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# Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

older of rego referred

A	rur ine z	co iz calend	dar year, or tax year beginning , 2012, and ending	<del>]</del>		<u> </u>	
В	Check if app	plicable	С	D Emp	oyer Identi	fication Number	
	Addres	ss change	WASTE NOT, INC	86	-06505	514	
	$\vdash$	change	1700 N GRANITE REEF RD		hone numb		
	$\vdash$	_	SCOTTSDALE, AZ 85257	1			
	Initial			48	0-941-	-104/	
	Termin	nated		1			
	Amend	ded return			receipts \$	-, -, -, -, -,	
	Applica	ation pending	DEL HITTER	H(a) is this a group re		rates? Yes	X No
	_		Same As C Above	H(b) Are all affiliates i If 'No,' attach a li	ncluded?	tructions) Yes	☐ No
$\overline{1}$	Tax-exen	npt status	X  501(c)(3)   501(c) ( ) ◀ (insert no.)   4947(a)(1) or   527	ii No, attacii a ii	si (see iiisi	iructions)	
j	Websit	<u> </u>		H(c) Group exemption	number >		
K		organization	X Corporation Trust Association Other ► L Year of Formation	1		egal domicile AZ	
		<u> </u>		UN 1990   II	State of le	gar donniche AZ	
Pe	יייי	Summar	y	- DED - A		00 miii m	
			be the organization's mission or most significant activities TO COLLEC				
Ą			<u>VE BEEN THROWN AWAY, FROM VARIOUS FOOD PURVEYO</u>	<u>RS_AND_DIS</u>	RIBUT	<u>E 11 10 </u>	
Governance	<u>A</u> Q	<u>GENCIES</u>	<u> THAT FEED THE HUNGRY.                                    </u>				
툈							
ð			if the organization discontinued its operations or disposed of more	re than 25% of it		sets	
9			ting members of the governing body (Part VI, line 1a)		3		12
ູອ			dependent voting members of the governing body (Part VI, line 1b)		4		12
ivities			of individuals employed in calendar year 2012 (Part V, line 2a)		5		9
Activities &			of volunteers (estimate if necessary)		6		225
- 8	<b>7a</b> To	tal unrelate	ed business revenue from Part VIII, column (C), line 12		7 a		<u>0.</u>
<u>-</u>	<b>b</b> Ne	t unrelated	business taxable income from Form 990-T, line 34		7 b		0.
				Prior Yea	ır	Current Ye	ear
Ţ	<b>8</b> Co	ntributions	and grants (Part VIII, line 1h)  RECEIVED	3,963,	022.	3,902,	241.
_ <u>=</u>				, , , , ,		-,,	
급			icome (Part VIII, column (A), lines ဒုံ 4, and 7d) e (Part VIII, column (A), lines 5, 6d 8c, 9c,ညှို ပင်္ကြီးရာရ ပို့ချိန်		213.		21.
28			e (Part VIII, column (A), lines 5, 6ရီ 8င, 9င္မှု ညီ ၇င္ရပ္စြဲခ်က္ခရ ပြဲခြဲေပ	1	198.	-2	472.
SCANNING WAT Revenue	<b>12</b> To	tal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 2)	3,964,		3,899,	
€			milar amounts paid (Part IX, column (A)-lines 1-3).	3,301,	100.	5,055,	, , , , , , ,
るし							
			to or for members (Part IX, column (A), line 4)	<u> </u>	205		
ø	<b>15</b> Sa	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	283,	095.	302,	<u>,279.</u>
Expenses	<b>16a</b> Pro	ofessional i	fundraising fees (Part IX, column (A), line 11e)				
<u>P</u>	<b>b</b> To	tal fundrais	sing expenses (Part IX, column (D), line 25) ► 41,880.	_			
ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,694,	964	2 504	900
		-				3,594,	
		-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,978,		3,897,	
		venue less	expenses Subtract line 18 from line 12	<del>-</del>	626.		621.
te o				Beginning of Curr		End of Ye	
3 a c	<b>20</b> To	tal assets (	(Part X, line 16)		374.		, 932.
Net Asseti Fund Balar	<b>21</b> To	tal liabilitie	s (Part X, line 26)	12,	517.	20,	,454.
žŽ	<b>22</b> Ne	t assets or	fund balances Subtract line 21 from line 20		857.	•	,478.
					037.1	2,55,	, 170.
		Signatur					
com	er penalties olete Declai	of perjury, I de ration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the irer (other than officer) is based on all information of which preparer has any knowledge.	ne best of my knowled	ge and belie	et, it is true, correct,	, and
		<u> </u>	/k )04 // // H 0 4		-2 -		
			re of officer	Date			
Sig	ın	I. *					
He	re		MITTEN	Executive	Direc		
		Type or	print name and title				
		Print/Type p	reparer's name Preparer's signature Date	Check	ıf <sup>1</sup>	PTIN	
Pa	id	MARCOS	S.C. GOODMAN, CPA MARCOS C. GOODMAN, CPA	self-empl	_	P00450200	
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		<u> </u>	Mesa, AZ 85210	Phone no	(480		
May	the IRS	discuss th	is return with the preparer shown above? (see instructions)			X Yes	No
BA	A For Pa	perwork R	Reduction Act Notice, see the separate instructions.	A0113L 12/18/12		Form <b>99</b> 0	(2012)

Form	1 <b>990</b>	(2012)	WAS	TE N	OT,	INC															86-0	650	51	4	F	Page <b>2</b>
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		Chec	k if Sch	nedule	O cor	ntains a	resp	onse	to a	ny q	uesti	on ir	n this	Part	: 111											
1	Brie	fly desc	ribe the	orga	nızatıo	n's mis	sion:																			
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2	Did	the orgar	nızatıon	under	take an	y signif	ficant	progra	am s	ervice	es du	ring	the y	ear w	hich w	ere n	ot lis	ted or	the p	prior						
	For	n 990 oi	r 990-E	Z۶																				Yes	X	No
	If 'Y	'es,' des	cribe th	iese n	ew ser	vices o	on Sc	hedul	le O																	
3	Dıd	the orga	anızatıoı	n ceas	se con	ducting	, or n	nake	sıgnı	ıfıcar	nt cha	ange	s in	how i	it cond	ducts	, any	prog	ram	servic	es?			Yes	X	No
	If 'Y	'es,' des	cribe th	iese c	hanges	s on So	chedu	le O																		
4	Des	cribe the	e organi	ızatıor	n's pro	gram s	ervice	e açcı	ompl	ishm	ents	for	each	of its	s three	e larg	jest p	rogra	am se	ervice	s, as	meas	ure	d by	exper	ises.
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Form 990 (2012) WASTE NOT, INC

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			140
	Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			
,	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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 <sup>9</sup> If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
j	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
-	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	!	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part V. Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25 Х 24a 24b 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 14 instructions for applicable filing thresholds, conditions, and exceptions)  $\overline{\mathbf{x}}$ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 280 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 **Note.** All Form 990 filers are required to complete Schedule O X

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Form 990 (2012)

<u> </u>	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			Γ
			Yes	No
1.	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
1	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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 9			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
	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)?	4a		х
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		Х
	b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
	Form 8282?	7с	1	X
	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?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			17
_	holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter		1	
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).  11b	100		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified perpendit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	134	أحجو	
	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			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
7	b 16 Yors' has a filled a Form 720 to report these payments? If 'No ' provide an evaluation in Schodule O	146		

86-0650514 Form 990 (2012) WASTE NOT, INC Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10a Did the organization have local chapters, branches, or affiliates? 10 a Х **b** If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х 13 Did the organization have a written whistleblower policy? 13 Х X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official See Schedule O 15 a X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) (B) (D) (F) **(E)** Name and Title Average hours per week (list any hours for related Reportable Reportable Estimated compensation from the organization (W-2/1099-MISC) compensation from related organizations (W-2/1099-MISC) amount of other compensation from the organization Officer Individual employee nstitutional (ey employee lighest compensated director organiza tions and related below trustee dotted itrustee (1) BRETT BENTON 5 Х 0 X 0 0. 0. President (2) TODD NEWTON 5 Vice Pre<u>sident</u> 0 X X 0 0 0. 5 (3) MATT SAXE X 0 0. 0 0 Secretary 5 (4) CHRISTOPHER JONES X Treasurer 0 X 0 0 0. (5) LIZ MEYERS 2 BOARD MEMBER 0 Х 0 0 0. (6) NICHOLAS PETE KRETSEDEM 2 BOARD MEMBER 0 Х 0 0 0. (7) CINDY RASH 2 BOARD MEMBER 0 Х 0 0 0. (8) JEFFREY RILEY 2 BOARD MEMBER 0 0 0 0. (9) AARON DETZER 2 BOARD MEMBER 0 Х 0 0. 0. 2 DALE SALISBURY 0. BOARD MEMBER 0 Х 0. 0. 2 (11) MARY GARRETT BOARD MEMBER 0 Х 0 0 0. (12) TODD STOA 2 BOARD MEMBER 0 0 0 0. Х (13) DEE MITTEN 40 0. 0 X Executive Direct 45,000 0 (14)

Part VII   Section A. Officers, Directors, Trus	T	<b>Ney</b>	En			es,	and	Hignest Com	pensated Emp	loyees (cont)
(A) Name and title	Average hours per week	box offi	, unle	heck ess pe nd a c	more more erson direct	than is both or/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(15)										
(16)									- W	
(7)										
(18)										
(19)								,		
(20)										. <del></del>
(21)		-								
(22)										
(23)								-		
(24)										
(25)										
1 b Sub-total		<del></del>					<b>•</b>	45,000.	0.	0.
c Total from continuation sheets to Part VII, Section	ı A						<b>▶</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to from the organization ▶ 0	those I	sted	abo	ve) v	who	recen	ved	45,000. more than \$100,00		
<ul> <li>3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of r</li> </ul>	ındıvıdu	al								Yes No
the organization and related organizations greater such individual	than \$1	50,0	00?	lf '\	es'	com	plet	e Schedule J for	ii Oiii	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio te So	n fr chec	om <i>lule</i>	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ated inde	epen	den	t co	ntra	ctors	tha	it received more to	han \$100,000 of	<del></del>
compensation from the organization Report compensation (A)	ation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year	(C)
Name and business addre	ss							Description of	of services	Compensation
			_							
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶		ted to	o the	se I	ısted	abo	ve)	Mho received more	than	
#100,000 in compensation from the organization	U									

-		. Check if Schedule O	contains a re	esponse to any questi	on in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
N S	1 a	Federated campaigns	1	а				
S E	ь	Membership dues	_1	b				
A A	c	Fundraising events.	_1	c 64,697.				
₽₹	d	Related organizations	1	d				
SS	е	Government grants (contribution	ons) <u>1</u>	е				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included a	rants, and above 1	f 3,837,544.				
N S	ç	Noncash contributions included	d ın Ins 1a-1f:	\$ <u>3,405,639.</u>				
<u>,</u>	H	Total. Add lines 1a-1f		<u> </u>	3,902,241.			ļ
Ē	_			Business Code				
PROGRAM SERVICE REVENUE	2 a			_				<del> </del>
/ICE	t	!						-
5	-			-				
<b>S</b>		'						<del></del>
GR.	f	All other program service	e revenue	<del></del>				<u> </u>
푎		Total. Add lines 2a-2f	,	▶				
_	3	Investment income (incl	ludina divide	nds_interest and				
	•	other similar amounts)	aumg umao	►	21.	21.		
	4	Income from investment	t of tax-exen	npt bond proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(II) Personal	İ			
		Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	C	Net rental וncome or (lo ו ר		- 1 (v) Other				ļ
	7 a	Gross amount from sales of	(i) Securities	s (II) Other				
		assets other than inventory						
	t	Less, cost or other basis and sales expenses						
	,	: Gain or (loss)						
	_	Net gain or (loss)						
		Gross income from fund	dravavna avvan	.+.				
₹	0 8	(not including \$	64,697	113				
7		of contributions reported	d on line 1c)	<del></del>				
OTHER REVENU		See Part IV, line 18		a				
置	t	Less: direct expenses		b 2,527.				
O	C	: Net income or (loss) fro	m fundraisin		-2,527.			-2,527.
	9 a	Gross income from gam See Part IV, line 19	ning activities	s a				
		Less: direct expenses		ь				
		: Net income or (loss) fro	m gaming a	ctivities •				
			-			•		<u> </u>
	102	Gross sales of inventory and allowances	y, 1633 letuili	a				
	t	Less cost of goods sold	d	b				
	_ (	: Net income or (loss) fro	m sales of I	nventory •				
		Miscellaneous Revenu	Je .	Business Code				
	11 a	OTHER		999999	55.			55.
	Ŀ	)						
	(	;			<u> </u>			
	`	All other revenue						ļ
		• Total. Add lines 11a-11d		•	55.			
	12	Total revenue. See insti	ructions	•	3,899,790.	21.	0.	-2,472.

#### 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 to any question in this Part IX (D) (A) Total expenses Do not include amounts reported on lines 6b. Management and Fundráising Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses general expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 0 22,500. trustees, and key employees 45,000 22,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. 0 174,230 33,388 Other salaries and wages 222,632 15,014. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 14,022 14,022. Other employee benefits 15,958. 1,793 2,874. Payroll taxes 20,625 11 Fees for services (non-employees): a Management **b** Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, col-17,500 17,500 umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion 12 13 Office expenses 3.851 2.110 1.741 Information technology 14 15 Royalties Occupancy 16 17 Travel 80,234 80,234 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest Payments to affiliates 22 Depreciation, depletion, and amortization 51,966 51,966 1,115 23 ,115 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 395,433 3,395,433 a FOOD DISTRIBUTION 15,199 15,199 b FOOD PURCHASED 11,422 1.492 c OTHER 13,392 478 d TELEPHONE 7,740 4,647 3,093 e All other expenses 8,460 2,100 6,360 25 Total functional expenses. Add lines 1 through 24e 3,897,169 3,778,877 76,412 41,880 Joint costs. Complete this line only if 26 the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following

SOP 98-2 (ASC 958-720).

Part X

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 105,162 1 117,361. 2 Savings and temporary cash investments 651 3 60,975. 3 Pledges and grants receivable, net 10,000 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 308,868 10b b Less: accumulated depreciation. 171,272 100 189,560 137,596 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 305,374. 315,932 17 Accounts payable and accrued expenses 12,517 17 20,454 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 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 25 Total liabilities. Add lines 17 through 25 12,517. 26 20,454. x and complete Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 270,857 284,503. 28 Temporarily restricted net assets 22,000. 28 10,975. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 292,857. 295,478. 34 Total liabilities and net assets/fund balances 34 305,374. 315,932 BAA Form 990 (2012)

TEEA0111L 01/03/13

For	m <b>990</b> (2012) WASTE NOT, INC	86-06505	514	Pa	ige 12		
	Reconciliation of Net Assets			-			
ب د	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3.8	99,7	790.		
2		2		97,1			
3	Revenue less expenses Subtract line 2 from line 1	3		2,62			
4		4	2	357.			
5		5		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del>,,,,</del>		
6		6					
7	Investment expenses	7					
8		8	<del> </del>				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10					<u> </u>		
	column (B))	10	2	95,4	178.		
Pe	所义川 Financial Statements and Reporting	,					
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or	reviewed on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separate					
	basis, consolidated basis, or both:	•					
	X Separate basis Consolidated basis Both consolidated and separate basis						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	n					
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	inale					
_	Audit Act and OMB Circular A-133?	3 -	3 a		Х		

3 b

Form 990 (2012)

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

TEEA0112L 08/09/11

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

ગીવારી જો લક્સ લ્લોક્સ્સુટતી

Department of the Treasury Internal Revenue Service

Total

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

In 170(b)(1)(A)(iii).  O(b)(1)(A)(iii).  In 170(b)(1)(A)(iii).  In section 170(b)(1)(A)(iii) Enter the hospital's ed in section 170(b)(1)(A)(v).  In 170(b)(		
In 170(b)(1)(A)(ii).  O(b)(1)(A)(iii).  In 170(b)(1)(A)(iii).  In section 170(b)(1)(A)(iii) Enter the hospital's and in section 170(b)(1)(A)(v).  In the section 170(b)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)		
n 170(b)(1)(A)(iii).  In section 170(b)(1)(A)(iii) Enter the hospital's and in section 170(b)(1)(A)(v).  In a governmental unit described in section 170(b)(1)(a)(1)(b)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)(a)(1)		
of the company of the following persons described in section 170(b)(1)(A)(A)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)		
y a governmental unit described in section  170(b)(1)(A)(v).  170(c)(a)(1)(c)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)		
y a governmental unit described in section  170(b)(1)(A)(v).  170(c)(a)(1)(c)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)		
y a governmental unit described in section  170(b)(1)(A)(v).  Idental unit or from the general public described  Intons, membership fees, and gross receipts from activities 3-1/3% of its support from gross investment income and ration after June 30, 1975. See section 509(a)(2).  It section 509(a)(4).  It is section 509(a)(4).  It is section 509(a)(3). Check the box that describes the type of section 509(a)(3). Check the box that describes the type of sections described in section 509(a)(1) or  If or Type III supporting organization, orm any of the following persons?  If or Type III supporting organization, orm any of the following persons?  If or Type III supporting organization, organization in column (i) of your organization in column (j) of your support?  If you have notify the organization in column (j) of your support?  If you have notify the organization in column (j) of your support?  If you have notify the organization in column (j) of your support?  If you have notify the organization in column (j) of your support?  If you have notify the organization in column (j) of your support?  If you have notify the organization in column (j) organization in column		
introns, membership fees, and gross receipts from activities 3-1/3% of its support from gross investment income and reation after June 30, 1975. See section 509(a)(2).  It section 509(a)(4).  It is section 509(a)(4).  It is section 509(a)(3). Check the box that describes the type of addirectly by one or more disqualified persons reations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  In a (iii)  In a (iv) Did you notify the organization in column (i) of your support?  (vi) Did you notify the organization in column (i) of your support?  (vii) Is the organization in column (i) organization in column (i) of your support?		
introns, membership fees, and gross receipts from activities 3-1/3% of its support from gross investment income and reation after June 30, 1975. See section 509(a)(2).  It section 509(a)(4).  It is section 509(a)(4).  It is section 509(a)(3). Check the box that describes the type of addirectly by one or more disqualified persons reations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  In a (iii)  In a (iv) Did you notify the organization in column (i) of your support?  (vi) Did you notify the organization in column (i) of your support?  (vii) Is the organization in column (i) organization in column (i) of your support?		
Reason for Public Charity Status (All organizations must complete this part.) See instructions.  ganization is not a private foundation because it is (For lines 1 through 11, check only one box)  A church, convention of churches or association of churches or association of churches or association of churches or association of churches organization of complete (in section 170(bX1)(AX(ii)).  A school described in section 170(bX1)(AX(ii)). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(bX1)(AX(iii)).  A medical research organization operated in conjunction with a hospital described in section 170(bX1)(AX(iii)). (Complete Part II)  A roganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(AX(iv)). (Complete Part III)  A community from committed in the interval of its support from a governmental unit or from the general public described in section 170(bX1)(AX(iv)). (Complete Part III)  A community from the described in section 170(bX1)(AX(iv)). (Complete Part III)  A community from the section 170(bX1)(AX(iv)). (Complete Part III)  A community from the section 170(bX1)(AX(iv)). (Complete Part III)  A community from the section 170(bX1)(AX(iv)). (Complete Part III)  An organization that normally receives (1) more than 33-1/3% of its support from gross investment income and unrelated business stable income (less section 111 ax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly s		
ations, membership fees, and gross receipts from activities 3-1/3% of its support from gross investment income and cation after June 30, 1975. See section 509(a)(2).  Exerction 509(a)(4).  It is section 509(a)(4).  It is section 509(a)(3). Check the purposes of one or more publicly on 509(a)(3). Check the box that describes the type of addirectly by one or more disqualified persons cations described in section 509(a)(1) or  If or Type III supporting organization, organization in column (i) and (iii)  Type III supporting organization in column (i) organization in column (i) of your support?  (vi) Is the organization in column (i) organ		
3-1/3% of its support from gross investment income and ration after June 30, 1975. See section 509(a)(2).  It section 509(a)(4).  It tions of, or carry out the purposes of one or more publicly on 509(a)(3). Check the box that describes the type of  I Type III — Non-functionally integrated adirectly by one or more disqualified persons rations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  11g (ii)  11g (iii)  (vi) Did you notify the organization in column (i) of your support?  (vii) Is the organization in column (i) organization in column (i) of your support?  (viii) Amount of monetary support		
3-1/3% of its support from gross investment income and ration after June 30, 1975. See section 509(a)(2).  It section 509(a)(4).  It tions of, or carry out the purposes of one or more publicly on 509(a)(3). Check the box that describes the type of  I Type III — Non-functionally integrated adirectly by one or more disqualified persons rations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  11g (ii)  11g (iii)  (vi) Did you notify the organization in column (i) of your support?  (vii) Is the organization in column (i) organization in column (i) of your support?  (viii) Amount of monetary support		
tions of, or carry out the purposes of one or more publicly on 509(a)(3). Check the box that describes the type of  d		
d Type III — Non-functionally integrated directly by one or more disqualified persons rations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  11g (ii)  11g (iii)  (vi) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organization (i) organization (ii) organization (ii) organization (ii) organization (ii) organization (ii) organization (ii) organization (iii) organization (i		
directly by one or more disqualified persons rations described in section 509(a)(1) or  If or Type III supporting organization, or any of the following persons?  Persons described in (ii) and (iii)  11g (ii)  11g (iii)  (vi) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organization (i) organization (i) organization (i) organization (i) org		
reations described in section 509(a)(1) or  If or Type III supporting organization,  orn any of the following persons?  Persons described in (ii) and (iii)  11g (ii)  11g (iii)  (vi) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organization (ii) organization (iii) or		
om any of the following persons?  Yes No  11g (i)  11g (ii)  11g (iii)  (v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organization (i) or		
Yes No  11 g (ii)  11 g (iii)  (v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organized in the U S ?		
(v) Did you notify the organization in column (i) of your support?  (vi) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organization in column (i) organization in the U S?		
(v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organized in the U S ?		
(v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) of your support?  (vii) Amount of monetary support support		
(v) Did you notify the organization in column (i) of your support?		
(v) Did you notify the organization in column (i) of your support?		
the organization in column (i) of your column (i) of your support?  Support?  US?		
Yes No Yes No		
1 1 1 1		

Schedule A (Form 990 or 990-EZ) 2012

## 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)

<u>Sec</u>	Section A. Public Support											
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012		(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,237,438.	3,611,477.	4,062,158.	3,963,022.	3,902,24	41.	18,776,336.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.				
4	Total. Add lines 1 through 3	3,237,438.	3,611,477.	4,062,158.	3,963,022.	3,902,24	41.	18,776,336.				
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)							0.				
6	<b>Public support.</b> Subtract line 5 from line 4							18,776,336.				
Sec	tion B. Total Support											
Calendar year (or fiscal year beginning in) ►		<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012		(f) Total				
7	Amounts from line 4	3,237,438.	3,611,477.	4,062,158.	3,963,022.	3,902,24	41.	18,776,336.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,083.	686.	201.	213.	2	21.	2,204.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		34.	1,607.	4,870.	ţ	55.	6,566.				
11	Total support. Add lines 7 through 10							18,785,106.				
12	Gross receipts from related activ	rities, etc (see ins	tructions)	<del></del>	,		12	0.				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)		▶ []				
	tion C. Computation of Pu	<del></del>										
	Public support percentage for 20	•	•	ne 11, column (f))			14	99.95%				
	Public support percentage from					L	15	0.00%				
16 a	33-1/3% support test - 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or m	ore,	check this box				
b	33-1/3% support test – 2011. If it and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	Sa, and line 15 is	33-1/3% or m	nore,	check this box				
17 a	7a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.											
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	r <b>e.</b> Explain in ed organizati	Part ion	t IV how the ►				
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and se	e ins	structions				

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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		<del></del>				-
	tax-exempt purpose				}		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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					,	
	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
-	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add ins 9, 10c, 11, and 12)				·		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3)
	tion C. Computation of Pul						
	Public support percentage for 20	•	•	ne 13, column (f))	L	15	8
	Public support percentage from 2	-		<del></del>		16	%
	tion D. Computation of Inv				(0)		
17	Investment income percentage for			-	mn (f))	17	%
	Investment income percentage for					18	8
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and stop	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	ր ▶ ∐
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organızatıon qu	alifies as a public	ly supported orga	inization
20	Private foundation. If the organize	zation did not che	ck a box on line	14, 13a, or 19b, c	HECK THIS DOX AND	see instructions	

Schedule A	(Form 990 or 990-EZ) 2012	WASTE	NOT,	INC		86-0650514	Page 4
Pari W	Supplemental Information Part II, line 17a or 17b (See instructions).	<b>ation.</b> Cor o; and Par	nplete t III, lı	this part to ne 12. Also	provide the explanations recomplete this part for any ac	quired by Part II, line 1 dditional information.	0;
							· <b></b>
							,
			- <del>-</del>				
							· <del>-</del>
 - <b>-</b>		·					
	·						
		·					

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545 0047

2012

Open to Public Inspection Employer identification number

86-0650514 WASTE NOT, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No |Yes are the organization's property, subject to the organization's exclusive legal control? 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 Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **►**\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶\$ a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶\$

Schedule D (Form 990) 2012 WAST	E NOT, IN	IC .		86-06	50514		Page 2
Part Mainta						<u>ntınu</u>	<u>ea)</u>
3 Using the organization's acquisition items (check all that apply)	i, accession, a	nd other records, check a	any of the following that	are a significant use of it	s collection		
a Public exhibition		<b>d</b> $\prod$ Loan	or exchange programs	<b>;</b>			
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	rations		<del></del>				
4 Provide a description of the organiz	zation's collect	ions and explain how the	y further the organization	n's exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	ition solicit or han to be ma	receive donations of a	rt, historical treasures,	or other similar assets	Yes	Γ	No
Part W Escrow and Custodial Arr							
reported an amount o				, ,	,		
1 a Is the organization an agent, trus	stee custodia	n or other intermediar	y for contributions or o	ther assets not include	d		
on Form 990, Part X?	siee, custouie	in, or other intermedial	y for contributions of o	ther assets not include	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete the follow	ing table				_
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an a					Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII	Check here if the expla	ntion has been provide	ed in Part XIII			]
			<del> </del>	· · · · · · · · · · · · · · · · · · ·			
Part V Endowment Funds. C							
	(a) Currer	nt <b>(b)</b> Prior ye	ar (c) Two years	(d) Three years	<b>(e)</b> Fou	ur year	S
1 a Beginning of year balance.							
<b>b</b> Contributions							
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>							
d Grants or scholarships				·			
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the curre	nt year end balance (In	ne 1g, column (a)) held	d as:			
a Board designated or quasi-endowm	ent ►	%					
<b>b</b> Permanent endowment ►	%						
c Temporarily restricted endowmen	nt ►	%					
The percentages in lines 2a, 2b,	and 2c shoul	d equal 100%					
3 a Are there endowment funds not in to organization by:	the possession	of the organization that	are held and administere	ed for the	Г	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)	$\dashv$	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations	listed as required on S	chedule R?		3b	$\dashv$	
4 Describe in Part XIII the intended	-	· ·					
Part WI Land, Buildings, and							
Description of property	1 [2 211	(a) Cost or other basis		(c) Accumulated	(d) Bo	ok va	lue
		(investment)	basis (other)	depreciation			
1 a Land.					<u> </u>		
<b>b</b> Buildings				<u> </u>			
				•			

c Leasehold improvements 265,405. 148,479. **d** Equipment 116,926. 22,793. e Other 43,463. 20,670. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 137,596.

BAA

Schedule **D** (Form 990) 2012

Schedule	(Form 990) 2012	WASTE NOT, INC		_		86-06	50514	Page 3
Part VII	Investments -	- Other Securities.	See Fo	rm 990, Part X,	lıne 12.	N/A		
•	(including nar	security or category ne of security)		(b) Book value		(c) Method of valuatio end-of-year marke		_
(1) Financ	ial derivatives							
(2) Closely	-held equity interes	sts						
(3) Other								
			+					
(A) (B)						<u>-</u>	•	
(C)								
<u>(b)</u>								
(C) (D) (E)				<del></del>				
(F)								
<u>(G)</u>				-				
(H)						<del></del>		
(1)					-			
	on (h) must aqual Form (	990, Part X, column (B) line 12	, - <b>-</b>  -					
		- Program Related.		rm 000 Part V	lino 12	N/A		
Part VIII	(a) Description of		See Fo	( <b>b)</b> Book value		(c) Method of valuatio	n Cost or	
	(a) Description of	investment type		(b) book value		end-of-year marke		
(1)		··· -						
(2)								
(3)								
(4)		· · · · · · · · · · · · · · · · · · ·						
(5)								
(6)								
(7)								
(8)	·							
(9)								
(10)						· · · · · · · · · · · · · · · · · · ·		
	nn (b) must equal Form 9	990, Part X, column (B) line 13.	<del>)</del>	· · ·				
Part IX		See Form 990, Par		15. N/A				
,			(a) Descrip				(b) Book	value
(1)								
(2)								
(3)		······································	·· · · ·					
(4)								
(5)	_							
(6)	···						1	
(7)							1	
(8)	<del> </del>					·····		
(9)				_			1	
(10)						<del></del>		
	lumn (b) must equa	al Form 990, Part X, colu	ımn (B), I	ine 15)		-	· · · · · · · · · · · · · · · · · · ·	
Part X		es. See Form 990, F				· · · · · · · · · · · · · · · · · · ·	1	
1 41.474	(a) Descrip	tion of liability	<u> </u>	(b) Book value				
(1) Fede	ral income taxes	·						
(2)								
(3)								
(4)								
(5)	-							
(6)		•						
(7)								
(8)	<del></del>							
(9)			-					
(10)	<del></del>		-		$\neg$			
(11)				***	$\dashv$			
	nn (b) must eaual Form !	990, Part X, column (B) line 25.	) ▶		$\dashv$			
				e organization's financial	statements th	at reports the organization's liabili	ty for uncertain ta	x positions
		f the text of the footnote has be					-	Ė

Page 3

Schedule D (Form 990) 2012 WASTE NOT, INC		86-06505	14 Page 4
Reconciliation of Revenue per Audited Financial Statem	nents With Rev	enue per Return	
1 Total revenue, gains, and other support per audited financial statements		1	3,916,590.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b	16,800.	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d	-	
e Add lines 2a through 2d.		2 e	16,800.
3 Subtract line 2e from line 1		3	3,899,790.
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.	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	1 1	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12)	5	3,899,790.
Reconciliation of Expenses per Audited Financial State		penses per Return	
Total expenses and losses per audited financial statements		1	3,913,969.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	16,800.	
<b>b</b> Prior year adjustments	2 b	·	
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	16,800.
3 Subtract line 2e from line 1		3	3,897,169.
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	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	3,897,169.
PantXIIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9 ine 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also	omplete this part	and 4; Part IV, lines ID a to provide any additiona	and 2b, Part V, I information
BAA		Schedule I	<b>D</b> (Form 990) 2012

#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2012

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

offer of responding

	or the organization					1	Employer identifica	ation number	
WAS	TE NOT, INC						86-065051	4	
Parí	Fundraising Activities. Comp	lete if the orga	ınızatıon a	nswered '	Yes' to Form 990, Part	IV, line 1	17		
	TOTAL STOLET								
1	Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities. Check	all that a	apply		
а	Mail solicitations			е	Solicitation of non-	governm	ent grants		
b	Internet and email solicitations			f	Solicitation of gove	rnment o	orants		
	Phone solicitations				吕		granto		
С.				g		Events			
d	In-person solicitations								
	Did the organization have a written o employees listed in Form 990, Pai	t VII) or entity	ın connéct	tion with p	rofessional fundraising	services	?	Yes	X No
	If 'Yes,' list the ten highest paid individed in the compensated at least \$5,000 by th	iduals or entities ne organization.	s (fundraise ·	ers) pursua	nt to agreements under v	vhich the	fundraiser is to	be	
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	or re	nount paid to etained by) hiser listed in	(vi) Amount pa (or retained l organization	by)
			OI COM	ibuuoiis.			olumn (i)	Organization	11
			Yes	No					<del></del>
			103	110					
1									
2									
3		,							
4									
5									
6									
7									<del></del>
8									
9									
			ļ						
10									
Total	ı	•	•	•					0.
	List all states in which the organization or licensing	on is registered o	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	registration	
								<del></del>	
•					<b> </b>		<b></b>		
•									
•					·				

Page 2

Park III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) EMPTY BOWLS CHILI'S through column (c)) (event type) (event type) (total number) 1 Gross receipts 28,431 26,299 6,300. 61,030. 2 Less Charitable contributions 26,299 6,300 28,431 61,030. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes DIRECT Rent/facility costs 7 Food and beverages EXPENSES Entertainment Other direct expenses 452 1,891 184 2,527. 10 Direct expense summary Add lines 4 through 9 in column (d) 2,527 Net income summary Combine line 3, column (d), and line 10 -2,527**Partill Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo bingo/progressive (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No Nο No Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain.

Sch	edule G (Form 990 or 990-EZ) 2012 WASTE NOT, INC	6-06505	14	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
	a The organization's facility	13 a		8
	<b>b</b> An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	;		
	Name ►			
	Address •			
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization  f gaming revenue retained by the third party  f 'Yes,' enter name and address of the third party		Yes	No
	Name ►			
	Address •			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		∏Yes	□No
-	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		لــا
-	organization's own exempt activities during the tax year ► \$	<del> </del>		
Pa	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applications this part to provide any additional information (see instructions).	l by Part :able. Als	I, line 2 o comp	2b, olete
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BAA	TEEA3703L 01/07/13 Schedule	<b>G</b> (Form 990	or 990-E	Z) 2012

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

► Attach to Form 990.

OMB No 1545-0047

2012

often To Public Collected

Name of the organization
WASTE NOT, INC

Department of the Treasury Internal Revenue Service

Employer identification number

86-0650514

2 3 4 5 6 7 8 9 10	Art — Works of art  Art — Historical treasures  Art — Fractional interests  Books and publications  Clothing and household goods  Cars and other vehicles  Boats and planes  Intellectual property							
3 4 5 6 7 8 9 10	Art — Fractional interests  Books and publications  Clothing and household goods  Cars and other vehicles  Boats and planes					•		
4 5 6 7 8 9 10	Books and publications Clothing and household goods Cars and other vehicles Boats and planes							
5 6 7 8 9 10 11	Clothing and household goods Cars and other vehicles Boats and planes							
6 7 8 9 10	Cars and other vehicles Boats and planes							
7 8 9 10 11	Boats and planes							
8 9 10 11	·							
9 10 11	Intellectual property							
10 11								
11	Securities – Publicly traded							
	Securities - Closely held stock						-	
12	Securities - Partnership, LLC, or trust interests							
	Securities - Miscellaneous							
	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	100	3,395,433.	FEEL	ING A	MERIC	
20	Drugs and medical supplies			,				
21	Taxidermy							
22	Historical artifacts						-	
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()		_					
26	Other • ()							
27	Other ()							
28	Other ( )							
	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			r which the	29			
							Yes	No
	During the year, did the organization receive by c	ontribution a	any property reported in	Part I lines 1-28 that	ıt muci			

**b** If 'Yes,' describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - **b** If 'Yes,' describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30 a X

31 X

32 a X

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

Schedule M (Form 990) 2012

Schedule	M (Form	990) 2012	2 <b>WA</b> :	STE N	ЮT, I	INC								86-0	65051	.4	Page 2
Part II	Supp and 3	lementa 3, and v	al Inforr whether	nation the o	n. Com organiz	plete ation	this pa	orting in	ovide Part	the info l, colum complet	mation n (b),	on red	quired numbe	by Pa	ırt I, Iır ontribu	nes 30b itions, t	, 32b, he
	numb	er of ite	ems rec	eivea,	or a c	ombir	nation (	or both	. Also	complet	e this	part	tor ar	ny add	itionai	intorma	ation. ———
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TEEA4602L 12/10/12

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# 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.

2012

OMB No 1545-0047

Open to Public Collected

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

WASTE NOT, INC	86-0650514
Form 990, Part VI, Line 11b - Form 990 Review Process	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND	D THE TREASURER PRIOR TO
FILING.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process	s - CEO, Top Management
THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED IN PART	CON HER ANNUAL REVIEW,
DOCUMENTED IN HER PERSONAL FILE, AND SET USING INFORMA	ATION FROM THE MARKET PLACE.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
FORMS AND DOCUMENTS ARE AVAILABLE UPON REQUEST.	

ome	<u> w</u>	/ASTE NOT, INC			86-065051								
ome 													
		Part II, Line 10 - Other Income											
	2012	2011	2010	2009	2008								
\$ tal	55. 55.	\$ 4,870. \$ \$ 4,870. \$	1,607. \$ 1,607. \$	34. 34. \$	0.								
		<del></del>	<u> </u>	<u></u>									
	tal <u>\$</u>	tal <u>\$ 55.</u> <u>\$</u>	tal <u>\$ 55.</u> <u>\$ 4,870.</u> <u>\$</u>	tal <u>\$ 55.</u> <u>\$ 4,870.</u> <u>\$ 1,607.</u> <u>\$</u>	tal <u>\$ 55.</u> <u>\$ 4,870.</u> <u>\$ 1,607.</u> <u>\$ 34.</u> <u>\$</u>								