

01593
ARIZONA FOOD BANK NETWORK

2020 Client

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21.Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

ARIZONA FOOD BANK NETWORK

Taxpayer identification number

86-0507679

Name and title of officer or person subject to tax

**ANGELA RODGERS
PRESIDENT / CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,515,481</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **FESTER & CHAPMAN, PLLC** to enter my PIN **01593** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **03/11/22****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86707118288

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **RACHEL R. LOCKE, CPA**Date ▶ **03/11/22****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

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

OMB No. 1545-0047

2020
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">ARIZONA FOOD BANK NETWORK</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">340 E. CORONADO RD, STE 400</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">PHOENIX AZ 85004-1524</p>	D Employer identification number <p style="text-align: center;">86-0507679</p> E Telephone number <p style="text-align: center;">602-528-3434</p> G Gross receipts\$ 10,515,481
F Name and address of principal officer: <p style="text-align: center;">ANGELA RODGERS 340 E CORONADO RD, STE 400 PHOENIX AZ 85004-1524</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.AZFOODBANKS.ORG		L Year of formation: 1984
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: AZ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DEVELOP SOLUTIONS TO END HUNGER THROUGH FOOD BANKING, PUBLIC POLICY AND INNOVATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,114,488	9,489,015
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	316,631	991,358
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,245	3,937
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,000	31,171
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,496,364	10,515,481
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,177,394	4,704,477
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	792,994	908,733
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 180,614		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,395,635	3,016,049
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,366,023	8,629,259
19	Revenue less expenses. Subtract line 18 from line 12	1,130,341	1,886,222	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,012,975	6,149,327
	22	Net assets or fund balances. Subtract line 21 from line 20	343,515	299,143
			3,669,460	5,850,184

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">ANGELA RODGERS</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT / CEO</p>
	Print/Type preparer's name RACHEL R. LOCKE, CPA	Preparer's signature RACHEL R. LOCKE, CPA
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN P00450405
	Firm's name ▶ FESTER & CHAPMAN, PLLC	Firm's EIN ▶ 82-1455657
	Firm's address ▶ 9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:**DEVELOP SOLUTIONS TO END HUNGER THROUGH FOOD BANKING, PUBLIC POLICY AND INNOVATION.****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 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 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **7,536,314** including grants of \$ **4,469,349**) (Revenue \$ **991,358**)**MEMBER SERVICES: AZFBN HAS ONE CONSISTENT MEMBER SERVICES AND LOGISTICS GOAL: TO GET MORE AND BETTER QUALITY FOOD THROUGH THE FOOD BANK NETWORK AND INTO THE HANDS OF THOSE WHO NEED IT MOST. IN FY 2020-2021 THE AZFBN LOGISTICS TASK FORCE DISTRIBUTED 48,450,269 POUNDS OF FOOD. AZFBN'S THREE DRIVERS TRANSPORTED 638 TOTAL LOADS, MOST OF WHICH WAS PRODUCE THAT SUPPORTED THE AZ FOOD BANK'S PRODUCE INITIATIVE, HELPING THE NETWORK SHARE MORE THAN 71 MILLION POUNDS OF FRESH AND HEALTHY FOOD TO BENEFIT CLIENTS STATEWIDE. IN FY 2020-2021, AZFBN CONTINUED TO SUPPORT OUR FOOD BANKS BY PURCHASING HIGHLY NUTRITIOUS FOOD FOR CLIENTS. AZFBN ALSO AWARDED FUNDS TO AGENCIES STATEWIDE THAT WERE COPING WITH COVID-19 PANDEMIC RESPONSE.****4b** (Code:) (Expenses \$ **438,693** including grants of \$ **235,128**) (Revenue \$)**INNOVATION PROGRAMS: AZFBN WORKS TO ENSURE THAT ESPECIALLY VULNERABLE POPULATIONS DO NOT SUFFER FROM HUNGER, AND ARE GIVEN PATHWAYS TO NOT REGULARLY NEEDING THE EMERGENCY FOOD BANKS NETWORK ACROSS THE STATE. THIS WORK INVOLVES ENSURING SCHOOLS AND DISTRICTS MAKE FREE AND REDUCED PRICE BREAKFAST AND LUNCH AVAILABLE TO AS MANY CHILDREN AS POSSIBLE, EXAMINING THE REASONS THAT ELIGIBLE SENIORS DO NOT ENROLL FOR FOOD ASSISTANCE (SNAP, CACFP) AND ENSURING COLLEGE STUDENTS HAVE ACCESS TO HEALTHY FOOD AND SYSTEMS OF SUPPORT AS THEY WORK TO SECURE AN EDUCATION. AZFBN SUPPORTED SCHOOLS AND FEEDING PARTNERS CONTINUE THEIR SERVICE OF MEALS DISTRIBUTION BY PROVIDING GRANTS. AZFBN ALSO ASSISTED IN RELIEVING INCREASED OPERATIONAL COSTS TO PROVIDE MEALS THROUGH NEW DISTRIBUTION METHODS DUE TO COVID-19****4c** (Code:) (Expenses \$ **185,246** including grants of \$) (Revenue \$)**ADVOCACY AND EDUCATION: AZFBN ADVOCATED FOR AND RECEIVED FUNDS FOR A PROGRAM CALLED "FRIENDS OF THE FARM" WHICH IS A PURCHASING PROGRAM TO ENGAGE ARIZONA'S SMALL FARMS IN GROWING AND DISTRIBUTING FOOD THROUGH THE FOOD BANK NETWORK TO ARIZONANS AT RISK OF HUNGER. ADDITIONALLY, AZFBN WAS A KEY PARTNER AS FEDERAL, STATE AND LOCAL HUNGER RELIEF PROGRAMS (SUCH AS ENHANCED SNAP, THE COVID FOOD ASSISTANCE PROGRAM AND PANDEMIC EBT) WERE ROLLED OUT IN RESPONSE TO THE COVID-19 PANDEMIC. AZFBN STAFF SERVED AS SOUNDING BOARDS AND IDEA GENERATORS, EDUCATING AND ADVOCATING ABOUT THE ROLE OF FOOD BANKS IN ENSURING THAT ARIZONANS IMPACTED BY THE PANDEMIC DID NOT ALSO SUFFER FROM HUNGER.****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **8,160,253**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	8
1b	0

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 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
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:		
a	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:		
a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANGELA RODGERS 340 E. CORONADO RD, STE 400 PHOENIX AZ 85004 602-528-3434

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA RODGERS PRESIDENT / CEO	40.00 0.00			X				137,596	0	12,375
(2) DON ADAMS DIRECTOR	1.00 0.00	X						0	0	0
(3) DAVID ARMSTRONG DIRECTOR	1.00 0.00	X						0	0	0
(4) MARK CASEY DIRECTOR	1.00 0.00	X						0	0	0
(5) ISABEL GARCIA DIRECTOR	1.00 0.00	X						0	0	0
(6) PATRICK HOWLEY DIRECTOR	1.00 0.00	X						0	0	0
(7) TOM KERTIS VICE CHAIR	1.00 0.00	X		X				0	0	0
(8) KIM LARKIN BOARD CHAIR	1.00 0.00	X		X				0	0	0
(9) EDGAR LOPEZ SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(10) MICHAEL MCDONALD IMMEDIATE PAST CHAIR	1.00 0.00	X		X				0	0	0
(11) DAVE RICHINS DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SUE SADECKI										
DIRECTOR	1.00 0.00	X					0	0	0	
(13) SHARA WHITEHEAD										
DIRECTOR	1.00 0.00	X					0	0	0	
1b Subtotal							137,596		12,375	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							137,596		12,375	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	75,992				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,543,910				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,869,113				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,489,015			
Program Service Revenue			Business Code				
	2a FEE FOR SERVICE		991,358	991,358			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			991,358				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,937	3,937			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER REVENUE		31,171	31,171			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			31,171				
12 Total revenue. See instructions			10,515,481	1,026,466	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,704,477	4,704,477		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,971	109,326	27,161	13,484
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	594,701	433,528	107,704	53,469
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,631	9,411	8,870	2,350
9 Other employee benefits	86,891	39,636	37,357	9,898
10 Payroll taxes	56,539	25,791	24,308	6,440
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,467	13,579	617	271
d Lobbying	18,373	17,246	783	344
e 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 Schedule O.)	516,312	484,648	22,007	9,657
12 Advertising and promotion	89,324	74,998	2,666	11,660
13 Office expenses	133,983	58,348	17,266	58,369
14 Information technology				
15 Royalties				
16 Occupancy	47,226	34,552	6,993	5,681
17 Travel	1,337	1,332	5	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,053		30,053	
23 Insurance	30,309	25,448	905	3,956
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 O.)				
a FOOD, FREIGHT AND RELATED	1,759,327	1,759,327		
b EQUIPMENT, RENTAL, REPAIR	338,806	337,933	607	266
c OPERATING SERVICES	36,532	30,673	1,090	4,769
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,629,259	8,160,253	288,392	180,614
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,381,411	1	3,084,553
	2 Savings and temporary cash investments	161,097	2	225,532
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	308,675	4	1,249,839
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,759	9	23,768
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 237,553		
	b Less: accumulated depreciation	10b 137,353	10c	100,200
	11 Investments—publicly traded securities	1,022,388	11	1,461,094
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,341	15	4,341
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,012,975	16	6,149,327	
Liabilities	17 Accounts payable and accrued expenses	196,615	17	296,143
	18 Grants payable		18	
	19 Deferred revenue	146,900	19	3,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	343,515	26	299,143
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,072,360	27	4,336,600
	28 Net assets with donor restrictions	597,100	28	1,513,584
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,669,460	32	5,850,184
33 Total liabilities and net assets/fund balances	4,012,975	33	6,149,327	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,515,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,629,259
3	Revenue less expenses. Subtract line 2 from line 1	3	1,886,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,669,460
5	Net unrealized gains (losses) on investments	5	295,205
6	Donated services and use of facilities	6	
7	Investment expenses	7	710
8	Prior period adjustments	8	-1,413
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,850,184

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public
Inspection**

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

Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number

86-0507679

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,543,677	2,288,138	2,051,530	4,114,488	9,489,015	19,486,848
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,543,677	2,288,138	2,051,530	4,114,488	9,489,015	19,486,848
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						19,486,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,543,677	2,288,138	2,051,530	4,114,488	9,489,015	19,486,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	833	23,285	1,405	51,024		76,547
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.)	2,160					2,160
11 Total support. Add lines 7 through 10						19,565,555
12 Gross receipts from related activities, etc. (see instructions)					12	1,026,466

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.90 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,160

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

ARIZONA FOOD BANK NETWORK**86-0507679**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

ARIZONA FOOD BANK NETWORK

Employer identification number

86-0507679

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 976,673</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 430,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ARIZONA FOOD BANK NETWORK	Employer identification number 86-0507679
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		18,373													
c Total lobbying expenditures (add lines 1a and 1b)		18,373													
d Other exempt purpose expenditures		8,141,880													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,160,253													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		558,013													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		139,503													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	234,511	291,263	302,764	558,013	1,386,551
b Lobbying ceiling amount (150% of line 2a, column (e))					2,079,827
c Total lobbying expenditures	18,373	18,373	18,373	18,373	73,492
d Grassroots nontaxable amount	58,628	72,816	75,691	139,503	346,638
e Grassroots ceiling amount (150% of line 2d, column (e))					519,957
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities (1-1i), tax incurred (2a-2d), and total amounts.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 3 columns (1, 2, 3) and Yes/No columns. Questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 rows and 3 columns (1, 2a, 2b, 2c, 3, 4, 5). Questions about dues, political expenses, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.

Part IV **Supplemental Information** *(continued)*

Dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

ARIZONA FOOD BANK NETWORK

86-0507679

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	161,097	183,701	198,806		
b Contributions				200,000	
c Net investment earnings, gains, and losses	64,435	-22,604	-15,105	-1,194	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	225,532	161,097	183,701	198,806	

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.00 %
- c** Term endowment %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		237,553	137,353	100,200
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **100,200**

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,851,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	295,205
b	Donated services and use of facilities	2b	41,661
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	336,866
3	Subtract line 2e from line 1	3	10,514,771
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	710
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	710
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,515,481

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

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

1	Total expenses and losses per audited financial statements	1	8,670,920
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	41,661
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	41,661
3	Subtract line 2e from line 1	3	8,629,259
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,629,259

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

AFTER THE TERMS OF THE ENDOWMENT AGREEMENT ARE SATISFIED, THE PROCEEDS MAY BE USED FOR OPERATIONAL COST OR REINVESTED.

**SCHEDULE I
(Form 990)**

**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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number
86-0507679

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A NEW LEAF, INC. 868 E UNIVERSITY DR MESA AZ 85203	86-0256667	501C3	10,000				SUPPLIES FOR DINNER
(2)	AGUA FRIA FOOD & CLOTHING BANK PO BOX 845 AVONDALE AZ 85323	56-2515365	501C3	100,000				FACILITY IMPROVEMENT
(3)	AGUILA ELEMENTARY SCHOOL DISTRICT P.O. BOX 218 AGUILA AZ 85320	86-6000507	GOV	15,000				SUMMER FEEDING SCHO
(4)	AJO CENTER FOR SUSTAINABLE AGRICULT PO BOX 833 AJO AZ 85321	38-3909062	501C3	10,000				PURCHASING BULK FOOD
(5)	ALCOHOLISM & ADDICTION ASSISTANCE A 4430 N. 23RD AVE PHOENIX AZ 85015	86-0267826	501C3	25,000				OPERATIONAL SUPPORT
(6)	ALL FAITH COMMUNITY SERVICES 214 S 5TH ST. BUCKEYE AZ 85326	54-2160931	501C3	100,000				OPERATIONAL SUPPORT,
(7)	ANDRE HOUSE PO BOX 2014 PHOENIX AZ 85001	86-0717841	501C3	14,000				FOOD & SUPPLIES FOR
(8)	ANTELOPE UNION HIGH SCHOOL 9168 S AVENUE 36E WELLTON AZ 85356	51-0637391	GOV	16,150				SUMMER FEEDING SCHO
(9)	APACHE JUNCTION REACH OUT, INC 575 N IDAHO RD., STE 701 APACHE JUNCTION AZ 85119	86-0454767	501C3	100,000				FREEZER & REFRIGERAT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA BAPTIST CHILDREN'S SERVICES 2632 W. AUGUSTA AVE PHOENIX AZ 85051	86-6053028	501C3	25,000				FACILITY IMPROVEMENT
(2)	ASTER AGING, INC. 45 W UNIVERSITY DRIVE MESA AZ 85201	94-2596075	501C3	10,000				FOOD, SUPPLIES & OPE
(3)	AZCEND PO BOX 591 CHANDLER AZ 85244	86-0428780	501C3	50,000				PROGRAM EXPENSES AND
(4)	BANNER OLIVE BRANCH SENIOR CENTER 2901 N CENTRAL AVE, STE 160 PHOENIX AZ 85012	94-2545356	501C3	50,090				FREEZER AND REFRIGER
(5)	BLACK FAMILY AND CHILD SERVICES 1522 E SOUTHERN AVE PHOENIX AZ 85040	86-0480412	501C3	25,000				EQUIPMENT, STORAGE A
(6)	CAMERON ASSEMBLY OF GOD FOOD AID CE P.O. BOX 579 CAMERON AZ 86020-0579	86-0441521	501C3	10,000				EQUIPMENT & FACILITY
(7)	CASA DE AMOR/ARIZONA BAPTIST CHILDR 819 S. MACDONALD MESA AZ 85210	86-6053028	501C3	50,000				PALLET JACK AND WALK
(8)	CASA GRANDE ELEMENTARY SCHOOL DISTR 220. W. KORTSEN RD CASA GRANDE AZ 85122	86-0942071	GOV	15,000				SUMMER FEEDING SCHOO
(9)	CENTER FOR ACADEMIC SUCCESS, INC 900 CARMELITA DRIVE SIERRA VISTA AZ 85635	86-0910328	501C3	15,000				SUMMER FEEDING SCHOO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHANDLER CARE CENTER 777 E GALVESTON ST CHANDLER, AZ 852 CHANDLER AZ 85225	81-5402137	501C3	25,000				SUPPLIES AND OPERATI
(2)	CHICANOS POR LA CAUSA - HEALTHY AGI 1617 NORTH 45TH AVE PHOENIX AZ 85035	86-0227210	501C3	27,500				OPERATIONAL SUPPORT
(3)	CHRIST THE KING HOPE MINISTRY 1551 E DANA AVE MESA AZ 85204	30-0513890	501C3	50,000				SHELVING, OPERATIONA
(4)	CHURCH FOR THE NATIONS 6225 NORTH CENTRAL AVE PHOENIX AZ 85012	75-3114849	501C3	25,000				EQUIPMENT & OPERATIO
(5)	CIVITAN FOUNDATION, INC. 12635 N 42ND ST PHOENIX AZ 85032	23-7036797	501C3	10,000				FOOD AND OPERATIONAL
(6)	COLORADO RIVER UNION HSD PO BOX 21479 BULLHEAD CITY AZ 86439	86-1027632	501C3	7,564				SUMMER FEEDING SCHOO
(7)	COMMUNITY FOOD BANK OF SOUTHERN ARI 3003 S. COUNTRY CLUB RD TUCSON AZ 85713	51-0192519	501C3	350,000				AGREEMENT BETWEEN CF
(8)	COMMUNITY PRESBYTERIAN CHURCH DEACO 800 W MAIN ST PAYSON AZ 85541	86-0441745	501C3	10,000				FOOD & OPERATIONAL S
(9)	COTTONWOOD-OAK CREEK SCHOOL DISTRICT 1 N WILLARD ST COTTONWOOD AZ 86326	86-6000563	GOV	5,396				SUMMER FEEDING SCHOO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COVE CHAPTER PO BOX #378 RED VALLEY AZ 86544	86-0838859	501C3	8,000				FOOD & EQUIPMENT (UP
(2)	CREIGHTON COMMUNITY FOUNDATION, INC 3219 E CAMELBACK RD 376 PHOENIX AZ 85016	46-2275877	501C3	25,000				FUND FAMILY FOOD BOX
(3)	DAMION GOSA MEMORIAL FOUNDATION 2102 E ALTA VISTA RD PHOENIX AZ 85042	45-5441868	501C3	10,000				FOOD, AND DELIVERY
(4)	DESERT MISSION FOOD BANK 9229 N. 4TH ST. PHOENIX AZ 85020	86-0096941	501C3	213,184				FOOD, EQUIPMENT, PAY
(5)	DOUGLAS ARC P.O. BOX 252 DOUGLAS AZ 85608	86-0147485	501C3	10,000				FOOD & OPERATIONAL S
(6)	DUNCAN FOOD BANK P.O. BOX 247 DUNCAN AZ 85534	55-0890595	501C3	10,000				FOOD & OPERATIONAL S
(7)	EPWORTH UNITED METHODIST CHURCH 4802 N. 59TH AVE. PHOENIX AZ 85033	86-6007719	501C3	15,200				FOOD & SUPPLIES
(8)	EZRAS CHOLIM OF ARIZONA 7118 N 7TH ST PHOENIX AZ 85020	47-5645369	501C3	15,000				FOOD & OPERATIONAL S
(9)	FBC STANFIELD FOOD PANTRY POB 250 STANFIELD AZ 85172	82-5336682	501C3	25,000				WALK-IN FREEZER AND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.
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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number
86-0507679

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(1)	FIRST CHURCH OF THE NAZARENE PHOENI 19201 N 7TH AVE PHOENIX AZ 85027	86-0214745	501C3	24,000				FOOD, STORAGE & OPER
(2)	FOOD BANK OF TOMBSTONE PO BOX 1102 TOMBSTONE AZ 85638	30-0393505	501C3	6,500				FOOD & SUPPLIES
(3)	FOOTHILLS FOOD BANK 6038 E HIDDEN VALLEY DR CAVE CREEK AZ 85331	86-0619725	501C3	95,640				FACILITY UPGRADES FO
(4)	FOUNTAIN OF LIFE/MISSION KITCHEN 6056 E. BASELINE RD. STE. 137 MESA AZ 85206	76-0718924	501C3	10,000				ELECTRICITY, EQUIPME
(5)	FRIENDS FOR YUCCA/YUCCA COMUNITY FO P.O. BOX 445 YUCCA AZ 86438	27-2938171	501C3	10,000				AGENCY SUSTAINABILIT
(6)	FRIENDS OF ROBLES RANCH (FORR) PMB 136 10390 S SIERRITA MOUNTAIN TUCSON AZ 85736	86-0846107	501C3	8,136				FOOD & SUPPLIES
(7)	FRIENDS OF THE FOOD BANK QUARTZITE PO BOX 4051 QUARTZSITE AZ 85359	47-3013722	501C3	10,000				FOOD & EQUIPMENT
(8)	GAP MINISTRIES 2861 FLOWING WELLS RD, \$161 TUCSON AZ 85705	86-0999503	501C3	40,000				SUMMER FEEDING SCHOO
(9)	GATEWAY BIBLE CHURCH 1621 N PASADENA MESA AZ 85201	86-0623192	501C3	25,000				EQUIPMENT & OPERATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	GENERATION CHURCH ARIZONA 1010 S. ELLSWORTH RD. MESA AZ 85208	86-0633920	501C3	62,500				VEHICLE MAINTENANCE,
(2)	GILA COMMUNITY FOOD BANK P. O. BOX 1410 GLOBE AZ 85502	86-0340833	501C3	8,800				HEATING & COOLING UN
(3)	GLOBE UNIFIED SCHOOL DISTRICT 460 N. WILLOW ST. GLOBE AZ 85501	86-6000447	GOV	11,750				SUMMER FEEDING SCHOO
(4)	GOSPEL RESCUE MISSION 4550 S. PALO VERDE RD. TUCSON AZ 85714	86-6054088	501C3	10,000				EQUIPMENT (TILT SKIL
(5)	GRACE ST. PAUL'S EPISCOPAL CHURCH 2331 E. ADAMS ST TUCSON AZ 85719	86-0677399	501C3	10,000				FOOD & SUPPLIES
(6)	GRAND CANYON FOOD PANTRY INC PO BOX 1478 GRAND CANYON AZ 86023	83-4318397	501C3	10,054				FACILITY SUPPORT & I
(7)	GUADALUPE COMMUNITY ACTION PROGRAM 9241 S AVENIDA DEL YAQUI GUADALUPE AZ 85283	86-0297728	501C3	25,000				FOOD, SUPPLIES & EQU
(8)	HARVEST COMPASSION CENTER EAST VALL 1120 SOUTH GILBERT ROAD GILBERT AZ 85296	47-3437813	501C3	10,000				FREEZERS
(9)	HEBER OVERGAARD COMMUNITY FOOD BANK PO BOX 3058 OVERGAARD AZ 85933	86-0674184	501C3	8,000				EQUIPMENT, FOOD, SUP

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(1)	HEDRICK HOUSE INC. 1632 E HEDRICK DR TUCSON AZ 85719	86-0328872	501C3	10,000				FOOD (SPECIFICALLY M
(2)	HOPE LIVES - VIVE LA ESPERANZA 1551 W VAN BUREN ST. PHOENIX AZ 85007	45-2300190	501C3	9,000				FOOD AND EQUIPMENT
(3)	HOUSE OF REFUGE 6935 E WILLIAMS FIELD RD MESA AZ 85212	86-0662244	501C3	25,000				FOOD & SUPPLIES FOR
(4)	IGLESIA DE CRISTO SION/ZION CHURCH 12232 N. 112TH AVE YOUNGTOWN AZ 85379	86-0862426	501C3	20,000				EQUIPMENT & OPERATIO
(5)	JOHN VOLKEN ACADEMY 26601 S. VAL VISTA DR. GILBERT AZ 85298	91-2061674	501C3	15,000				FOOD & SUPPLIES
(6)	KINGMAN AREA FOOD BANK 2930 EAST BUTLER AVENUE PHOENIX AZ 85020	86-0503686	501C3	10,000				FOOD & OPERATIONAL S
(7)	LEND A HAND SENIOR ASSISTANCE P.O. BOX 41323 TUCSON AZ 85717-1323	20-3851170	501C3	7,500				FOOD & SUPPLIES FRES
(8)	LOCAL FIRST ARIZONA FOUNDATION (GRA 407 E ROSEVELT ST. PHOENIX AZ 85004	26-1657951	501C3	12,000				REFRIGERATION AND ST
(9)	LUTHERAN SOCIAL SERVICES OF THE SW 2502 E. UNIVERSITY DR., SUITE #125 PHOENIX AZ 85034	86-0252302	501C3	30,000				VEHICLE PURCHASE, FO

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**Grants and Other Assistance to Organizations,
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(1)	MARICOPA COMMUNITY COLLEGES FOUNDAT 2419 W 14TH ST TEMPE AZ 85281	86-0327449	501C3	10,000				FOOD & SUPPLIES
(2)	MARICOPA PANTRY INC 4660 N HIDDEN VALLEY RD MARICOPA AZ 85139	81-3081927	501C3	25,000				TRAILER, PALLET JACK
(3)	MATTHEW'S CROSSING FOOD BANK 1368 ARIZONA AVENUE SUITE 12 CHANDLER AZ 85225	55-0896414	501C3	100,000				FOOD, FREEZER AND PA
(4)	MERCY HILL CHURCH 745 W FILLMORE ST PHOENIX AZ 85007	47-1579225	501C3	104,964				FOOD, SUPPLIES, OPER
(5)	MERCY HOUSING SOUTHWEST 3002 EAST CACTUS ROAD PHOENIX AZ 85032	86-0743192	501C3	10,000				OPERATIONAL SUPPORT
(6)	MITCHELL SWABACK CHARITIES, INC. /HA 4744 E. THUNDERBIRD ROAD STE. 9 PHOENIX AZ 85032	27-0250769	501C3	20,000				FOOD & SUPPLIES
(7)	MOBILE ELEMENTARY SCHOOL DISTRICT 42798 S 99TH AVE MARICOPA AZ 85139	86-6000519	GOV	11,280				SUMMER FEEDING SCHOO
(8)	MOHAWK VALLEY SCHOOL 5151 S AVE 39E ROLL AZ 85347	38-3665381	GOV	5,216				SUMMER FEEDING SCHOO
(9)	MURPHY SCHOOL DISTRICT #21 2615 W. BUCKEYE ROAD PHOENIX AZ 85009	86-6000491	GOV	24,800				FOOD & SUPPLIES FOR

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(1)	NACO ELEMENTARY SCHOOL DISTRICT #23 PO BOX 397 NACO AZ 85620	86-0720043	GOV	14,114				SUMMER FEEDING SCHOO
(2)	NALWOODI DENZHONE STRENGTH & BEAUTY PO BOX 758 GLOBE AZ 85502	47-3741425	501C3	10,000				EQUIPMENT AND ELECTR
(3)	NATIVE AMERICAN ADVANCEMENT FOUNDAT P.O. BOX 64877 TUCSON AZ 85728-4877	45-2725155	501C3	10,644				SUMMER FEEDING SCHOO
(4)	NATIVE HEALTH 4041 NORTH CENTRAL AVENUE, BUILDING PHOENIX AZ 85012	94-2540194	501C3	25,000				FOOD & EQUIPMENT
(5)	NEIGHBORHOOD MINISTRIES 1918 W. VAN BUREN ST. PHOENIX AZ 85009	86-0809052	501C3	105,000				WALK-IN COOLER & FOO
(6)	NEW BEGINNINGS ASSEMBLY OF GOD 5121 W OCOTILLO RD GLENDALE AZ 85301	44-0577787	501C3	25,000				FOOD, FREEZER & STOR
(7)	NEW DIMENSIONS IN RECOVERY 530 E MCDOWELL RD PHOENIX AZ 85004	27-2167017	501C3	21,000				FOOD AND RELIABLE TR
(8)	NEW HOPE COMMUNITY CENTER 7335 E BROADWAY RD MESA AZ 85208	94-2598831	501C3	20,000				WALK-IN FREEZER & CO
(9)	NORTHLAND FAMILY HELP CENTER 2535 N. 4TH ST. #506 FLAGSTAFF AZ 86004	86-0351566	501C3	10,000				FOOD & OPERATIONAL S

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(1)	NOURISH PHOENIX PO BOX 2225 PHOENIX AZ 85002	86-0401223	501C3	175,000				FOOD AND DELIVERY VE
(2)	OASIS FOOD BANK 208 SOUTH MCLANE RD PAYSON AZ 85541	47-3689168	501C3	10,000				WALK IN COOLER
(3)	OASIS MINISTRIES 8485 E MCDONALD DR, #214 SCOTTSDALE AZ 85250	82-1166657	501C3	25,000				OPERATIONAL SUPPORT,
(4)	OLD CONCHO COMMUNITY ASSISTANCE CEN PO BOX 50 CONCHO AZ 85924	86-0907044	501C3	10,000				EQUIPMENT: FORKLIFT,
(5)	OLIVE BRANCH COMMUNITY OF HOPE 3546 E THOMAS ROAD PHOENIX AZ 85018	81-2687081	501C3	24,000				FOOD, STORAGE & OPER
(6)	OPEN HANDS OUTREACH PROGRAM 356 WEST COOLIDGE AVENUE COOLIDGE AZ 85128	46-0948519	501C3	6,135				FOOD & SUPPLIES
(7)	PAZ DE CRISTO COMMUNITY CENTER 424 W BROADWAY RD MESA AZ 85210	26-1669496	501C3	50,000				FOOD & OPERATIONAL S
(8)	PHOENIX RESCUE MISSION P.O. BOX 6708 PHOENIX AZ 85005	86-6057771	501C3	125,000				MARICOPA COUNTY GRAN
(9)	PILGRIM REST FOUNDATION, INC. 1401 EAST JEFFERSON STREET PHOENIX AZ 85034	86-0885862	501C3	25,000				FOOD & SUPPLIES

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(1)	PIO DECIMO CENTER 848 S 7TH AVENUE TUCSON AZ 85701	86-0100880	501C3	7,176				OPERATIONAL SUPPORT
(2)	PPEP INC. 802 EAST 46TH STREET TUCSON AZ 85713	84-3032948	501C3	10,000				FOOD, EQUIPMENT & OP
(3)	PRESCOTT USD 926 HINMAN STREET PRESCOTT AZ 86305	86-6000562	GOV	7,800				SUMMER FEEDING SCHOO
(4)	PURE HEART CHURCH FOOD PANTRY 14240 N. 43RD AVE GLENDALE AZ 85306	86-0543988	501C3	50,000				FOOD, EQUIPMENT & OP
(5)	RESOURCES VAIL FOOD BANK 13105 E. COLOSSAL CAVE RD VAIL AZ 85641	81-2592049	501C3	10,000				EQUIPMENT
(6)	RESURRECTION STREET MINISTRY, INCOR 1135 E MAIN ST MESA AZ 85203	55-0799053	501C3	15,000				FORKLIFT, FREEZER, R
(7)	RIO VISTA CENTER INC 1431 E SOUTHERN AVE PHOENIX AZ 85040	86-6053028	501C3	45,000				DELIVERY VEHICLE, EQ
(8)	SADDLE MOUNTAIN USD 38201 W INDIAN SCHOOL RD TONOPAH AZ 85354	86-6000521	GOV	7,350				SUMMER FEEDING SCHOO
(9)	SAGUARO JANES CORPORATION P.O.BOX 151 WITTMANN AZ 85361	86-0476466	501C3	50,000				ROOF REPAIR AND OTHE

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(1)	SALVATION ARMY GLENDALE CORPS 2707 E. VAN BUREN ST PHOENIX AZ 85008	94-1156347	501C3	25,000				EQUIPMENT, SUPPLIES
(2)	SALVATION ARMY METRO PHOENIX HOLIDAY 2707 E. VAN BUREN STREET PHOENIX AZ 85008	94-1156347	501C3	25,000				FOOD & SUPPLIES HOLIDAY
(3)	SANTA CRUZ LUTHERAN CHURCH 6809 SOUTH CARDINAL AVENUE TUCSON AZ 85746	86-0516606	501C3	7,500				SECURE STORAGE, CABINETS
(4)	SANTO NINO CATHOLIC COMMUNITY 3206 W. MELVIN STREET PHOENIX AZ 85009	47-1795408	501C3	17,500				FREEZER, FOOD & SUPPLIES
(5)	SHOW LOW UNIFIED SCHOOL DISTRICT 500 W. OLD LINDEN RD SHOW LOW AZ 85901	86-6005170	GOV	13,000				SUMMER FEEDING SCHOOL
(6)	SOCIETY OF ST VINCENT DE PAUL P.O. BOX 13600 PHOENIX AZ 85002-3600	86-0096789	501C3	122,550				COMMERCIAL REFRIGERATOR
(7)	SOJOURNER CENTER PO BOX 20156 PHOENIX AZ 85036	94-2465081	501C3	25,000				FOOD & SUPPLIES
(8)	SOUTHERN ARIZONA AIDS FOUNDATION (S) 375 S EUCLID AVE. TUCSON AZ 85719	86-0864100	501C3	10,000				FOOD & SUPPLIES
(9)	SOUTHSIDE PRESBYTERIAN CHURCH PO BOX 27640 TUCSON AZ 85726	23-6393377	501C3	6,000				FOOD & SUPPLIES

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Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number
86-0507679

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. ANTHONY OF PADUA CATHOLIC SCHOOL 501 E 2ND ST. CASE GRANDE AZ 85122	86-0134461	GOV	8,500				SUMMER FEEDING SCHOOL
(2)	ST. FRANCIS SHELTER P.O. BOX 65752 TUCSON AZ 85728	83-2427128	501C3	10,000				OPERATIONAL SUPPORT
(3)	ST. MARY'S FOOD BANK ALLIANCE 3131 W. THOMAS RD PHOENIX AZ 85017		501C3	283,279				WALK-IN REFRIGERATOR
(4)	STAR - STAND TOGETHER AND RECOVER C 3003 N CENTRAL AVE SUITE 675 PHOENIX AZ 85012	86-0586210	501C3	25,000				FOOD & SUPPLIES
(5)	STREETS OF JOY 451 EAST 4TH PLACE MESA AZ 85203	86-0820405	501C3	15,000				FREEZER & REFRIGERATOR
(6)	SVDP ST. JOSEPH CONFERENCE MAYER 16231 INDIAN BEND CORDES LAKES AZ 86333	86-0096789	501C3	10,000				FOOD, FREEZER AND FA
(7)	TEMPE COMMUNITY ACTION AGENCY 2146 E APACHE BLVD. TEMPE AZ 85281	86-0254820	501C3	50,000				PALLET JACK, FOOD &
(8)	TEPEYAC INC. 5025 S. CENTRAL AVENUE PHOENIX AZ 85040	86-0906980	501C3	25,000				REFRIGERATED VEHICLE
(9)	THE BRIDGE CHURCH 9339 S 183RD DR GOODYEAR AZ 85338	44-0577787	501C3	6,000				FOOD & SUPPLIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**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

2020
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE PAIDEIA ACADEMIES 7777 S. 15TH TERRACE PHOENIX AZ 85042	80-0728374	501C3	7,000				EQUIPMENT
(2)	THE SALVATION ARMY - MESA CITADEL 241 EAST 6TH STREET MESA AZ 85201	94-1156347	501C3	100,000				FOOD AND REFRIGERATO
(3)	THE SALVATION ARMY-APACHE JUNCTION PO BOX 5100 APACHE JUNCTION AZ 85119	94-1156347	501C3	25,000				FOOD, OPERATIONAL SU
(4)	TOPOCK ELEMENTARY SCHOOL DISTRICT 5083 TULE DR TOPOCK AZ 86436	46-0474291	GOV	7,300				SUMMER FEEDING SCHOO
(5)	TSE SI ANI (LUPTON) CHAPTER P.O. BOX 403 LUPTON AZ 86508	86-0809465	501C3	10,000				EQUIPMENT, SUPPLIES,
(6)	UMOM NEW DAY CENTERS, INC. 3333 E. VAN BUREN ST PHOENIX AZ 85008	86-0521062	501C3	25,000				WALK-IN FREEZER AND
(7)	UNITED FOOD BANK 245 S. NINA DR MESA AZ 85210	86-0505273	501C3	200,000				NEW VEHICLES & FACIL
(8)	VALLEY VIEW COMMUNITY FOOD ASSISTAN 10771 W. PEORIA AVE SUN CITY AZ 85351	77-0696933	501C3	20,000				FOOD & SUPPLIES
(9)	VESTED INTEREST COMMUNITY SERVICES, 1900 W. CHANDLER BLVD. STE.15-318 CHANDLER AZ 85224	86-0833455	501C3	25,000				STORAGE AND OPERATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**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.
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Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number
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Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VINEYARD GILBERT 601 S COOPER RD, GILBERT AZ 85233	86-0607313	501C3	7,000				FOOD AND EQUIPMENT.
(2)	WASTE NOT 1700 N GRANITE REEF RD SCOTTSDALE AZ 85257	86-0650514	501C3	100,000				PALLET JACK, OPERATI
(3)	WAY OF LIFE CHURCH 5802 S. 15TH AVE. PHOENIX AZ 85041	86-0655205	501C3	25,000				FACILITY IMPROVEMENT
(4)	WESTCARE ARIZONA I, INC 720 HANCOCK RD BULLHEAD CITY AZ 86442	86-0968493	501C3	7,500				FOOD & OPERATIONAL S
(5)	WORLD MINISTRIES 2004 E. IRVINGTON ROAD #187 TUCSON AZ 85714	86-0879832	501C3	6,000				FOOD, EQUIPMENT & OP
(6)	YUMA COMMUNITY FOOD BANK 2404 E 24TH ST YUMA AZ 85365	86-0457836	501C3	42,340				WIOA PAYROLL REIMBUR
(7)	YUMA ELEMENTARY SCHOOL DISTRICT 450 WEST 6TH ST YUMA AZ 85364	01-0920614	GOV	14,700				SUMMER FEEDING SCHOO
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AZFBN AWARDED FUNDS TO AGENCIES STATEWIDE THAT WERE COPING WITH COVID-19 PANDEMIC RESPONSE.

AGENCIES NEEDED AND USED THESE DOLLARS TO CONVERT DISTRIBUTION METHODS TO

TOUCHLESS AND DRIVE-UP, TO SECURE PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, FACE SHIELDS) FOR STAFF AND VOLUNTEERS, AND TO PURCHASE FOOD FOR

DISTRIBUTION DURING SUPPLY CHAIN INTERRUPTIONS. REPORTING REQUIREMENTS FOR

GRANTEES INCLUDED: TWO GRANT REPORTS (PROGRESS AND FINAL). THE GRANT

REPORTS REFLECTED THE IMPACT OF FUNDING ON THE AGENCY AND THEIR

CONSTITUENTS.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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Name of the organization

ARIZONA FOOD BANK NETWORK

Employer identification number

86-0507679**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

MEMBERS ARE FOOD BANKS IN ARIZONA THAT ARE MEMBERS IN GOOD STANDING WITH FEEDING AMERICA, OR AGENCIES OF FEEDING AMERICA MEMBERS IN THE STATE, AND MEET THE MEMBERSHIP CRITERIA STATED IN THE CURRENT BYLAWS OF THE ARIZONA FOOD BANK NETWORK.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL MEMBERS HAVE REPRESENTATION ON THE BOARD OF DIRECTORS AND HAVE THE AUTHORITY TO ELECT OTHER BOARD DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

ALL BOARD DIRECTORS HAVE REPRESENTATION ON THE BOARD AND HAVE THE AUTHORITY TO BE PART OF THE DECISION MAKING PROCESS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 AND THEN REPORTS THE SUBSTANCE OF THE 990 TO THE BOARD OF DIRECTORS. ALL BOARD MEMBERS THEN REVIEW THE FORM 990 PRIOR TO FINALIZING AND FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A NEW CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY ALL MEMBERS OF THE BOARD AND REVIEWED BY THE BOARD OF DIRECTORS FOR CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS COMPARES COMPENSATION FOR TOP MANAGEMENT TO SIMILAR

Name of the organization

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ARIZONA FOOD BANK NETWORK

86-0507679

ORGANIZATIONS. THE BOARD OF DIRECTORS ULTIMATELY APPROVES COMPENSATION LEVELS OF TOP MANAGEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION DISCLOSES DOCUMENTS ON ITS WEBSITE AND UPON REQUEST.

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		

Name

Taxpayer Identification Number

ARIZONA FOOD BANK NETWORK**86-0507679**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	3,448,089	3,869,113	421,024
	2. Membership dues and assessments	61,467	75,992	14,525
	3. Government contributions and grants	604,932	5,543,910	4,938,978
	4. Program service revenue	316,631	991,358	674,727
	5. Investment income	51,024	3,937	-47,087
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	13,221		-13,221
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,000	31,171	30,171
	12. Total revenue. Add lines 1 through 11	4,496,364	10,515,481	6,019,117
Expenses	13. Grants and similar amounts paid	1,177,394	4,704,477	3,527,083
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	149,545	149,971	426
	16. Salaries, other compensation, and employee benefits	497,281	758,762	261,481
	17. Professional fundraising fees			
	18. Other professional fees	492,023	549,152	57,129
	19. Occupancy, rent, utilities, and maintenance	45,822	47,226	1,404
	20. Depreciation and Depletion	13,691	30,053	16,362
	21. Other expenses	990,267	2,389,618	1,399,351
	22. Total expenses. Add lines 13 through 21	3,366,023	8,629,259	5,263,236
	23. Excess or (Deficit). Subtract line 22 from line 12	1,130,341	1,886,222	755,881
Other Information	24. Total exempt revenue	4,496,364	10,515,481	6,019,117
	25. Total unrelated revenue			
	26. Total excludable revenue		1,026,466	1,026,466
	27. Total assets	4,012,975	6,149,327	2,136,352
	28. Total liabilities	343,515	299,143	-44,372
	29. Retained earnings	3,669,460	5,850,184	2,180,724
	30. Number of voting members of governing body	13	13	
31. Number of independent voting members of governing body	13	13		
32. Number of employees	11	12		
33. Number of volunteers	0	0		

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 516,312	\$ 484,648	\$ 22,007	\$ 9,657
TOTAL	\$ <u>516,312</u>	\$ <u>484,648</u>	\$ <u>22,007</u>	\$ <u>9,657</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
FEE FOR SERVICE	\$ 991,358
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	3,937
OTHER REVENUE	<u>31,171</u>
TOTAL	\$ <u>1,026,466</u>