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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

2012

| | | | | benefit | trust or private found | dation) | | | Open to Public |
|-------------------------------|---|-----------------------------|-------------------------------------|-----------------------------|---|---------------------------|---------------------------------|------------------|---------------------------------------|
| | | the Treasury rue Service | ► The organization | on may have to use | e a copy of this return t | o satisfy state rec | orting requirements | | inspection |
| | | | ar year, or tax year begin | | 07-0 | ~~ ~~ ~~ ~~ ~~ | | 6-3 | <u> </u> |
| _ | | eppicable | C Name of organization ASS(| | | | onema . | — | Employer identification no |
| \Box | Address | | Dong Business As | CIRITON OF P | ARIZORA FOOD DA | MING. | | | 6-0507679 |
| | Name on | | Number and street (or PO) by | ny if mail is not delivered | to strant admosts of | | Room/suss | 1 | Telephone number |
| \Box | initial retu | _ | 2100 N CENTRAL | | 10 01 461 600 500) | | 230 | | 602) 529-3434 |
| | Terminals | | City, town or post office state | " | | ····· | 1230 | ' ' | 1,654,105 |
| 一 | Amended | | Phoenix, AZ 85 | | | | | ۱. | Gross recepts \$ |
| Ē | | an pending | F Name and address of princ | | A PODGERS | * | | 10 | 010001200018 |
| _ | | | Same as C above | • | | | H(a) is this a group entitletes | temm : | Tor Dvon Man |
| | tax-exem | int status 🔯 | 501(c,(3) |) 🚄 (msen no) | 4917(8)(11 or 0 | 527 | H(b) Are all allinistes | | |
| | Website. | | .azfoodbanks.org |) Colegation | <u> </u> | <u> </u> | | alist is | see instructions! |
| | *************************************** | | | sociation Other | . | L Year of formation | 1984 M State of 8 | | · |
| | rt I | Summar | | | | E star cristiania | 1304 In Objects | 71347 120 | |
| L | 1 | | be the organization's miss | HOD OF MOST Signific | ant activities. TO E | NET.TUEB FOOT | AND QUALITY | | דרפפיית בתתח |
| _ | | | FOSTER RELATION | | | | | | |
| ဦ | | | THIS MISSION THE | | | | | | |
| 2 | | | ABORATION APPROAC | | OF AKTEONA FOO | D DAMES UDE | D COORDINATION | <u>, c</u> | OUTERATION |
| JAIN Activities & Governance | 2 | | x ▶ ☐ if the organization | | perations or disposed | of more than 25% | 6 of its net assets | | |
| Ğ | 3 | | ting members of the gove | | | | 1 | 3 l | 15 |
| ⊒φ ⊒φ | 4 | | dependent voting member | | | | <u> </u> | - | 15 |
| 遑 | 5 | | of individuals employed in | | • | | <u> </u> | | 8 |
| ÷ | 6 | | of volunteers (estimate if | • | | | | +- | 2 |
| ĕ | 7a | | d business revenue from | • • • | C) Ine 12 | | | a | 0 |
| ≥ | 1 . | | business taxable income | • | ** | | <u> </u> | ь | 0 |
| <u> </u> | 1 | | | | | | Prior Year | _ | Current Year |
| ` | 8 | Contributions | and grants (Part VIII, line | 1h) | | | 1,788,5 | 77 | 1,409,236 |
| นี ร | 1 | | | | | | | 64 | 241,140 |
| 2 | 10 | _ | come (Parl VIII, column (| | | | 3,2 | | 2,529 |
| ≨: | 11 | | e (Part VIII, column (A), hi | | | | 11,3 | | 1,200 |
| O SERVENIED | 12 | | - add lines 8 through 11 (| | • | | 2,570,8 | _ | 1,654,105 |
| (1) | 13 | | mila arpounts paid (Plant | | ************************************** | | 2,0,0,2 | 7 | 0 |
| | 14 | | to of Tod manders (Part | | | | | \neg | 0 |
| | • | | compensation, employe | 1031 | | | 447,7 | 60 | 416,456 |
| Expenses | | 1 77 | Syndrajsing feets (Rate (M) | 122 1 | | | | - | 0 |
| Ž | Ь | Total fundraß | ng expenses (Part IX, col | umn (2) line 25) | • · | 163,269 | | \top | · · · · · · · · · · · · · · · · · · · |
| ă | 17 | Other evnens | es (Dart JY_columnst&test) | nered 15.41d 411 2 | 101 | | 1,859,8 | 46 | 1,207,027 |
| | 18 | Total expense | s (dd(ines) 13,1% (musi | egual Part IX, colu | mn (A), line 25) | | 2,307,60 | | 1,623,483 |
| | 19 | Revenue less | expenses Subtract line | 18 from line 12 . | | | 263,21 | | 30,622 |
| * 5 | | | | 7 | | | Beginning of Current Yes | - | End of Year |
| Fund Blances Not Assets or | 20 | Total assets (i | Part X, line 16) | | | | 1,832,6 | | 1,819,186 |
| Ass Ass | 21 | Total liabilities | (Part X, line 26) | | | | 89,91 | | 45,886 |
| <u>₹</u> | 22 | Net assets or | fund balances. Subtract | line 21 from line 20 | | | 1,742,6 | _ | 1,773,300 |
| Pa | rt II | Signatur | e Block | | | | | | |
| | | | re that I have examined this return | | | | anowedge and belief it is | | |
| 200 C | отек, ап | vd complers Decis | report of preparer (other than rife | cer) is based on all inform | nebon of which preparer has a | any knowledge | | | |
| | 1 | . (| To Ellen Si | ren | | | 1 | 11. | -21-2013 |
| Sig | n | Sgnaturé | officer | 1 | | | D | ále | |
| Her | e | : • | LEN SEREY, SECRE | TARY / TREAS | URER | | | | |
| | ļ | | nnt name and tale | | | | | | |
| | | Print/Type of ac | arer's name | A 607 71 . | Capitals against your a tour | Cate | Check I if | PTIN | |
| Paid | đ | Joel D F | | galle There | CA I AND STREET BOOK ON BILL STAN CLA RESTORN STREET STAN | 11-19-2013 | sə#-emplayea | 1 | 200221438 |
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| | Only | | | aseline Rd S | uite 116 | | Prosens | | |
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For Paperwork Reduction Act Notice, see the separate instructions

May the IRS discuss this return with the preparer shown above? (see instructions)

Mesa AZ 85204

Form 990 (2012)

| Form | 1990 (2012) .ASSOCIATION OF ARIZONA FOOD BANKS | 86-0507679 | Page 2 |
|------|---|---------------------------------------|---------------------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | · · · · · · · · · · · · | <u> 🖳 </u> |
| 1 | Bnefly describe the organization's mission. | | |
| | TO DELIVER FOOD AND QUALITY SERVICES TO FOOD BANKS AND FOSTER RELATIONSHIPS | IN SUPPORT O | F_OUR_ |
| | COMMITMENT TO ELIMINATE HUNGER. TO ADDRESS THIS MISSION THE ASSOCIATION OF | ARIZONA FOOD | |
| | BANKS USES COORDINATION, COOPERATION AND COLLABORATION APPROACHES. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | _ |
| | prior Form 990 or 990-EZ? | · · · · · · Yes | X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | - |
| | services? | · · · · · · Yes | x No |
| _ | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measu | | |
| | 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 \$1,079,321 including grants of \$) (Revenue | | , |
| | THE ARIZONA STATEWIDE GLEANING PROJECT, A PROGRAM OF THE ASSOCIATION OF ARIZ | | |
| | COLLECTS, HARVESTS, AND TRANSPORTS DONATED FRESH PRODUCE AND OTHER DONATED F | • | |
| | JOINT PURCHASES AND REPACKAGES FOOD FOR ARIZONA FOOD BANKS. IN 2011-12, THE | | LED |
| | 34 MILLION POUNDS OF NUTRITIOUS FOOD AND OTHER PRODUCTS THAT BENEFITED MEMBE | | |
| | OUT-OF-STATE PARTNERS SERVING HUNGRY PEOPLE. UTILIZING OUR TWO TRACTOR, FIVE TRAILER FLEET, DONATED TRANSPORTATION AND HIRED TRUCKING, THIS FOOD WAS DELI | | |
| | EFFICIENT, TIMELY, AND EFFECTIVE WAY, DEMONSTRATING THAT FOR EACH \$1 DONATED | | THIS |
| | PROJECT, 20 POUNDS OF FOOD IS GENERATED TO HELP HUNGRY PEOPLE. | O TO AMED FOR | 11113 |
| | PRODUCT, 20 FOODS OF FOOD IS GENERALED TO HELE HONGAT FEBRUAR. | · | |
| | | | |
| | | • | |
| | | | |
| 4b | (Code) (Expenses \$ 268,682 including grants of \$) (Revenue | \$ | |
| | See SERVICES page for a description of this program service. | | |
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| | | | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O) | , | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 40 | Total program service expenses 1,348,003 | | 000 (0010) |
| EEA | | Fom | n 990 (2012) |

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 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 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, 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 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 R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," . 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . 11b Χ 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 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete · 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Χ 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 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 Х 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 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

20b

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization Х in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 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 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 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

12) . ASSOCIATION OF ARIZONA FOOD BANKS Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Part V

| | Check it Schedule O contains a response to any question in this Part V | • • • | | <u>, ப</u> |
|-----|--|--------|-----|------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| 2a | reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | _X | |
| Za | Chatanana Stad Cartha and a stade of the sta | | | |
| ь | Statements, filed for the calendar year ending with or within the year covered by this return | 2b | Х | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | · 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 | | | _ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | - | X |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 | | - 6b | | |
| a | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| _ | and services provided to the payor? | - 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | Λ |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | . 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 0 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7ө | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u>X</u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 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 holdings at any time during the year? | | - | - |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | 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? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 | İ | | |
| 11 | Section 501(c)(12) organizations. Enter | | Ì | |
| а | 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) | ļ | ļ | |
| l2a | 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 | İ | [| |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the state or which | ľ | | |
| 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 | ŀ | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | Jensey H. J. Company C. C. Company C. C. C. C. C. C. C. C. C. C. C. C. C. | 14b | | |
| | The state of the s | | | |

| 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 |
| | Obselv (Oshed to Ossets's a second to second the second to second the Second |

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | | | E-3 |
|--------|--|-------|---------------------|-------------|
| | Check if Schedule O contains a response to any question in this Part VI | • • • | • • • | X |
| Sec | tion A. Governing Body and Management | | | |
| | 1 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | i |
| | 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 | | | 1 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 15 | | | , |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | _ | | |
| | any other officer, director, trustee, or key employee? | _2_ | | _X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Did the organization have members or stockholders? | -6 | _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? | 7a | Х | |
| Ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | ., | |
| _ | stockholders, or persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | 7 |
| | the year by the following. | | | - ' |
| a | The governing body? | • 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | _8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 37 |
| 200 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | <u>X</u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | · | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | X No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | IVA | | |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10ь | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | IIa | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| · | describe in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | $\frac{\dot{x}}{x}$ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| b | Other officers or key employees of the organization | 15b | | <u>X</u> |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| - | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AZ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| - | available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | ☐ Another's website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year | | | |
| | | | | |

20 State the name, physical address, and telephone number of the person who possesses the books and records of the

| orm 990 (20 | | | 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 | <u></u> | . 🗆 |

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

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

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

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

| (A) | (B) | | | (0 | 2) | | | (D) | (E) | (F) | |
|--------------------------|-----------------------------|---|----------|------------|--------------|-----------------------------------|-------------|---------------------------------|---------------------------|------------------------------|--|
| Name and Title | Average | Position | | Reportable | Reportable | Estimated | | | | | |
| | hours per week (list any | (do no | ot che | ck m | ore th | an one | | compensation from | compensation from related | amount of other | |
| | hours for | box, ı | ınless | pers | on Is | both an | | the | organizations | compensation | |
| | related organizations | office | and | a dire | ctor/t | rustee) | _ | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | |
| | below dotted tine) | Itd nru use vtc leo ur ao Ir | nst-tee | C B | Key employee | H c e m g p p e n e n s e t e e d | F o r m e r | (11-271033-111100) | | and related organizations | |
| (1) ANGELA BELLAN | | | a I | | | | _ | | | | |
| DIRECTOR | 1.00 | X | | <u></u> | L | | | 0 | 0 | 0 | |
| (2) BEVERLY DAMORE | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 | |
| (3) BILL CARNEGIE | | | | | | | | | | | |
| PAST CHAIRMAN | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (4) BOB EVANS | | | | | | | | | 1 | | |
| DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 | |
| (5) DAVID SCHWAKE | | | | | | ŀ | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0 | 0 | . 0 | |
| (6) JEROME K GARRISON SR | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | Ŀ | | | | | 0 | 0_ | 0 | |
| (7) JO ELLEN SEREY | | | | | | | | | | | |
| SECRETARY / TREASURER | 1.00 | X | | Х | <u> </u> | | | 0 | 0 | 0 | |
| (8) KARILEE S RAMALEY | | | | | | | | | | | |
| BOARD CHAIR | 1.00 | X | | Х | | | | 0 | 0 | 0 | |
| (9) KARINA ERNSTSEN | | | | | | | | | | | |
| VICE CHAIR | 1.00 | X | | Х | | | ļ | 0 | 0 | 0 | |
| (10)MANUELA SHEEHAN | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | | 0 | 0 | | |
| (11)MICHAEL T IVERS | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | ļ | | | | <u> </u> | 0 | 0 | 0 | |
| (12)SHARON PIERSON | | | | | | 1 | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | <u> </u> | 0 | 0 | 0 | |
| (13)SUSAN B RIEDEL | | 1 | | | | - | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | | 0 | 0_ | 0 | |
| (14)WILLIAM H NORD | | | | | İ | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | <u> </u> | 0 | 00 | 0 Form 990 (2012) | |

| Part. | VII Section A. Officers, Directors, Trustees | Key Employ | yees, a | and | High | 10St | Comp | oens | ated Employees | (continued) | | _ | |
|-------------|--|--------------------------|--|----------|--------------|--------|----------------|----------|----------------------|-----------------------|--------------|--------------------|-------------|
| | (A) | (B) | | | (6 | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average Position | | | | | | | Reportable | Reportable | Estimated | | |
| | | hours per | have contain a manage of hards are | | | | | | compensation from | а | mount of | | |
| | | week (list any | officer and director/frustee) | | | | | | | related organizations | cor | other npensatio | าก |
| | | hours for related | I t d | Τ_ | Г | r | Нсе | F | organization | (W-2/1099-MISC) | 1 | from the | *** |
| | | organizations | nrı | n r | f | е | l om | 0 | (W-2/1099-MISC) | | | ganızatıor | |
| | | below dotted | dur | t s | 1 1 | y | g mp h p i | ľm | | | | nd related | |
| | | line) | vtc | | | m | 9 9 0 5 n y | P | | | org | anızatıon | 15 |
| | | | d e o | u e t | r | P | t s e | l | | | | | |
| | | | a o | ı | | o y | t e | ł | | | | | |
| | | | ' ' | n | | 8 | ď | | | | | | |
| | | <u></u> | | a I | L | | | | | | | | |
| (15)AN | GELA RODGERS | | | ŀ | | | ł | | | | | | |
| PR | ESIDENT & CEO | 40.00 | | | Х | Х | | | 5,481 | | ļ | 5 | 10 |
| (16)KA | THERINE HILDEBRAND | | | | | | | | | | | | |
| | ST PRESIDENT & CEO | 40.00 | | | | Х | | | 86,300 | o | | 8,4 | 00 |
| | ERRY HOSTLER | 1 | 1 | | | | | | | | | | |
| • • | COUNTING MGR | 16.00 | | | | x | | | 13,959 | o | | 2,1 | 82 |
| (18) | SOUNT LINE THEN | 1 20.00 | <u> </u> | <u> </u> | | | | \vdash | 13,333 | | | 2,1 | <u>02</u> |
| (10) | | | 1 | | | | | | | | | | |
| (10) | | | | l | | ļ | | | | | | | |
| (19) | | | | | | | | | | | | | |
| | | + | ļ | | | - | | \vdash | <u>.</u> . | | | | |
| (20) | | | ŀ | | | | | | | | | | |
| | | | <u> </u> | L | <u> </u> | | | | | | | | |
| (21) | | ľ | | | ŀ | | | | | | | | |
| | | <u> </u> | ļ | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| | | | | | l | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| | | | Ì | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| ` , | | 1 | | | | | | | | | | | |
| (25) | | | | | | | | М | | | | | |
| (, | | | | | | | | | | | | | |
| 1b | Sub-total | | L | | | | | _ | | | | | |
| | Total from continuation sheets to Part VII, Secti | | • • • | • • | • • | • • | • • • • | | | | _ | | |
| C | | | | • • | • • | • • | | • | | | | | |
| d | Total (add lines 1b and 1c) | | _ | | _ | | | | 105,740 | | <u> </u> | 11,0 | <u>92</u> |
| 2 | Total number of individuals (including but not limite | d to those list | ed abo | ove) | who | rec | eived i | more | e than \$100,000 of | | | | |
| | reportable compensation from the organization | | | | | | | | | 0 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, director | | - | | ee, d | or hi | ghest | com | pensated | | -, · | | |
| | employee on line 1a? If "Yes," complete Schedule | J for such ind | ıvıdual | | | | | | | • • • • • • • | 3 | | <u>X</u> |
| 4 | For any individual listed on line 1a, is the sum of re | portable com | pensa | tion | and | othe | r com | pens | sation from the | | - | H | |
| | organization and related organizations greater than | \$150,000? I | f "Yes, | " cor | nple | te S | chedu | le J | for such | | | | |
| | individual | | | | | | | | | | 4 | | Χ |
| 5 | Did any person listed on line 1a receive or accrue of | compensation | from | anv i | unre | late | d orga | nıza | tion or individual | | | | |
| | for services rendered to the organization? If "Yes," | | | - | | | - | | | | 5 | | Х |
| Section | on B. Independent Contractors | Joinplote Joi | - Todalo | 0 10 | | | | | | | | | |
| 1 | Complete this table for your five highest compensa | ted independ | ent co | ntrac | tore | that | rocon | vad | more than \$100.00 | | | | |
| • | | | | | | | | | | | | | |
| | compensation from the organization. Report compe | ensation for ti | ie caie | naai | yea | aren | iairig v | viti (| or within the organi | zation's tax | | | |
| | year | | | | | _ | | - | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business address | | | | | | | | Description of s | services | Comp | ensation | |
| | | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | but not limite | d to th | ose | liste | d ah | ove) v | vho | • | | | - | |
| | received more than \$100,000 of compensation from | | | | | | -, - | - | | | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response to a | ny question in this | Part VIII | <u> </u> | | <u> </u> |
|---|----------------|--|---------------------|----------------------|---|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| र र | 1a | Federated campaigns 1a | | | | | |
| בשב | ь | Membership dues 1b | 54,230 | | | | |
| وَقَ | c | Fundraising events 1c | | † | | | |
| ifts ar A | d | Related organizations 1d | | 1 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (contributions) 1e | 365,092 | 1 | | | |
| | , | All other contributions, gifts, grants, | 303,032 | 1 | | | |
| utic Per | ' | and similar amounts not included above | 989,914 | | | | |
| Ę <u>ę</u> | _ ا | Noncash contributions included in lines 1a-1f \$ | 303,314 | 1 | 4 | | |
| <u> </u> | h | | | 1,409,236 | | | |
| <u> </u> | " | Total. Add lines 1a-11 | Business Code | 1,409,236 | | | |
| 9 | 22 | OLDANITUO C. MOANO | | 041 140 | | | |
| Žen. | b | GLEANING & TRANS. | 480000 | 241,140 | 241,140 | - | |
| æ | | | | | | | |
| Program Service Revenue | C | | | | | | |
| 8S C | d | | | | | ·· <u>-</u> | |
| Jran | Р . | Attack | | | | | - |
| Prog | 1 | All other program service revenue · · · · · · | | | | · · · · | |
| | 9 | Total. Add lines 2a-2f | · · · · · · · · • | 241,140 | | | |
| | 3 | Investment income (including dividends, interest, | | | | | |
| | ١. | and other similar amounts) | | 2,529 | | | 2,529 |
| | 4 | Income from investment of tax-exempt bond prod | | | | | |
| | 5 | Royalties | · · · · · · · • | | | | |
| | | (ı) Real | (ii) Personal | 1 | | | |
| | | Gross rents · · · · · · · | | | | | |
| | | Less: rental expenses · · · · | | <u> </u> | | | |
| | C | Rental income or (loss) · · · | |] | | | |
| | d | Net rental income or (loss) | <u> ▶</u> | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (ii) Other | | | | |
| | Ь | Less: cost or other basis and sales expenses | | | | | |
| | С | Gain or (loss) | | 1 | | | |
| | d | Net gain or (loss) | | 1 | | | |
| 9 | | Gross income from fundraising | | | | | |
| enne | | events (not including \$ | | | | | |
| ş | | of contributions reported on line 1c). | | | | | |
| Other Re | | See Part IV, line 18 · · · · · · · a | | | | | |
| 돌 | Ь | Less direct expenses b | | | | | |
| • | l . | • | | 1 1 | | | |
| | 1 | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 · · · · · · · · a | 1 | | | | |
| | h | Less: direct expenses b | | 1 | | | |
| | l | Net income or (loss) from gaming activities • • | | 1 | | | |
| | | | | | | | |
| | | Gross sales of inventory, less returns and allowances | | | | | |
| | ı | Less: cost of goods sold b | L | | | | |
| | С | Net income or (loss) from sales of inventory | <u> ▶</u> | ļ | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | OTHER INCOME | 900099 | 1,200 | 1,200 | | |
| | ь | | | | | | |
| | С | | | | | | |
| | d | All other revenue | L | | | | |
| | l | Total. Add lines 11a-11d | | 1,200 | | | |
| | 12 | Total revenue. See instructions · · · · · · | | 1,654,105 | 242,340 | C | 2,529 |

Form 990 (2012)
Part IX S 2) · ASSOCIATION OF ARIZONA FOOD BANKS
Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other organi | zations must complete | column (A). | |
|---------|--|------------------------|------------------------|-----------------------|--------------------|
| | Check if Schedule O contains a response to any quest | tion in this Part IX | | | |
| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| Bb, S | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | · . | * |
| 2 | Grants and other assistance to individuals in | | | | |
| _ | the United States. See Part IV, line 22 | | | | |
| 3 | 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 | | | | ····· |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 86,300 | 50,779 | 14,171 | 21,350 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| - | persons described in section 4958(c)(3)(B) · · · · · · | | 4.54 .000 | | ···· |
| 7 | Other salanes and wages | 257,150 | 151,309 | 42,224 | 63,617 |
| 8 | Pension plan accruals and contributions (include | | | | |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | | | | |
| 9 10 | Payroll taxes · · · · · · · · · · · · · · · · · · · | 72.006 | 42.424 | 10.005 | 10.257 |
| 11 | Fees for services (non-employees) | 73,006 | 42,424 | 12,225 | 18,357 |
| '' a | Management · · · · · · · · · · · · · · · · · · · | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| 9 | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | · |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | " | | |
| 16 | Occupancy · · · · · · · · · · · · · · · · · · · | 25,095 | 16,535 | 3,536 | 5,024 |
| 17 | Travel | 8,057 | 8,034 | | 23 |
| 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 | 46,816 | 46,816 | | |
| 23 | Insurance | | | | |
| 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) | | | | |
| а | FOOD, FRIEGHT & RELATED EXP | 568,643 | 568,643 | | |
| b | OUTSIDE SERVICES | 345,393 | 317,931 | 22,387 | 5,075 |
| С | EQUIPMENT RENTAL AND REPAIR | 98,646 | 98,557 | 37 | 52 |
| d | MATERIALS AND SUPPLIES | 73,300 | 21,549 | 7,473 | 44,278 |
| е | All other expenses | 41,077 | 25,426 | 10,158 | 5,493 |
| 25 | Total functional expenses. Add lines 1 through 24e · | 1,623,483 | 1,348,003 | 112,211 | 163,269 |
| 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 If | | | | |
| | following SOP 98-2 (ASC 958-720) | 1 | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in this Part X | · · · · · · · · · · · · · · · · · · · | • • • | <u> </u> |
|-----------------------------|-----|---|---------------------------------------|-------|-------------|
| | | | (A) | | (B) |
| | _ | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 900,305 | 1 | 983,917 |
| | 2 | Savings and temporary cash investments | 691,404 | 2 | 693,874 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 169,276 | 4 | 127,664 |
| | 5 | Loans and other receivables from current and former officers, directors | | | , |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4985(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 | |
| ys | 7 | Notes and loans receivable, net | 17,318_ | 7 | |
| Assets | 8 | Inventones for sale or use | <u> </u> | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 4,312 | 9 | 3,969 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 434,155 | | | |
| | b | Less accumulated depreciation · · · · · · · · · · 10b 424,393 | 50,043 | 10c | 9,762 |
| | 11 | Investments - publicly traded securities | .= | 11 | |
| | 12 | Investments - other secunties. 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,832,658 | 16 | 1,819,186 |
| | 17 | Accounts payable and accrued expenses | 89,980 | 17 | 45,886 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| iab | | disqualified persons Complete Part II of Schedule L | | 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 | 89,980 | 26 | 45,886 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and | _ | | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| anc | 27 | Unrestricted net assets | 1,665,823 | 27 | 1,711,611 |
| 3ali | 28 | Temporanly restricted net assets | 76,855 | 28 | 61,689 |
| פַ | 29 | Permanently restricted net assets | | 29 | |
| ᆵ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and | | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSI | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | <u> </u> |
| Net Assets of Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ž | 33 | Total net assets or fund balances | 1,742,678 | 33 | 1,773,300 |
| | 34 | Total liabilities and net assets/fund balances | 1,832,658 | 34 | 1,819,186 |
| | | | | | |

| | | 5-050 | 7679 | <u> </u> | P | <u>age 12</u> |
|----|---|-------|------|----------|------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | 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 | _ | 1,6 | 54,1 | L05 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | _ | 1,6 | 23,4 | 183 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 30,6 | 522 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,7 | 42,6 | 578 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | . 7 | | | | |
| 8 | Prior period adjustments | . 8 | | - | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | - 10 | | 1,7 | 73,3 | 300 |
| Pa | rt XII 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 Accrual Other | | Γ | | | |
| | 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? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | Γ | | | |
| | reviewed on separate basis, consolidated basis, or both | | 1 | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | i | i |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | Ī | | | |
| | Schedule O. | | | | | |
| 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? | | | 3a | | Х |
| 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 stens taken to undergo such audits | | | 3 h | | |

EEA

Form 990 (2012)

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public -- 1 Inspection

Employer identification number

| | | ATION OF ARIZO | | | | | | | | <u> 507679</u> | | | |
|----------|-------|----------------------------------|------------------------|---|-------------------------------|--------------|---------------------------------------|---------------|---------------------------|----------------|--------------|---------|--------|
| Pa | rt-I | Reason for P | ublic Charity | Status (All organiz | zations m | nust com | plete thi | s part.) : | See insti | ructions. | · | | |
| The | orga | nization is not a privat | e foundation becar | use it is (For lines 1 thro | ough 11, ch | eck only o | ne box.) | | | | | | |
| 1 | | A church, convention | n of churches, or as | ssociation of churches d | lescribed ın | section 1 | 70(b)(1)(A |)(i). | | | | | |
| 2 | | A school described ii | n section 170(b)(1 |)(A)(ii). (Attach Schedu | le E) | | | | | | | | |
| 3 | | A hospital or a coope | erative hospital ser | vice organization descri | bed in sect | ion 170(b) |)(1)(A)(iii). | | | | | | |
| 4 | | A medical research of | organization operat | ted in conjunction with a | hospital de | escribed in | section 1 | 70(b)(1)(A |)(iii). Ente | r the | | | |
| | | hospital's name, city, | and state: | | | | _ | | | | | | |
| 5 | | An organization oper | rated for the benefi | t of a college or universi | ity owned o | r operated | by a gove | rnmental u | ınit descnb | ed in | | | |
| | | section 170(b)(1)(A) |)(iv). (Complete Pa | nrt II.) | | | | | | | | | |
| 6 | | A federal, state, or lo | cal government or | governmental unit desc | ınbed ın se | ction 170(| b)(1)(A)(v) | | | | | | |
| 7 | X | An organization that | normally receives | a substantial part of its s | support fror | n a govem | mental uni | t or from tl | ne general | public | | | |
| | | described in section | 170(b)(1)(A)(vi). (| Complete Part II.) | | | | | | | | | |
| 8 | | A community trust de | escribed in section | 170(b)(1)(A)(vi). (Com | plete Part I | l) | | | | | | | |
| 9 | | An organization that | normally receives: | (1) more than 33 1/3% | of its suppo | ort from co | ntributions, | , members | hip fees, a | nd gross | | | |
| | | receipts from activities | es related to its exe | empt functions - subject | to certain e | exceptions, | and (2) no | more tha | n 33 1/3% | of its | | | |
| | | support from gross in | nvestment income | and unrelated business | taxable inc | ome (less | section 51 | 1 tax) from | businesse | es | | | |
| | | acquired by the orga | nızation after June | 30, 1975. See section | 509(a)(2). | (Complete | Part III) | | | | | | |
| 10 | | An organization orga | inized and operate | d exclusively to test for p | public safet | y See sec | tion 509(a | 1)(4). | | | | | |
| 11 | | An organization orga | nized and operate | d exclusively for the ber | nefit of, to p | erform the | functions | of, or to ca | rry out the | | | | |
| | | purposes of one or m | nore publicly suppo | orted organizations desc | nbed in sec | ction 509(a | a)(1) or sec | tion 509(a |)(2). See s | ection | | | |
| | | 509(a)(3). Check the | box that describes | s the type of supporting | organizatio | n and com | plete lines | 11e throug | gh 11h | | | | |
| | | a 🗌 Type I | ь 🗌 Тур | ell c 🗌 Type | III-Functio | nally integr | rated | d [|] Type III- | -Non-funtio | onally int | egrate | t |
| ө | | By checking this box | , I certify that the o | rganization is not contro | lled directly | y or indired | tly by one | or more di | squalified p | persons | | | |
| | | other than foundation | n managers and ot | her than one or more pu | iblicly supp | orted orga | nızatıons d | lescnbed i | n section 5 | i09(a)(1) | | | |
| | | or section 509(a)(2). | | | | | | | | | | | |
| f | | If the organization re | ceived a written de | etermination from the IR | S that it is a | Type I, Ty | pe II, or Ty | /pe III supp | oorting | | | | |
| | | organization, check t | this box | | | | | | | | | | • •□ |
| g | | Since August 17, 200 | 06, has the organiz | ation accepted any gift | or contribut | ion from a | ny of the | | | | | | |
| | | following persons? | | | | | | | | | | | |
| | | (i) A person who d | lirectly or indirectly | controls, either alone or | r together w | nth person | s describe | d in (ii) and | t | | | Yes | No |
| | | (III) below, the g | joverning body of t | he supported organization | on? . | • • • • • | | | | | • 11g(i) | ļ | |
| | | (ii) A family member | er of a person desc | inbed in (i) above? | | • • • • • | • • • • • | | | | • 11g(ii) | ļ | |
| | | (iii) A 35% controlle | ed entity of a person | n described in (i) or (ii) a | above? . | | | | | | • 11g(iii | | |
| <u>h</u> | _ | Provide the following | information about | the supported organiza | tion(s). | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | (i) N | ame of supported organization | (ii) EIN | (iti) Type of organization | (iv) is the o | - | (v) Did yo | • | (vi) l | | (vii) Amo | | netary |
| | | organization | | (described on lines 1-9 above or IRC section | in col (i) lis governing o | | the organ | | organizati (i) organiz | | | support | |
| | | | | (see instructions)) | | 1 | | port? | | S ? | 4 | | |
| | | | | | Yes | No | Yes | No | Yes | No | ļ | | |
| (A) | | | | | | | | | | | | | |
| | | | | | 1 | <u> </u> | ļ | ļ | | <u> </u> | - | | |
| (B) | | | | | | | | | | İ | | | |
| | | | | | | | <u> </u> | | | | - | | |
| (C) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| | | | | | | | | - | | - | | | |
| (E) | | | | | | | 1 | | | | | | |
| | | | | | | - | | | | | | | |
| Tota | ıl | | | | | | | | | | | | |
| IUTZ | LF | | ı | (| 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |

Page 2

86-0507679 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | tion A. Public Support | | | | | | |
|-----------|--|---|-----------|-----------|-----------|-----------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,555,001 | 1,331,112 | 1,576,171 | 1,788,577 | 1,409,236 | 7,660,097 |
| 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 · · · · · | 1,555,001 | 1,331,112 | 1,576,171 | 1,788,577 | 1,409,236 | 7,660,097 |
| 5 | The portion of total contributions by | | | | | - | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | · 1 | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | • | | | | • | |
| | shown on line 11, column (f) | | | | | | 497,118 |
| 6 | Public support. Subtract line 5 from line 4 | , | | | | | 7,162,979 |
| | tion B. Total Support | , · · · · · · · · · · · · · · · · · · · | | | | , | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 · · · · · · · · · · · · · · · · · · | 1,555,001 | 1,331,112 | 1,576,171 | 1,788,577 | 1,409,236 | 7,660,097 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,409 | 1,608 | 3,071 | 3,290 | 2,529 | 12,907 |
| 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 IV) | 6,706 | 642 | 21,797 | 11,357 | 1,200 | 41,702 |
| 11 | Total support. Add lines 7 through 10 . | | | | 14 | | 7,714,706 |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | 3,886,939 |
| 13 | First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public St | <u> </u> | <u> </u> | | | | ▶□ |
| 14 | Public support percentage for 2012 (line 6, | - • • | | (6) | | 14 | 00 05 % |
| | Public support percentage for 2012 (line 6, Public support percentage from 2011 Sched | | • | | | | 92.85 % |
| 15 16a | 33 1/3% support test - 2012. If the organiz | | | | | | 96.45 % |
| ···u | box and stop here. The organization qualifi | | | | • | | ▶ 🏻 |
| ь | 33 1/3% support test - 2011. If the organiz | | · - | | | | |
| - | check this box and stop here. The organiza | | | | | ' | ▶ □ |
| 17a | 10%-facts-and-circumstances test - 2012 | • | • • • • | = | | | |
| | 10% or more, and if the organization meets | • | | | | | |
| | Part IV how the organization meets the "fac | | • | | • | | |
| | organization | | • | • | | | ▶ □ |
| b | 10%-facts-and-circumstances test - 2011 | | | | | | |
| - | 15 is 10% or more, and if the organization in | = | | | | | |
| | Explain in Part IV how the organization mee | | | | - | clv | |
| | supported organization | | | _ | • | - | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions · · · · · · · · · · · · · · · · · · · | | | | | | ▶ □ |
| | | | | | | | |

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

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

| Se | ction A. Public Support | | | | | | |
|----------|--|---------------------------------------|--------------------|---------------------------------------|---------------------|-----------------|--------------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| 2 | received (Do not include any "unusual grants") | · · · · · · · · · · · · · · · · · · · | | | | | |
| _ | 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 bus under sec 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) | | , | • | | | |
| Se | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| l0a | 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 carned on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 4 | First five years. If the Form 990 is for the organization, check this box and stop here | | | | | | ▶ □ |
| Se | ction C. Computation of Public Su | • • | | | | | |
| 5 | Public support percentage for 2012 (line 8, co | | • | | | 10 | % |
| 16 | Public support percentage from 2011 Schedu | | | · · · · · · · · · · · · · · · · · · · | | 16 | % |
| | ction D. Computation of Investme | | | | | 17 | |
| 17 | Investment income percentage for 2012 (line | | | olumn (1)) | | 18 | % % |
| 8 8- | Investment income percentage from 2011 Sc | • | | | o than 22 4/20/ | L | |
| | 33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box and a second sec | and stop here . Th | e organization qua | lifies as a publicly s | supported organiza | ation • • • • • | ▶ □ |
| | 33 1/3% support tests - 2011. If the organization line 18 is not more than 33 1/3%, check this begins foundation. If the organization did no | oox and stop here | . The organization | qualifies as a publi | cly supported orga | anization | ▶ □ |
| /11 | Private tolingation, it the organization did no | DE CROCK 2 DOV OR | une ia iya Ariiqk | CORCK THIS DOY AN | ia see instructions | | |

SCHEDULE C . (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

| • | Section 501(c)(4), (5), or (6) organizations | Complete Part III | | | |
|----------|--|---|----------------------|---|---|
| | e of organization | · · · · · · · · · · · · · · · · · · · | | Employer | identification number |
| AS | SOCIATION OF ARIZONA FOOD B | ANKS | | 86-0507 | 7679 |
| Pa | rt I-A Complete if the organ | ization is exempt under secti | on 501(c) or i | s a section 527 orga | anization. |
| 1 | Provide a description of the organization's | s direct and indirect political campaign a | ctivities in Part IV | | |
| 2 | Political expenditures | | | ▶ \$ | |
| 3 | Volunteer hours | | | · · · · · · · · · · <u> </u> | |
| | | | | | |
| Pa | | ization is exempt under secti | | | |
| 1 | Enter the amount of any excise tax incurr | | | | |
| 2 | Enter the amount of any excise tax incurr | | | | |
| 3 | If the organization incurred a section 495 | 5 tax, did it file Form 4720 for this year? | • • • • • • • • | | · 🗌 Yes 🔲 No |
| 4a | Was a correction made? | | | | · · ∐ Yes ∐ No |
| <u>b</u> | If "Yes," describe in Part IV | | | | |
| Pa | <u> </u> | ization is exempt under secti | | cept section 501(c)(| 3). |
| 1 | Enter the amount directly expended by the | | | _ | |
| | activities · · · · · · · · · · · · · · · · · · · | | | · · · · · · · • • • • • • • | |
| 2 | Enter the amount of the filing organization | | | | |
| | 527 exempt function activities • • • • • | | | · · · · · · · • | |
| 3 | Total exempt function expenditures Add | | | | |
| | line 17b | | | | |
| 4 | Did the filing organization file Form 1120 | | | | |
| 5 | Enter the names, addresses and employe | | | | - |
| | organization made payments. For each o | • | • | | |
| | the amount of political contributions recei | | • | • | |
| | as a separate segregated fund or a politic | cal action committee (PAC) if additional | space is needed, | provide information in Part | V |
| | (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) | | | | | |

| | art II-A Complete if the organization | OF ARIZONA FOO | DD BANKS | 1/0//2\ 0-4 5:10-4 | 86-0507 | |
|----|---|--|------------------------|------------------------|-----------------------|----------------|
| F | art II-A Complete if the organization section 501(h)). | on is exempt un | der section 50 | r(c)(s) and med | i Folili 3700 (ele | ction under |
| Α | Check ▶ ☐ If the filing organization belongs to | o an affiliated group (| and list in Part IV ea | ch affiliated group me | ember's | |
| | name, address, EIN, expenses, a | | | • . | | |
| В | Check ▶ ☐ If the filing organization checked | | | • | | |
| | | bying Expenditures | | · | (a) Filing | (b) Affiliated |
| | (The term "expenditures" | | | | organization's totals | group totals |
| 1a | | <u>.</u> | | | | |
| b | | | | | 17,076 | - |
| C | | | | | 17,076 | |
| d | Other exempt purpose expenditures | | | | 1,606,407 | |
| θ | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | 1,623,483 | |
| f | Lobbying nontaxable amount Enter the amount | from the following tal | ble in both | | | |
| | columns | | | | 231,174 | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amount | is: | | |
| | Not over \$500,000 | 20% of the ame | ount on line 1e | | | • |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess o | ver \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess o | ver \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess ov | er \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | ne 1f) • • • • • | | | 57,794 | |
| h | Subtract line 1g from line 1a. If zero or less, enter | er -0- | | | | |
| j | Subtract line 1f from line 1c If zero or less, ente | er-0 | | | | |
| j | If there is an amount other than zero on either li | ne 1h or line 1i, did th | e organization file F | orm 4720 | | |
| | reporting section 4911 tax for this year? | | | | | Yes No |
| | (Some organizations that | 4-Year Averaging Pe made a section 501 ow. See the instructi | (h) election do not | have to complete a | | |
| | Lobb | ying Expenditures I | Ouring 4-Year Avera | iging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a | Lobbying nontaxable amount | 251,953 | 252,487 | 265,380 | 231,174 | 1,000,994 |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,501,491 |
| c | Total lobbying expenditures | 16,068 | 16,068 | 17,076 | 17,076 | 66,288 |
| d | Grassroots nontaxable amount | 62,988 | 63,122 | 66,345 | 57,794 | 250,249 |
| 9 | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 375,374 |

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 ASSOCIATION OF ARIZONA FOOD BANKS 86-0507679 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? C d Mailings to members, legislators, or the public? 8 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? j 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 h If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 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." Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c C 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Supplemental Information Complete this part to 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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

EEA

SCHEDULE D . (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 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 Name of the organization 86-0507679 ASSOCIATION OF ARIZONA FOOD BANKS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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) 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. 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 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.

| | ule D (Form 990) 2012 ASSOCIATION OF ARI | | | | | | 86-050 | | | age 2 |
|--------|--|---------------------------------------|------------------|--------------|--|--------------|----------------------|------------|---------------|----------------|
| Pa | rt III Organizations Maintaining Coll | ections of A | rt, Histori | cal Tre | asures, o | <u>r Oth</u> | <u>er Similar As</u> | sets (co | ontinu | ed) |
| 3 | Using the organization's acquisition, accession, and | other records, cl | heck any of th | ne followi | ng that are a | signific | ant use of its | | | |
| | collection items (check all that apply) | | | | | | | | | |
| а | Public exhibition | d 🔲 Loar | n or exchange | e progran | ns | | | | | |
| b | Scholarly research | e 🗌 Othe | er | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collection | s and explain ho | w they furthe | r the orga | anization's ex | empt p | urpose in Part | | | |
| | XIII | • | • | | | | | | | |
| 5 | During the year, did the organization solicit or receive | e donations of a | rt. histoncal tr | easures. | or other simi | lar | | | | |
| | assets to be sold to raise funds rather than to be ma | intained as part | of the organiz | ation's c | ollection? | | | П | Yes | □No |
| Pa | rt IV Escrow and Custodial Arranger | ments. Com | plete if the | organi | zation ans | were | d "Yes" to For | m 990, | Part i | V . |
| | line 9, or reported an amount on F | | | | | | | · | | • |
| 1a | Is the organization an agent, trustee, custodian or ot | | | | her assets no | ot . | | | | |
| | included on Form 990, Part X? | | | | | | | n | Yes | □No |
| b | If "Yes," explain the arrangement in Part XIII and con | | | | | | | | | |
| - | roo, explain the alterngoment are accountable out | inprote the reners | mg table | | | | An | nount | | |
| С | Beginning balance | | | | | . 1c | 1 | iouni. | _ | |
| d | Additions during the year | | | | | | | | | |
| u | Distributions during the year | | | | | | | · | | |
| • | Ending balance | | | • • • • • | | 16 | | | | - |
| 2- | | | | | | | • • • • • • • | | v I | □ No |
| 2a | Did the organization include an amount on Form 990 | | | | | | | _ | | _ |
| | If "Yes," explain the arrangement in Part XIII Check rt V Endowment Funds. Complete if t | | | | | | | | ••• | |
| Га | | · · · · · · · · · · · · · · · · · · · | _ | 1 | | 1 | | | · · · · · · · | |
| | | a) Current year | (b) Pnor ye | ear | (c) Two years b | ack | (d) Three years back | (e) Fou | ır years t | ack |
| 1a | Beginning of year balance | | | | | | | - | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | · · · - | | | | | |
| 0 | Other expenditures for facilities and | • | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current year | r end balance (lir | ne 1g, columi | n (a)) hek | d as [.] | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment > % | | | | | | | | | |
| C | Temporanly restricted endowment | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should equa | ıl 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the possession of | the organization | that are held | l and adn | nınıstered for | the | | | | |
| | organization by | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | · · 3a(i) | | |
| | (ii) related organizations | | | | | | | · · 3a(ii) | | |
| b | If "Yes" to 3a(II), are the related organizations listed a | as required on S | chedule R? | | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the organiz | • | | | | | | | 1 | |
| Pa | rt VI Land, Buildings, and Equipmen | | | X, line | 10. | | | - | | |
| | Description of property | (a) Cost or othe | I | o) Cost or o | | (c) A | ccumulated | (d) Bo | ok value | |
| | Description of property | (investme | J - | oth (oth | | • • | preciation | (4) 50 | X Value | |
| | Land | | | | | | | | | |
| b | Buildings | | | | - | | | | | |
| | | <u> </u> | | | | | | | | |
| ч С | • | | | | | | | | | |
| d | Equipment | 1 | 24 155 | | | | 404 555 | | | |
| — e | Other STMD1E . | | 34 , 155 | no 10(a) | <u> </u> | | 424,393 | | 9 | <u>,762</u> |

| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuatio Cost or end-of-year market | |
|-------------------|---|---|--|---------------------------------------|
| (1) Financial | denvatives | | | |
| (2) Closely-he | eld equity interests | | | |
| (3) Other | | | | <u> </u> |
| _(A) | | | | |
| _(B) | | | | |
| _(C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | - - | | |
| (H)(l) | | | | |
| | A must equal Form 200. Best Y and (B) line 12.) | • | | |
| Part VIII |) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Relate | · · | 13. | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuatio Cost or end-of-year market | |
| (1) | | | | |
| (2) | | | | <u> </u> |
| (3) | | | | |
| (4) | | | | |
| (5) (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | · · · · · · · · · · · · · · · · · · · |
| (10) | | | | |
| |) must equal Form 990, Part X, col (B) line 13) | > | | |
| Part IX | Other Assets. See Form 990, P | art X, line 15. | | |
| | | (a) Description | | (b) Book value |
| (1) | | <u></u> . | | |
| (2) | | | | |
| (3) | | | | |
| _(4) | | | | |
| (5) | | | | |
| <u>(6)</u> (7) | | | · · · · · · · · · · · · · · · · · · · | |
| (8) | | | | |
| (9) | | | · · · · · · · · · · · · · · · · · · · | |
| (10) | | | | |
| | ın (b) must equal Form 990, Part X, col (B) lı | ne 15) | | |
| Part X | Other Liabilities. See Form 990, | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | ···· | | _ | |
| _(5) | | | | |
| (6) | <u> </u> | | _ | |
| _ (7) | | | 4 | |
| (8) | | | 4 | |
| (9) | | | 4 | |
| (10) | | | - | |
| (11) | | > | - | |
| |) must equal Form 990, Part X, col. (B) line 25.) SC 740) Footnote. In Part XIII, provide the tex | | financial statements that conorts the s | urganization's |
| 4. I IN 40 (A) | JO 1701 I DOLLIGIE III FAIL AIII. DI UVIUE (NE LE) | a vi die ivvinole lu die viaklizalion s l | mianda saccileits tidl 1800 ts til C | ryanizaduli 5 |

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| | | <u>86-0507679</u> | Page 4 |
|-------|---|--|-------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,654,105 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | 7 | |
| С | Recoveries of prior year grants | 7 | |
| d | Other (Describe in Part XIII) | 7 | |
| е | Add lines 2a through 2d | 2е | |
| 3 | Subtract line 2e from line 1 | | 1,654,105 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | ┥ ! | |
| c | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 1,654,105 |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | | 1,654,105 |
| 1 | Total expenses and losses per audited financial statements | 1 | 1 602 402 |
| 2 | Amounts included on line 1 but not on Form 990. Part IX. line 25: | ' | 1,623,483 |
| a | Donated services and use of facilities | 1 | |
| - | | - | |
| b | Prior year adjustments 2b Other losses 2c | - | |
| C | | - | |
| d | Other (Describe in Part XIII) | | |
| θ | Subtract line 2e from line 1 | 2e | |
| 3 | | 3 | 1,623,483 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| b | Other (Describe in Part XIII.) | - | |
| C | Add lines 4a and 4b | | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 1,623,483 |
| | rt XIII Supplemental Information | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b ar | | |
| | 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 add | itional | |
| infor | nation | | |
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| EEA | | Schedule | D (Form 990) 2012 |

Schedule D (Form 990) 2012

SCHEDULE Q (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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

| ASSOCIATION OF ARIZONA FOOD BANKS | <u>86-0507679</u> |
|---|----------------------------|
| 01. Members or stockholder classes and rights (P | Part VI, line 6) |
| MEMBERS ARE FOOD BANKS IN ARIZONA THAT ARE MEMBERS IN GOOD STAND | DING WITH FEEDING AMERICA, |
| OR AGENCIES OF FEEDING AMERICA MEMBERS IN THE STATE AND MEET THE | E MEMBERSHIP CRITERIA |
| STATED IN THE CURRENT BYLAWS OF THE ASSOCIATION OF ARIZONA FOOD | BANKS, INC. |
| | |
| 02. Member election for additional members (Part | VI, line 7a) |
| ALL MEMBERS HAVE REPRESENTATION ON THE BOARD OF DIRECTORS AND HA | AVE THE AUTHORITY TO ELECT |
| OTHER BOARD DIRECTORS. | |
| | |
| 03. Governing body decisions (Part VI, line 7b) | |
| ALL BOARD DIRECTORS HAVE REPRESENTATION ON THE BOARD AND HAVE TH | HE AUTHORITY TO BE PART OF |
| THE DECISION MAKING PROCESS. | |
| | |
| 04. Form 990 governing body review (Part VI, lin | e 11) |
| THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AND ALL BOARD MEM | BERS REVIEW FORM 990 PRIOR |
| TO FINALIZING AND FILING WITH THE IRS. THE AUDIT COMMITTEE THEN | REPORTS DATE AND |
| SUBSTANCE OF FILING OF THE 990 AT THE NEXT MEETING OF THE BOARD | OF DIRECTORS. |
| | |
| 05. Conflict of interest policy compliance (Part | VI, line 12c) |
| A NEW CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY ALL MEME | BERS OF THE BOARD AND |
| REVIEWED BY THE BOARD OF DIRECTORS FOR CONFLICTS. | |
| | |
| 06. CEO, executive director, top management comp | (Part VI, line 15a) |
| THE BOARD OF DIRECTORS COMPARES COMPENSATION FOR TOP MANAGEMENT | TO SIMILAR ORGANIZATIONS. |
| THE BOARD OF DIRECTORS ULTIMATELY APPROVES COMPENSATION LEVELS OF | OF TOP MANAGEMENT. |

| Schedule O (Form 990 or 990-E2) (2012) | rage |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| ASSOCIATION OF ARIZONA FOOD BANKS | 86-0507679 |
| | |
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| | |
| | |
| | |
| 07 Compuning documents the considerio to multip (Domb | 777 line 10) |
| 07. Governing documents, etc, available to public (Part | VI, line 19) |
| | |
| THE ORGANIZATION DISCLOSES DOCUMENTS ON ITS WEBSITE AND UPON REQUEST. | |
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Statement of Program Service Accomplishments

2012

01

Name(s) as shown on return

ASSOCIATION OF ARIZONA FOOD BANKS

Your Social Security Number

86-0507679

Form 990, Part III(a)

Program Service Code Program Service Expenses \$268682 Grants and allocations included in above expense \$0 Program Services Revenue \$0

Explanation

COORDINATION OF SERVICES TO MEMBER FOOD BANKS INCLUDES; BUT IS NOT LIMITED TO: MANAGING THE ARIZONA STATEWIDE GLEANING PROJECT: PROVIDING ONE POINT OF CONTACT FOR REGIONAL AND STATEWIDE FOOD AND RESOURCE GATHERING ACTIVITIES; ALERTING MEMBERS AND THE PUBLIC OF CHANGES IN REGULATIONS, BEST PRACTICES, TRAINING, AND FUNDING OPPORTUNITIES IN RELATION TO THE WORK OF MEMBER FOOD BANKS AND OTHERS THAT WOULD BENEFIT FROM FOOD PROVISION TO HUNGRY ARIZONANS; PROVIDES A PUBLIC WEBSITE, AN EMERGENCY FOOD PROVIDER DATABASE AND DIRECTORY, AND A TOLL-FREE PHONE LINE STATEWIDE TO GUIDE PEOPLE IN NEED, PROFESSIONALS WHO HELP THEM AND POTENTIAL FOOD DONORS TO FIND EMERGENCY AND LONGER TERM FOOD ASSISTANCE PROGRAMS STATEWIDE; BUILDS RELATIONSHIPS WITH LOCAL TO NATIONAL ORGANIZATIONS TO COMBAT HUNGER IN ARIZONA; ADVOCATES FOR PUBLIC AND ADMINISTRATIVE POLICIES AND PRACTICES THAT BUILD FOOD SECURITY FOR LOW INCOME ARIZONANS; CONDUCTS RESEARCH AND DATA GATHERING THAT HELPS BUILD PUBLIC AWARENESS ABOUT HUNGER, IT'S CAUSES AND SOLUTIONS IN ARIZONA; AND IS A PARTNER STATE ASSOCIATION IN THE FEEDING AMERICA NETWORK - ALL IN AN EFFORT TO EXPAND AVAILABLE FOOD AND RESOURCES TO MEET THE EMERGENCY AND SUPPLEMENTAL FOOD NEEDS OF HUNGRY ARIZONANS.

| • | Federal Supporting Statements | 2012 PG01 |
|----------------------------|-------------------------------|------------|
| Name(s) as shown on return | | FEIN |
| ASSOCIATION | OF ARIZONA FOOD BANKS | 86-0507679 |

Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other

| Description of Investment | Cost/basis (Investment) | Cost/basis (Other) | Depr | Book Value |
|------------------------------|----------------------------|-----------------------|---------|---------------|
| PROPERTY AND EQUIPMENT | 434,155 | 0 | 424,393 | 9,762 |
| Total | 434,155 | 0 | 424,393 | 9,762 |

Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| Internal Revenue | | | | | | <u> </u> | | |
|--|--|--|--|--|--------------------------|---------------|-------------|--|
| If you are f | iling for an Automatic 3-Month Extension, cor | nplete only l | Part I and check this box | | | | ▶ 🔯 | |
| If you are f | iling for an Additional (Not Automatic) 3-Mont | h Extension | , complete only Part II (on pa | age 2 of this form). | | | | |
| Do not comp | lete Part II unless you have already been grant | ed an autom | atic 3-month extension on a p | reviously filed Forn | n 886 | 8. | | |
| a corporation 8868 to reque Return for Tra | ing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no est an extension of time to file any of the forms libraries Associated With Certain Personal Benefit For more details on the electronic filing of this for | ot automatic) sted in Part I t Contracts, v | 3-month extension of time Your Part II with the exception owhich must be sent to the IRS | ou can electronicall f Form 8870, Inforr in paper format (se | y file I natior ee | Form n | | |
| Part I | Automatic 3-Month Extension of T | ime. Only | submit original (no cop | oies needed). | | _ | | |
| A corporation | required to file Form 990-T and requesting an a | utomatic 6-m | onth extension - check this be | ox and complete | | | _ | |
| Part I only • | | | | | | | 🕨 🔲 | |
| All other corpo | orations (including 1120-C filers), partnerships, F | REMICs, and | trusts must use Form 7004 to | request an extens | ion o | f tıme | | |
| to file ıncome | tax returns | | | | | | | |
| | | | Ente | filer's identifying | num | ber, see in | structions | |
| Туре ог | Name of exempt organization or other filer, se | mpt organization or other filer, see instructions. Employer identification number | | | | number (E | IN) or | |
| print File by the due date for | ASSOCIATION OF ARIZONA FOOD E | ANKS | KS 86-0507679 | | | | | |
| | Number, street, and room or suite no. If a PC | | | | r (SSN) | | | |
| | 2100 N CENTRAL AVE | ENTRAL AVE | | | | | | |
| filing your return See | City, town or post office, state, and ZIP code. | For a foreign | address, see instructions | | | | | |
| instructions | Phoenix, AZ 85004-1400 | | | | | | | |
| Enter the Retu | um code for the retum that this application is for | (file a separa | ate application for each return |) | | | 0 1 | |
| Application | | Return | Application | | | | Return | |
| Is For | | Code | Is For | | | | Code | |
| Form 990 or Form 990-EZ | | 01 | Form 990-T (corporation) | | | | 07 | |
| Form 990-BL | | 02 | Form 1041-A | | | | 08 | |
| Form 4720 (individual) | | 03 | Form 4720 | | | | 09 | |
| Form 990-PF | | 04 | Form 5227 | | | | 10 | |
| Form 990-T (sec 401(a) or 408(a) trust) | | 05 | Form 6069 | | | | 11 | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | 12 | | |
| Telephone If the organ If this is for | No. • 602-528-3434 nization does not have an office or place of busing a Group Return, enter the organization's four digroup, check this box | F/ ness in the U | emption Number (GEN) | | s is | | | |
| | | - | or the group, check this box | · · · · □ and a | llacn | | | |
| | names and EINs of all members the extension is | | 4. Sl. F 000 T) - 4 | -51 | | | | |
| | st an automatic 3-month (6 months for a corpora | • | • | | 00010 | n 10 | | |
| | until 02-18, 20 14, to file the exempt organization return for the organization named above. The extension is | | | | | | | |
| | organization's return for: | | | | | | | |
| - 11 | calendar year 20 or | | | | | | | |
| ⊾ छा | www.porthoripping | | | | | | | |
| | ► X tax year beginning 07-01 , 2012 , and ending 06-30 , 2013 | | | | | | | |
| _ | x year entered in line 1 is for less than 12 month | is, check rea | son: | Final return | | | | |
| | nge in accounting period | 00 0000 | | 1 | | | | |
| | pplication is for Form 990-BL, 990-PF, 990-T, 47 | 20, or 6069, | 1 . 1 . | | | | | |
| nonrefundable credits See instructions | | | | | 3a_ | \$ | | |
| | pplication is for Form 990-PF, 990-T, 4720, or 60 | | | | | | | |
| | ed tax payments made Include any prior year o | | | | 3b | \$ | | |
| | e due. Subtract line 3b from line 3a Include you | | th this form, if required, by usi | ng | | | | |
| EFTPS | (Electronic Federal Tax Payment System) See | instructions_ | · · · · · · · · · · · · · · · · · · · | . <u></u> . | 3с | \$ | | |
| Caution If you a | are going to make an electronic fund withdrawal with this Form | 8868, see Form | 8453-EO and Form 8879-EO for paym | ent instructions | | | | |