Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Dep Inter A B

			Do not enter social security numbers on this form as it may be made public.	luations					
		f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection				
			lar year, or tax year beginning and ending		opecuen				
CI	neck if	C Name of	forganization D Employer is	dentifica	tion number				
ap	plicable	e:							
	Addre chang	ss PUYA	LLUP FOOD BANK						
	Name chang	e Doing bu	usiness as 23-72	23-7259739					
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone	E Telephone number					
	Final return/		W STEWART AVE 253-8	48-5					
	termin ated	City or to	town, state or province, country, and ZIP or foreign postal code	4	7,022,358.				
	Ameno return	PUIA		H(a) Is this a group return					
	Applic tion pendir	F Name a		Yes X No					
	SAME AS C ABOVE H(b) Are all subordinates included								
		empt status:			st. See instructions				
	ebsit		PS://WWW.PFB.ORG/						
	orm of rt I	organization: L		/ 3 M S	State of legal domicile: WA				
a T				7 DOLL	NEEDTNC				
3			be the organization's mission or most significant activities: WE ARE PASSIONATE SENT NEEDS OF OUR NEIGHBORS AND PARTNERING TO ASS						
		Check this box							
5				1 _ 1	6				
5			ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)		6				
۱,			of individuals employed in calendar year 2022 (Part V, line 2a)		10				
			of volunteers (estimate if necessary)		335				
3			d business revenue from Part VIII, column (C), line 12	1_ 1	0.				
۱۲			business taxable income from Form 990-T, Part I, line 11	7b	0.				
1			Prior Year		Current Year				
.	8	Contributions	and grants (Part VIII, line 1h) 5,289,6	72.	5,919,115.				
	9	Program servi	ice revenue (Part VIII, line 2g)	0.	0.				
	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		573,487.				
1	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,283.				
4	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 275, 6		6,468,319.				
1			milar amounts paid (Part IX, column (A), lines 1-3) 4,527,9	_	5,079,296.				
1		•	to or for members (Part IX, column (A), line 4)	0.	0.				
3	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)		538,938.				
2	16a	Professional fu	tr compensation, employee benefits (Part IX, column (A), lines 5-10) 433, 3 inundraising fees (Part IX, column (A), line 11e) 15, 0 ing expenses (Part IX, column (D), line 25) 68, 435.	00.	0.				
취				21	364,194.				
1			, , , , , , , , , , , , , , , , , , , ,		5,982,428.				
1			es. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,430,7 expenses. Subtract line 18 from line 12 -155,0		485,891.				
Ses	19	Revenue less	Beginning of Curren		End of Year				
ä	20	Total assets (E	2 410 7		3,845,620.				
d Balan		-	Part X, line 16) 3,419,7 s (Part X, line 26) 1,022,1		962,124.				
ਖ			fund balances. Subtract line 21 from line 20 2, 397, 6		2,883,496.				
_	rt II	Signature		1	_, , , ,				
de	r pena	Ities of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to the be-	st of my k	nowledge and belief, it is				
			Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	-	,				
gn		Signature of of	fficer Date						
		CITATIAT M	INITEX CEO						

Sign	Signature of officer		Date								
-	SHAWN MANLEY, CEO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Dat	Check PTIN								
Paid	MICHAEL GINTZ, CPA	MICHAEL GINTZ, CPA 11	/15/23 self-employed P00089258								
Preparer	Firm's name BRANTLEY JANSON		Firm's EIN 91-0998786								
Use Only	Firm's address 909 SOUTH 336TH S	STREET - SUITE 201									
	FEDERAL WAY, WA 9	8003	Phone no. 253-838-3484								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Check if School Ja O contains a vacanage or note to any line in this Dort III	
1	Check if Schedule O contains a response or note to any line in this Part III	
'	Briefly describe the organization's mission: WE ARE PASSIONATE ABOUT MEETING THE URGENT NEEDS OF OUR NEIGHBO	חמ אאוח
	PARTNERING TO ASSIST THEM, BELIEVING FOOD IS THE FIRST STEP ON	
	JOURNEY TO A MORE HOPEFUL FUTURE!	IUFIK
	OURNET TO A MORE HOPEFUL FUTURE:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5, 789, 260. including grants of \$5, 079, 296.) (Revenue \$)
	TO PROVIDE FOOD AND NON-FOOD HOUSEHOLD SUPPLIES AND PERSONAL HY	
	ITEMS TO THOSE IN NEED IN THE PUYALLUP, WASHINGTON AREA. DURING	2022 WE
	SERVED 17,500 INDIVIDUALS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 5,789,260.	
		Form 990 (2022)

Form 990 (2022) PUYALLUP 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? See instructions	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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 (2022) PUYALLUP 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	Х	
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		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		<u> X</u>
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			37
	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 the 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? f	28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	555		
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		Х
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Form 990 (2022) PUYALLUP FOOD BANK

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
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 Advanced in the Financi	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		х
	to file Form 8282?	1	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		rt?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		200 oo roquirod?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplan			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,		
Ü		-		8		
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	4.		v
14a				14a	$\vdash \vdash \vdash$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		Х
	excess parachute payment(s) during the year?			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inas	ma?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	HICOI		16		71
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio				
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			.,		
					000	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure WA List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JON ROBERTS - 253-310-8271

Form **990** (2022)

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WA

W STEWART AVE, PUYALLUP

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate		irector, or trustee.	-
(A)	(B)		Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E)	(F)
Name and title	Average	(do					one	Reportable	Reportable	Estimated
	hours per	box				is both	n an	compensation	compensation	amount of
	week	_	T a	T	I	1744 43	100)	from	from related	other
	(list any hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e 0 r (stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	e e	Key employee	Highest compensated employee	er .	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) SHAWN MANLEY	40.00									
CEO				Х				91,833.	0.	8,967.
(2) ANNA MADDEN	5.00									
CHAIR		Х		Х				0.	0.	0.
(3) AL CULVER	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) SARA SCHMITZ	5.00								_	_
TREASURER/SECRETARY		Х		Х				0.	0.	0.
(5) ANDREW FARMER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) KRISTI KOSBAB	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) NICHOLE THACKER	2.00									
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2022)

	990 (2022) PUYALLUP									23-72	2597	739	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,			/- \	
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	- 1	am	(F) timate lount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	· ·			e ion ed
			•											
	0.11.11								91,833.		0.	•	2 0/	67.
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							91,833.		0.		3,90	0.
2	Total number of individuals (including but n compensation from the organization									000 of reportable			, -	0
3	Did the organization list any former officer,	•	,	,	•	,	,	_		,			Yes	No X
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest countries the organization. Report compensation for	•	•						the organization's tax y	•	ensati			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper		n
_														
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than			200	

Form **990** (2022)

		Check if Schedule O co	ontains a	response (or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
S	1 2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g		Membership dues		1c	80,947.				
ts, Ar		Fundraising events			00,547.				
ia gi		Related organizations		1d	212 021				
ns, Sim		Government grants (contrib	-	1e	312,021.				
er S	f	All other contributions, gifts, g							
βĖ		similar amounts not included a	above	1f	5,526,147.				
dat	g	Noncash contributions included in li	nes 1a-1f	1g \$	5,030,847.				
ŏ ¤	h	Total. Add lines 1a-1f				5,919,115.			
					Business Code				
ė	2 a								
Program Service Revenue	b								
Se	С								
am	d								
Ba	е								
Pro	f	All other program service re	evenue						
		Total. Add lines 2a-2f							
	3	Investment income (includi							
	•				1,863.			1,863.	
	4	Income from investment of				,			,
	5	Royalties		-					
	3	rioyaities		i) Real	(ii) Personal				
	۰.	Overe wente	_ `	ij ricui	(ii) i crooriai				
			6a						
	D		6b						
	С	` '	6c						
		Net rental income or (loss)			/::\				
	7 a	Gross amount from sales of	(1) S	ecurities	(ii) Other				
		assets other than inventory	7a		1098500.				
	b	Less: cost or other basis							
ne			7b		526,876.				
Revenue	С	Gain or (loss)	7c		571,624.				
Be	d	Net gain or (loss)		<u></u>		571,624.	571,624.		
her		Gross income from fundraising							
₹		including \$	80,947.	of					
		contributions reported on I	ine 1c). S	ee					
		Part IV, line 18		8a	0.				
	b	Less: direct expenses			27,163.				
		Net income or (loss) from fi				-27,163.			-27,163.
		Gross income from gaming							
	_	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from g			l				
		Gross sales of inventory, le							
	10 4	and allowances							
	h								
		Less: cost of goods sold			1				
$\overline{}$	С	Net income or (loss) from s	ai c s oi in	veritory	Business Code				
sn	44 -	NW HARVEST BOXES			624200	2,880.	2,880.		
je or	11 a				024200	2,000.	2,000.		
Miscellaneous Revenue	b								
Se Be	c								
Ξ̈́		All other revenue				0.000			
		Total. Add lines 11a-11d				2,880.	F=4 F6:	-	07.000
	12	Total revenue. See instruction	ns	<u></u>		6,468,319.	574,504.	0.	-25,300.

232009 12-13-22

Form **990** (2022)

	990 (2022) PUYALLUP FOC t IX Statement of Functional Expense			23-12	59/39 Page IU
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	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	5,079,296.	5,079,296.		
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,	400 500	54 - 54	44 500	
	trustees, and key employees	100,799.	61,521.	11,739.	27,539.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	261 664	217 010	25 267	10 205
7	Other salaries and wages	361,664.	317,012.	25,367.	19,285.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,476.	31,493.	3,087.	3,896.
10	Payroll taxes	37,999.	31,103.	3,049.	3,896. 3,847.
11	Fees for services (nonemployees):				
а	Management	28,602.	6,040.	22,562.	
b	Legal	1,968.		1,968.	
С	Accounting	6,850.		6,850.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	04 215	04 215		
12	Advertising and promotion	24,315.	24,315.	722	0.000
13	Office expenses	36,600.	32,938.	733.	2,929.
14	Information technology				
15	Royalties	82,104.	81,544.	560.	
16	Occupancy	2,018.	1,816.	360.	202.
17	Payments of travel or entertainment expenses	2,010.	1,010.		202•
18					
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20		36,600.		36,600.	
21	Payments to affiliates	20,000		30,000	
22	Depreciation, depletion, and amortization	80,836.	72,752.	1,617.	6,467.
23	Insurance	26,080.	23,070.	3,010.	,
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	VEHICLE EXPENSES	14,099.	14,099.		
b	CREDIT CARD PROCESSING	7,591.		7,591.	
С	STOAGE AND EQUIPMENT RE	7,125.	7,125.		
d	TAXES AND LICENSES	4,639.	4,639.		4 000
	All other expenses	4,767.	497.	104 722	4,270.
25	Total functional expenses. Add lines 1 through 24e	5,982,428.	5,789,260.	124,733.	68,435.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2022)

Check here [

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		273,759.	1	210,178	
	2	Savings and temporary cash investments		550,278.	2	1,505,913	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			262,080.	8	217,077 1,000
₹	9	Prepaid expenses and deferred charges			1,000.	9	1,000
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,071,765.			
	b	Less: accumulated depreciation	10b	160,313.	2,332,601.	10c	1,911,452
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2 440 540	15	2 245 600		
_	16	Total assets. Add lines 1 through 15 (must equ			3,419,718.	16	3,845,620
	17	Accounts payable and accrued expenses	ı	47,986.	17	13,384	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
┋╽		trustee, key employee, creator or founder, subs					
Liabilities	00	controlled entity or family member of any of the	-	·····	974,127.	22	948,740
	23	Secured mortgages and notes payable to unrel		·	J14,121.	23	940,740
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa	-			24	
	25	parties, and other liabilities not included on line					
			-	·		25	
	26	Total liabilities. Add lines 17 through 25			1,022,113.	26	962,124
7	20	Organizations that follow FASB ASC 958, che			2,022,220	20	702,222
es		and complete lines 27, 28, 32, and 33.					
ဋ	27	Net assets without donor restrictions			2,313,403.	27	2,828,924
2919	28	Net assets with donor restrictions			84,202.	28	54,572
ᅙ		Organizations that do not follow FASB ASC 9			·		
፤		and complete lines 29 through 33.					
ģ	29	Capital stock or trust principal, or current funds			29		
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ase	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,397,605.	32	2,883,496
_	33	Total liabilities and net assets/fund balances			3,419,718.	33	3,845,620

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,46				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,98				
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,39	7,6	<u>05.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	2,88	3,4	96.		
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 on Schedule O.						
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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis 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	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

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

PUYALLUP FOOD BANK Employer identification number 23-7259739

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)		
1		•	•	•	•	•	ινανί)	
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schoolule E (Form 990).)						
	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
3	H							
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	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 government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	y g · - · g · · -			···-,	,	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from
		activities related to its exen						
		income and unrelated busin		•				•
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.
44		See section 509(a)(2). (Col		valu to toot for public on	fatu Caa	aaatian E(20(=)(4)	
11	Н	An organization organized a						
12		An organization organized a	•	•	-		•	
		more publicly supported or	-					Sneck the box on
		lines 12a through 12d that					, ,	
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b)	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
c	ı 🗀	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	V .	
e	, [Check this box if the orga	•	= '				
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	er the number of supported of	• •	nan, musgratsa sappera				
		vide the following information		d organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
	-1							

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3365989.	4088777.	7658912.	5289672.	5919115.	26322465.
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						
1	Total. Add lines 1 through 3	3365989.	4088777.	7658912.	5289672.	5919115.	26322465.
5	The portion of total contributions	33033031	20007770	, 0003220	32030720	37272231	
3	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)						06222465
	Public support. Subtract line 5 from line 4.						26322465.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3365989.	4088777.	7658912.	5289672.	2919112.	26322465.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		3,833.	3,370.	1,298.	1,863.	10,364.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						26332829.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	-34,040.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.96 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.96 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		vi now the organiz	
h	10% -facts-and-circumstances test	~		• • •			
	more, and if the organization meets the						10,001
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
10	Trivate loundation. If the organization	and not oneck a l	JOA OIT III 10 10, 102	i, 100, 17a, 01 170	, oriect trile box at		/Form 990\ 2022

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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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	^ 1		
•	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2022

e Excess from 2022

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 Inspection

Name of the organization

PUYALLUP FOOD BANK

Employer identification number 23-7259739

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 195 on 10111 coo, 1 aren, into	(a) Donor advis	ed funds	(b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a l	nistorically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	a conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				luring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	ts of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that descr	ibes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ance of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i
	(m)				
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	i
	Assets included in Form 990, Part X)
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining Col	lections of Art,	Historical Ti	easures, o	r Other S	imilar Ass	ets (continued)		
3	Using the organization's acquisition, accession								
	collection items (check all that apply):		•	_					
а	Public exhibition	d	Loan or ex	change progra	am				
b									
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain I	now they further	the organization	on's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or r	•	•	-	-	-			
	to be sold to raise funds rather than to be main		*	•			Yes No		
Par	rt IV Escrow and Custodial Arrange						IV, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contribution	ns or other as	sets not incl	uded			
	on Form 990, Part X?						Yes No		
b	If "Yes," explain the arrangement in Part XIII an								
	•	•					Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr						Yes No		
	If "Yes," explain the arrangement in Part XIII. C								
	rt V Endowment Funds. Complete if t								
		(a) Current year	(b) Prior year	(c) Two yea		Three years ba	ack (e) Four years back		
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curren	nt vear end balance	(line 1a. column	(a)) held as:			<u> </u>		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	•						
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	•	on that are held	and administe	red for the				
	organization by:						Yes No		
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						···· ••		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	d on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the or								
Par	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or oth	. ,	st or other s (other)	` ,	ımulated ciation	(d) Book value		
12	Land	 `	,	16,103.	25,10		316,103.		
b		I		29,642.	6	6,401.	1,363,241.		
C	Buildings Leasehold improvements		-,-			-,	-,000,041.		
d	Equipment		3	26,020.	9	3,912.	232,108.		
	Other			_0,020•		~ , J ± Z •	202,100		
	I. Add lines 1a through 1e. (Column (d) must eau		column (P) line	100)			1,911,452.		
· Jta	ir , ia a iir io ra arrougir ro. (Colullill (a) lliust eau	aı rumı 330. Pari X.	colultii (B). line	100.1			_,,		

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PUYALLUP FOO	D BANK	23	-7259739 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)		1	
(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" o	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	d-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.	5 000 D 1 11/1	11.0 5 000 5 17.5	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(L) Dealership
··	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(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" o			
(a) Description of lightity	iri oiiii ooo, r aitiv, iiile	THE COLUMN SECTION SEC	(b) Book value
(1) Federal income taxes			(2) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			i

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 ... X

Schedule D (Form 990) 2022

(8)

	dule D (Form 990) 2022 PUYALLUP FOOD BANK		23-725973	9 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	à.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2 a		
b	Donated services and use of facilities	2 b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ا ents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	à.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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:

GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED. A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE FOOD BANK HAS NO MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS. THE FOOD BANK RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. TYPICALLY, THE U.S. FEDERAL TAX RETURNS ARE OPEN TO EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE FILING DATE.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	PUYALLUP FOOD	BANK	23-7259739	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation (continued)			
	•			
-				
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SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2022

Open to Public Inspection

Name of the organization PUYALLU	P FOOD BANK					Employer ide 23-7259	ntification number 739
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FAMILY FUN		(add col. (a) through
			BREAKFAST	MOVIE EVENT	6	
4			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	48,857.	9,921.	22,169.	80,947.
ш	2	Less: Contributions	48,857.	9,921.	22,169.	80,947.
	3	Gross income (line 1 minus line 2)				
		Gross moone (me 1 minus into 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		1,069.	18,773.	27,163.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			27,163.
						-27,163.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1		Γ
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Re	_					
	1	Gross revenue				
	_	Cook prizes				
ses		Cash prizes				
oens	3	Noncash prizes				
t Ex						
Direct Expenses	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	0	volunteer label	I NO	I NO	140	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	•			Yes No
O	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022

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Schedule G (Form 990) 2022 PUYALLUP FOOD BANK 2.	3-1239139 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	[13b] /0
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
N.	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
Address	
16 Coming manager information	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory dietributions:	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v □ N.
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	i (Form 990)	PUYALLUP FOOI	D BANK	23-7259739	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
-					
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number Name of the organization 23-7259739 PUYALLUP FOOD BANK Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

ASSISTANCE IV Supplemental Information. Provide the information re	17500	0.	5,079,296.	\$1.82 PER POUND	FOOD AND NON-FOOD ITEMS
	17500	0.	5,079,296.	\$1.82 PER POUND	FOOD AND NON-FOOD ITEMS
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
IV Supplemental Information. Provide the information re					
	required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
	,	, ,			

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.

Employer identification number

		PUYALLUP FOO	D BANK				23-	7259	739	
Par	tl Ty	pes of Property								
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lir	on	Method of one contribution of the contribution		•	3
1	Art - Work	s of art								
2		orical treasures								
3		ional interests								
4		d publications								
5		and household goods								
6		other vehicles								
7		d planes								
8		al property								
9		- Publicly traded								
10		s - Closely held stock								
11	Securities	s - Partnership, LLC, or								
	trust inter	ests								
12	Securities	- Miscellaneous								
13		conservation contribution -								
	Historic s	tructures								
14	Qualified	conservation contribution - Other								
15	Real estat	te - Residential								
16	Real estat	te - Commercial								
17	Real estat	te - Other								
18	Collectible	es								
19	Food inventory X 5,030,847.VALUED AT \$1.82,					2/PC	NUC			
20	Drugs and	d medical supplies								
21	Taxiderm	у								
22	Historical	artifacts								
23	Scientific specimens									
24	Archeolog	gical artifacts								
25	Other	()								
26	Other	()								
27	Other	()								
28	Other	(
29		of Forms 8283 received by the organiz								
	for which	the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29)				
									Yes	No
30a	During the	e year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 t	through 28,	that it			
		I for at least 3 years from the date of								
	exempt p	urposes for the entire holding period'	?					30a		<u> X</u>
b	•	describe the arrangement in Part II.								
31	Does the	organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard cor	ntributions?	<i>?</i>	. 31		<u> X</u>
32a	Does the	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell non	icash				
	contributi							32a		<u>X</u>
b		describe in Part II.								
33		anization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) i	s checked,				
	describe i									
ΙЦΛ	Fay Day	perwork Reduction Act Notice see	the leadure	tions for Form OO	١		Schodulo	MI /Faun	- 000	2022

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PHYALLITE FOOD BANK

Employer identification number 23-7259739

TOTALLEGI FOOD DAME 25 7257759
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BELIEVING FOOD IS THE FIRST STEP ON THEIR JOURNEY TO A MORE HOPEFUL
FUTURE!
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE 990. THE APPROVED COPY IS
DISTRIBUTED TO THE BOARD PRIOR TO SUBMISSION OF THE FORM TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE AND
DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD USES OUTSIDE
COMPENSATION COMPARABILITY DATA TO SUPPORT THE COMPENSATION PAID FOR THE
EXECUTIVE DIRECTOR POSITION.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE
AVAILABLE IN THE ORGANIZATION'S OFFICE.