 83,473. 9 Other direct expenses 102,922. **10** Direct expense summary. Add lines 4 through 9 in column (d) ▶ 11 Net income summary. Subtract line 10 from line 3, column (d) -40,369.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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 UTAH FOOD BANK	37-021	2453	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
	Indicate the percentage of gaming activity conducted in:	ĺ	1	
	a The organization's facility			<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records		b	<u>%</u>
17	Effici the fiame and address of the person who prepares the organization's gaming/special events books and records	•		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	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			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Г	Yes	□ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Da	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ind Part III,	lines 9,	9b, 10b,
	ros, ros, ro, and rro, as applicable. riso provide any additional information. Oce methodicine.			
_				

Schedule G	G (Form 990 or 990-EZ)	UTAH FOOD	BANK		87-0212453	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

UTAH FOOD BANK

Questions Regarding Compensation

 $Employer\ identification\ number\\ 87-0212453$

		V	N-
Shock the appropriate her/co) if the erganization provided any of the following to ar for a person listed on Form 000		res	No
Discretionary spending account Personal services (such as maid, chauffeur, cher)			
any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	1h		
	10		
	9		
distees, and officers, including the OLO/Executive Director, regarding the items checked on line 14?			
adicate which, if any, of the following the organization used to establish the compensation of the organization's			
Point 990 of other organizations Approval by the board of compensation committee			
During the year did any person listed on Form 900 Part VIII Section A line 1a with respect to the filing			
	40		Х
Notice to be a second from a second from the second			<u>x</u>
			<u>x</u>
	40		
res to any or lines 4a.c., list the persons and provide the applicable amounts for each item in Fart III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	5a		Х
	5b		X
i "Yes" on line 5a or 5b, describe in Part III.			
contingent on the net earnings of:			
	6a		Х
and an analysis of the second	6b		X
•			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	7		X
ot described on lines 5 and 6? If "Yes," describe in Part III	7		X
oot described on lines 5 and 6? If "Yes," describe in Part III	7		
ot described on lines 5 and 6? If "Yes," describe in Part III			X
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontingent on the net earnings of: The organization? In organization? The organization? The organization? The organization?	check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, and VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Ves Neek the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, hard VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 UTAH FOOD BANK 87-0212453 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) GINETTE BOTT	(i)	181,671.	43,422.	0.	8,500.	7,985.	241,578.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENT LISTON	(i)	159,362.	32,377.	0.	8,024.	20,926.		0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT WOODHEAD	(i)	148,806.	27,176.	0.	7,090.	19,263.	202,335.	0.
C00	(ii)	0.	0.	0.	0.	0.		0.
(4) JACOB BUHLER	(i)	120,409.	18,630.	0.	6,468.	20,926.		0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 UTAH FOOD BANK	87-0212453	Page 3
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 the	nis part for any additional information.	
PART I, LINE 3:		
TIME 1, DIND 3.		
COMPENSATION IS APPROVED BY THE GOVERNANCE COMMITTEE WHICH IS COMPRISED OF		
MEMBERS OF THE BOARD. INDEPENDENT COMPENSATION CONSULTANTS AND		
COMPENSATION SUBJECTS AND USED TO DETERMINE PERSONARIE COMPENSATION		
COMPENSATION SURVEYS ARE USED TO DETERMINE RESONABLE COMPENSATION.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

UTAH FOOD BANK

Employer identification number 87-0212453

Par	t 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 determinencesh contribution a	•	:s
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	Х	77	77,050.	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 $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X		116,923,511.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			24 550			
25	Other • (OTHER SUPPLIE)	X	0	34,570.	F.W∧		
26	Other ()						
27	Other						
28	Other (L					
29	Number of Forms 8283 received by the organia						
	for which the organization completed Form 82	83, Part V, L	onee Acknowleag	ement 29			
20-	During the year did the expeniention receive by		n anu neanach : ran	autod in Davit Llings 1 throug	th 00 that it	Yes	No
30a	During the year, did the organization receive by	-	*	· · · · · · · · · · · · · · · · · · ·			
	must hold for at least three years from the date		ŕ	•			х
	exempt purposes for the entire holding period'	<i>(</i>			30a		
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance part of the properties of t	nolicy that re	acuires the review	of any nonetandard contribut	tions? 31	Х	
	Does the organization hire or use third parties				31	125	
JZd	·		•	cit, process, or sell horicasir	32a	Х	
h	If "Yes," describe in Part II.				328	1	
33	If the organization didn't report an amount in c	column (c) for	r a type of property	for which column (a) is ched	cked.		
	describe in Part II.		, po o, proport)				
	GOOGLIJO III I GICII.						

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

Schedule M (Form 990) 2020

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UTAH FOOD BANK

Employer identification number 87-0212453

FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE FORM 990 WILL BE PRESENTED TO THE FINANCE & AUDIT COMMITTEE WHEN COMPLETED AND READY FOR REVIEW PRIOR TO TO BEING FILED WITH THE INTERNAL REVENUE SERVICE. THE CHAIR OF THE FINANCE & AUDIT COMMITTEE WILL PRESENT AT THE FOLLOWING BOARD OF DIRECTORS MEETING, AGAIN PRIOR TO THE FORM 990 BEING FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS ON THE BOARD OF DIRECTORS ARE REQUIRED ANNUALLY, AT THE BOARD RETREAT, TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. COPIES OF THE SIGNED DOCUMENT ARE FILED.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS APPROVED BY A GOVERNANCE COMMITTEE COMPRISED OF MEMBERS OF INDEPENDENT COMPENSATION CONSULTANTS AND COMPENSATION SURVEYS THE BOARD. ARE USED TO DETERMINE REASONABLE COMPENSATION.

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

FINANCIAL STATEMENTS (AUDITED) ARE PRINTED IN THE ANNUAL REPORT THAT IS POSTED ON THE COMPANY WEBSITE AT WWW.UTAHFOODBANK.ORG. THE MAJORITY OF GRANT APPLICATIONS REQUIRE FINANCIALS AND ALL GOVERNMENT APPLICATIONS REQUIRE FINANCIALS. ALL POTENTIAL CONFLICTS ARE DISCLOSED IN THE BBB APPLICATIONS.