

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A 1</u>	or tne	2013 calendar year, or tax year beginning OCT 1, 2013 and	enaing S	EP 30, 2014	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	_Addre	Diabetes Prevention and Aid Fund			
	Name chang	Donaton long a Donate		86-0	804743
]Initial return		Room/suite	E Telephone numbe	
	Termi			1 T	980-2367
	Amen return	Uity or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,241,874.
	Application	Nogales, AZ 85621		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer Yolanda Soto		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)
		e: > www.diabetespaf.org	 -	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1997 N	A State of legal domicile: AZ
P	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities. Prov.			
Revenue (N∵⊂) Activities & Governance	<u>S</u> 2	fruits and vegetables to impoverished at			<u>Science has</u>
eri.	52 52	Check this box If the organization discontinued its operations or dispose	sed of more		_
Š	73	Number of voting members of the governing body (Part VI, line 1a)	·····	3	6
ଷ୍	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
jes	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	·	5	13
<u>s</u>	6	Total number of volunteers (estimate if necessary)	vi Etn	6	0
Ą	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	red	0 \$ 2075 7a	0.
<u> </u>	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	·,	7b	0.
ريا پينت		,	- '	Prior Year	Current Year
ė	8	Contributions and grants (Part VIII, line 1h)	·	34,380,057.	60,957,190.
ê. Fen	9	Program service revenue (Part VIII, line 2g)		220,701.	241,383.
%	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	8,382.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,958.	3,300.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	34,609,719.	61,210,255.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>27,279,931.</u>	49,469,092.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		306,193.	315,004 -
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25)	98.	6 010 005	11 11 17
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	6,918,095.	11,444,475.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	34,504,219.	61,228,571.
	19	Revenue less expenses Subtract line 18 from line 12		105,500.	-18,316.
ts o		T	Ве	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		491,162.	456,557.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u>-</u>	<u>97,837.</u>	101,464.
品	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		393,325.	355,093.
			o and atatam	ente and to the heat of m	u knowledge and helief it is
		lities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, corre	t, and complete Declaration of preparer (other than officer) is based on all information of w	ilicii preparei	lias ally knowledge.	16
O:		Signature of officer		Date	
Sig		l' //		54.0	
He	re	Yblanda Soto, President/CEO Type or print name and title			
_				Date Check	PTIN
Pai	ď	Print/Type preparer's name James E Raftery, CPA Website Management of the property of the pr	4	01/30/15 self-employ	
					86-0503 <u>405</u>
	parer Only	Firm's name James E. Raftery, CPA PC Firm's address 606 N. Stapley Drive		Firm's EIN	00-0303403
USE	Omy	Mesa, AZ 85203		Dhaga sa A O	0-835-1040
				Priorie 110. 4 6	
ivia	y trie i	RS discuss this return with the preparer shown above? (see instructions)	····		Yes No

16

	990 (2013) Diabetes Prevention and Aid Fund	86-0804743 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	Our mission is to rescue fresh produce, distributing it	
	children, and the edlerly, to help them eat nutriously	so we can help
	prevent prevalent diseases like diabetes.	
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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
40	revenue, if any, for each program service reported	241 202 \
48	(Code) (Expenses \$ 60,996,087. including grants of \$ 49,469,092.) (Revenue Collection and distribution of various produce and food	ue \$ 241,383.)
	throughout the State of Arizona and Northern Mexico. Do	
	are excluded from the reportable taxable income and expe	
	regulations; the amount of donated services received dur	
	\$30,284 in donated rent.	ting the year is
4b	(Code) (Expenses \$ including grants of \$) (Revent	ue\$)
4c	(Code) (Expenses \$) (Revenue	ue\$)
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	1
4e	Total program service expenses ► 60,996,087.	
		Form 990 (2013)
33200	z .	•

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
40	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	40		v
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Х	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u>X</u>	ļ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		y .
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
			990	(2013)

Form 990 (2013) Diabetes Prevention and Aid Fund 86-0804743 Page 4
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	$\overline{}$	Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		v	
20		21	X	
22	Did the organization report more than \$5,000 of grants or 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	•	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	02		Х
24a		23		Λ
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	040		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt borids beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	any tax-exempt bonds?	240		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
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	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
	instructions for applicable filing thresholds, conditions, and exceptions):		}	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	 (2013)

	Check if Schedule O contains a response or note to any line in this Part V			
	a de la companya de l		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u>X</u> _	
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		<u> </u>
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			7.7
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		ļ
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	8_		 -
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	30		
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 10b]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	,		
	amounts due or received from them)	ļ	i	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	{		1
	Enter the amount of reserves on hand	44=		v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "You " here it filed a Form 700 to report these payments? If "No " provide an explanation in Schodule O.	14a	 	X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 000	(2013)

Form 990 (2013) Diabetes Prevention and Aid Fund 86-0804743 Page
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.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		<u>X</u>					
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_		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	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		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b_		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
þ	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses 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)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	х	i					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	Λ						
·	In Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	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	17							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
	Other officers or key employees of the organization	15b	X						
_	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		X					
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, FL, NJ, WA, MA, NY, CA, CT, NC	I,IL							
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)	avaılat	le	_					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X 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, are	id finar	ncial						
	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 organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition.	-						
	The Organization - 520-980-2367								
	2661 N. Donna Ave, Nogales, AZ 85621								

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

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

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

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

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 (A) (B)				((npei	isai	(D)	(E)	(F)
(A) Name and Title	Average			Pos	ıtıon			Reportable	Reportable	(F) Estimated
Name and title	hours per	(do	not c	heck	eck more than one is person is both an			compensation	Reportable compensation	amount of
	week	offic	officer and a direct			ector/trustee)		from	from related	other
	(list any	ફ				ļ l		the	organizations	compensation
	hours for	gle				20		organization	(W-2/1099-MISC)	from the
	related	stee o	nstee			ES E		(W-2/1099-MISC)		organization
	organizations	E Tus	na tr		toyee	E .				and related
	below	individual trustee or director	Institutional trustee	Officer	E d	Highest compensated employee	шeг			organizations
	line)	르	€.	#5	ā	돌	호	· ·		
(1) Yolanda Soto	50.00									
President/CEO		X		X				80,000.	0.	0.
(2) Michele Arboisiere	1.00								_	_
Vice President		X		X				0.	0.	0.
(3) Tino Ocheltree	1.00								_	_
Secretary/Treasurer		X		X				0.	0.	0.
(4) Luz Celaya	1.00									
Board Member	1.00	X						0.	0.	0.
(5) Baltazar Garcia	1.00									
Board Member	1 2 2	X		<u> </u>	<u> </u>			0.	0.	0.
(6) Patricia Garcia	1.00				İ					
Board Member		X		_	_			0.	0.	0.
		-	ŀ							
					_					
		ł								
		-	 		-		<u> </u>			
		1								
		1	-	-	-					
		1								
				-		i	-			
		1								
		╫─	<u> </u>			\vdash	\vdash			
		ł								
		╁	\vdash		-	-			-	
		1								
			 	-	-	\vdash				
		1				l				
		t		1	t			- "		
		1								
	- 			\vdash	1	T				
		1								
		T		\vdash	1	T				
		1	1	I	l	1	1	I	1	

Form 990 (2013)

Par	t VII Section A. Officers, Directors, Trus	PIEVEII	_			_		_		0 0 - 0 0	0 - 2	1 4 3	ı aç	je o
			рюу	ees			gne	St C			Т	/F)		
	(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable	ļ		mated	
		hours per					ıs bot or/trus		compensation	compensation	'		unt of	f
		week (list any	<u> </u>			1	T		from	from related	-		ther	
		hours for	ig j						the	organizations		comp		on
		related	50	8			ated		organization	(W-2/1099-MIS	ا (د		n the	_
		organizations	uste	Pust		9	Ę.		(W-2/1099-MISC)			-	nizatio	
		below	uai tr	ional		ploye	돌	١.					related	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богте				Olyan	ızatıor	15
			트	=	5	조	= 5	<u> </u>			\dashv			
 														
		<u> </u>												
			Į				ŀ							
							ŀ							
			1				ŀ				- 1			
						-								
			1		ļ						ľ			
				\vdash	┢	-	 	\vdash						
			1								H			
		1	\vdash		 	-	├	<u> </u>						
											1			
						<u> </u>		L.,						
											- 1			
	-												,	
			1											
	· · · · · · · · · · · · · · · · · · ·				-		 	_			\dashv			
			1											
41-	Out Askal	<u> </u>			<u> </u>			_	90 000	- -	 +			_
	Sub-total								80,000.		0.			<u>0.</u>
	Total from continuation sheets to Part V	II, Section A							0.		0.			<u>0.</u>
<u>d</u>	Total (add lines 1b and 1c)								80,000.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	pove	e) wł	no re	eceived more than \$100	,000 of reportable	9			
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·					_0
											_	1	res l	No
3	Did the organization list any former officer,	, director, or tru	uste	e, ke	y er	nplo	yee.	or	highest compensated e	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for s				•	•	•					3	-	X
4	For any individual listed on line 1a, is the si			nmn	ensa	ation	n and	t ott	ner compensation from	the organization	Ī			
•	and related organizations greater than \$15								•	inc organization			İ	X
_				-							ŀ	4		<u> </u>
5	Did any person listed on line 1a receive or							elat	ed organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	<u>e J f</u>	or s	uch	pers	son					5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							- '	pensa	ation fro	m	
	the organization Report compensation for	the calendar y	ear (endı	ng v	vith	or w	ithir	the organization's tax	year.				
	(A)								(B)	ľ		(C)		
	Name and business	address	N	INC	Ξ				Description of s	ervices	C	ompen	sation	
								+						
								- 1		1				
								_						
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	sted	above) who received n	nore than			_	_
	\$100,000 of compensation from the organ	_					0							
												Form 9	90 (20)13)

, u	rt V		Statement of Rever		or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a	102,557.		1		
ig a		b	Membership dues	1b	·				
Am (С	Fundraising events	1c					
필		d	Related organizations	1d					
S.E		е	Government grants (contribut	ions) 1e					
ξŗ		f	All other contributions, gifts, gran	ts, and					
35			similar amounts not included abo	ve 1f	60,854,633.				
달		g	Noncash contributions included in lines	1a-1f \$	60,304,141.				
<u>8</u> €		h	Total. Add lines 1a-1f		•	60,957,190,			
					Business Code				
8	2	а	Shared costs		900099	238,383.	238,383.		
Program Service Revenue		b	Rent income - NPO		531120	3,000.	3,000.		
SE		С							
e a		d							
P.		е							
4		f	All other program service reve	enue					
			Total, Add lines 2a-2f		•	241 383.			
	3		Investment income (including	dıvıdends, ınter					
	_		other similar amounts)		>	1.			1.
	4		Income from investment of ta	x-exempt bond i	· 1				<u></u>
	5		Royalties .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
	•			(i) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·			
	6	a	Gross rents	(7 : 102.	(1) 1 01001141				
			Less rental expenses						
			Rental income or (loss)		1				
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other	 			
	•	a	assets other than inventory	(y Securities	 				
		_	Less cost or other basis		40,000.				
		D			31 610				
		_	and sales expenses		31,619.				
			Gain or (loss)		8,381.	2 224			
			Net gain or (loss)		<u> </u>	8,381.			8,381,
Other Revenue	8	а		of					
<u>ģ</u>			contributions reported on line	1c). See					
ē			Part IV, line 18	а					
동		b	Less direct expenses	b	·				
-			Net income or (loss) from fund	_					
	9	а	Gross income from gaming ac	ctivities See					
			Part IV, line 19	а	·				
		b	Less direct expenses	b					
		С	Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances .	а	·				
		b	Less: cost of goods sold	b	·				
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code	- 			
	11	а	Recycling income		900099	2,775.			2,775,
			Forklift Training		900099	525,			525
		С							
		d	All other revenue						
		е	Total. Add lines 11a-11d			3,300.			
_	12	_	Total revenue. See instructions.	·		61 210 255.	241 383	0.	11 682
33200 10-29	9								Form 990 (2013)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	38,334,154.	38,334,154.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	7,896,336.	7,896,336.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	3,238,602.	3,238,602.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	104,369.	83,496.	20,873.	
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	186,568.	149,254.	37,314.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits	0.4.065	10.054	4 010	
10	Payroll taxes	24,067.	19,254.	4,813.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	01 074		01 074	
С.	Accounting	21,874.		21,874.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	113,118.	70 200	22 010	
40	column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion	1,798.	79,200.	33,918.	1,798.
12	·	54,991.	16,783.	38,208.	1,190.
13	Office expenses Information technology	2,625.	10,703.	2,625.	
14 15	Royalties	2,023.		2,023.	===
16	Occupancy	37,774.	15,264.	22,510.	
17	Travel	2,391.	13,204.	2,391.	
18	Payments of travel or entertainment expenses	2,454		2,351.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,098.		5,098.	
20	Interest	2,410.		2,410.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,754.	63,003.	15,751.	
23	Insurance	24,536.	19,629.	4,907.	···
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	Spoilage	10,831,379.	10,831,379.		
b	Transportation costs	267,727.	249,733.	17,994.	
С					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	61,228,571.	60,996,087.	230,686.	1,798.
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 71,359. 36,779 Cash - non-interest-bearing 1 2,197. Savings and temporary cash investments 1,449. 2 2 92,793. 3 59,746. 3 Pledges and grants receivable, net 1,071. 2,969. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 7 102,570. 79,215. Inventories for sale or use 8 4,879. 4,597. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 425,715. basis Complete Part VI of Schedule D 10a 189,523. 251,903. 236,192. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 491,162. <u>456,557.</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 16 37,866. 35,414. Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 59,971. 66,050. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 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 97,837. 101,464. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 393,325. 355,093. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 393,325. 355,093. 33 Total net assets or fund balances 456,557. Total liabilities and net assets/fund balances 491,162.

Form 990 (2013)

Form 990 (2013)

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. ▶ Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

			Diabete	s Prevention	and	Aid F	und			8	6-0804743		
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part	.) See inst	ructions		<u></u>		
The	organi			because it is: (For lines 1			_						
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2				0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization of	-	n section	170(b)(1)(A)(iii).					
4				perated in conjunction					(b)(1\(A)(iii	i) Enter	the hospital's name	.	
•	_	city, and state		,					(~)(-)()(.,,,		-,	
5				benefit of a college or ur	niversity ov	vned or or	erated by	a governr	nental uni	describ	ed in		
Ŭ	_	=	(b)(1)(A)(iv). (Comple				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a govern					
6		A federal, sta	te, or local governme	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7													
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		-		ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9	_			eives (1) more than 33 1			rom contri	butions, m	embershii	o fees, a	nd aross receipts f	rom	
_		-	•	nctions · subject to certa		• •				-	•		
			•	axable income (less sect	•	•	•				-		
			509(a)(2). (Complete			,,	000000		y and orga		artor ourio 00, 1070	.	
10				perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	η.				
11	一			perated exclusively for th						out the	purposes of one o	ır	
	_	-	-	itions described in section		•			•		•		
				organization and comple				,		-//-	-		
		a Type I			ype III - Fui	_		d	Typ	e III - No	n-functionally integ	rated	
е			•	t the organization is not		•	-				, ,		
_				han one or more publicly		-	=	=			-		
f				ten determination from t		-				,(α)(ι) Ο ι	000110111 000(4)(2).		
•			rganization, check th				po 1, 13po	п, от турс	,				
g		• • •	•	rganization accepted ar	ny aift or ca	ontribution	from any	of the follo	owing ners	ons?			
9		_		rectly controls, either al			•		•		, Yes	No	
		•	•	upported organization?	ono or tog	01.101 11.11	porconic a		() a (.	, 00.011	11g(i)	-110	
		_		described in (i) above?							11g(ii)		
			•	person described in (i) of		27					11g(ii)		
h			•	about the supported org							(*19(11))		
		1 TOVIGE LITE IS	onowing imornation	about the supported of	garnzation	(3).							
/:\	Nome	of ournested	(ii) CIN	(III) Tune of expensions	(iv) Is the o	rganization	(v) Did voi	ı notify the	(vi) ls	the	() Amount of mon		
(1)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				lorganizatio	n in col.	(vii) Amount of mon support	etary	
	UI Ya	mzation			governing		(i) of your		(i) organızı U.S.	?	Support		
				(see instructions))	Yes	No	Yes	No	Yes	No	i		
				_									
									-		 		
		•											
_									ļ				
								ł					

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 Diabetes Prevention and Aid Fund 86-0804' | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					(4)	
	membership fees received. (Do not						
	include any "unusual grants ")	2686561.	<u> 3023560.</u>	48557076.	34348453.	60957190.	149572840
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	2686561.	<u> 3023560.</u>	48557076.	<u>34348453.</u>	<u>60957190.</u>	149572840
5	The portion of total contributions			İ			
	by each person (other than a						İ
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			•			
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						149572840
Sec	ction B. Total Support		 				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2686561.	3023560.	48557076.	34348453.	60957190.	149572840
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			1,892.	7,803.	3,001.	12,696.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				3,617.		3,617.
10	Other income. Do not include gain				_ •		
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						149589153
12	Gross receipts from related activities,	etc (see instruction	ons)			12	618,933.
	First five years. If the Form 990 is for	-	•	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stop					(-/(-/	▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	99.99 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	99.99 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						$\triangleright X$
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on	line 13 or 16a, and	I fine 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•	• • •		e 13, 16a, or 16b,	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	•	•	. , , , ,	9	17a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	•	• • •		s
					-, 5.1001, 1110 DOX 6		- P

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.)

Destrict the tests listed by	now, picase com	piete i art ii j					
Section A. Public Support		-	-	т		—	
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	<u>D13</u>	(f) Total
1 Gifts, grants, contributions, and					1		
membership fees received (Do not					1		
include any "unusual grants.")	 -				<u> </u>		
2 Gross receipts from admissions,							
merchandise sold or services per- formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that	<u>.</u>						
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to		İ					
•							
or expended on its behalf					1		
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					<u> </u>		
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b		-					
				-	 	-	
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u></u>				
		# 1 2242		1	1		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total
9 Amounts from line 6				ļ	ļ		
10a Gross income from interest, dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources				•			
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b	-						
11 Net income from unrelated business					 		
activities not included in line 10b.							
whether or not the business is							
regularly carried on		1		<u> </u>			
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)							
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3	3) organiza	ation,
check this box and stop here					\-/\ -		·
Section C. Computation of Publi	c Support Pe	ercentage					F
15 Public support percentage for 2013 (li			column (f)		15	_	
16 Public support percentage from 2012		•	Solulli (1))		16		
Section D. Computation of Inves			*		1 10 1		
					14-1		
17 Investment income percentage for 20			ne 13, column (f))		17		
18 Investment income percentage from 2				4	18		
19a 33 1/3% support tests - 2013. If the						and line 17	/ is not
more than 33 1/3%, check this box ar							▶∟_
b 33 1/3% support tests - 2012. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 3	3 1/3 %, a	.nd
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The orga	anızatıon qualıfies	as a publicly supp	orted orga	anization	. ▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions		
332023 09-25-13							or 990-EZ) 20

Schedule A (Form 990 Part IV Suppler	or 990 EZ) 2013 Dial	oetes Pre	event:	ion a	and A	id 1	Fund	86-0	0804743 Page 4
Also com	nental i	niformation	 Provide the ex ditional information 	φlanation: ion (See ii	s require	ed by Part	II, line	10, Part II, line	17a or 17b; an	d Part III, line 12
	olete triis j	part for any ac-	altonal il ilonnati	ion <u>. (Sec ii</u>	istractic) i i 3/				
<u>Schedule A, </u>	Part	II, Lir	ne 10					 .		
Explanation	ጥኩ 🗕	amount	of gain	from	the	calo	٥f	canital	aggotg	roceived
EXPIGNACION	<u>e</u>	amount	Or gain	TIOM	CITE	sare	OI	Capitai	assets	Teceived
during the y	ear .	is \$8,38	81							
										
				-					,	-
										
						•		·-		,
-										
*****									· .	
					_					
										
-				-						
···										
									-	
										
					 -					
	_		_							
									·	
	· ·									
		_								
							_			
										

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

OMB No 1545-0047

Vame	of the organization			Employer identification number
Par	<u>Diabetes Preventio</u> tl Organizations Maintaining Donor Advise	n and Ald Fund	- A -	86-0804743
гаі			s or AC	Counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	/h)	Funds and other accounts
_	Total assembles at and of secur	(a) Donor advised funds		Turius and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year	that the coasta hald a day a day		
	Did the organization inform all donors and donor advisors in	-	sea tunas	
	are the organization's property, subject to the organization's	•		L Yes
	Did the organization inform all grantees, donors, and donor a	• •		
	for charitable purposes and not for the benefit of the donor on impermissible private benefit?	ir donor advisor, or for any other purpose	conterni	
Par		vanization answered "Ves" to Form 990. [Part IV Ju	Yes No
	Purpose(s) of conservation easements held by the organizati		art IV, III	ie /
•	Preservation of land for public use (e.g., recreation or e		ntonoolly	important land area
	Protection of natural habitat	Preservation of a cert	-	
	Preservation of open space	Freservation of a cen	illea Hist	one structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a con-	senvation easement on the last
	day of the tax year	led conservation contribution in the form	oi a con	servation easement on the last
	day of the tax your		Γ	Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str	ucture included in (a)		2c
	Number of conservation easements included in (c) acquired a	• •		
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiz	ation during the tax
	year 🕨		-	_
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	luring the	year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year	· > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the orga	nization's accounting for
	conservation easements			
Par		•	ther S	milar Assets.
	Complete if the organization answered "Yes" to Form			
	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		ance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in turnerance of pu	IDIIC SERVI	ice, provide the following amounts
	relating to these items:			. .
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
2	(ii) Assets included in Form 990, Part X	activac ou ather complete accept for first accept		\$
	If the organization received or held works of art, historical tre		aı gain, pi	ovide
	the following amounts required to be reported under SFAS 1	TO (MOC 900) relating to these items:		*
	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	• • •	•	► \$ ► \$
D	,			Ψ

Schedule D (Form 990) 2013

		s Prevention						04743	
Par	t III Organizations Maintaining C	collections of Art,	Historical Tr	reasures, or	Other	Simila	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that a	are a sigr	nficant i	use of its o	collection if	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change program	ns				
ь	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they further t	the organization	n's exemp	ot purpo	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations of a	art, historical trea	asures, or other	sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of the	organization's c	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Complete	of the organization	on answered "Y	es" to Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermediai	ry for contribution	ns or other asse	ets not in	cluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.					·	
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21	1?					Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has beer	provided in Pa	art XIII				
Par	t V Endowment Funds. Complete	f the organization answ	vered "Yes" to Fo	orm 990, Part IV					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	ears back	(e) Four ye	ears back_
1a	Beginning of year balance		_						
b	Contributions							L	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			ļ					
е	Other expenditures for facilities							ĺ	
	and programs			-				ļ	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance ((line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment	9	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ession of the organization	on that are held a	and administere	ed for the	organiz	zation	_	
	by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•	-					_3b	
4	Describe in Part XIII the intended uses of the		ment funds						
Pai	t VI Land, Buildings, and Equipm					40			
	Complete if the organization answere						, , , , , , , , , , , , , , , , , , , 		
	Description of property	(a) Cost or other	. ``	t or other	• •	cumulate		(d) Book v	value
		basis (investme	my Dasis	(other)	depr	eciation			
	Land			<u></u>		_			
	Buildings						-+		
	Leasehold improvements			25 715	1	00 F	22	226	102
	Equipment		4	25,715.	<u> </u>	<u>89,5</u>	43.		<u>,192.</u>
<u>e</u>	Other Add lines 1a through 1a (Column (d) must a	aual Form 000 Po+ V	column (P) Iron	10(c))				236	192.

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 Diabetes Prevention and Aic				<u>0804743</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturr	١.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	61,212	<u>,242.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		i		
b	Donated services and use of facilities	2b	30,284.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e	30	284.
3	Subtract line 2e from line 1			3	61,181	<u>,958.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b	28,297.			
С	Add lines 4a and 4b			4c		<u>.297.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		<u>,255.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	61,258	<u>,855.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,	_			
а	Donated services and use of facilities	2a	30,284.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		<u>,284.</u>
3	Subtract line 2e from line 1			3	61,228	<u>,571.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	61,228	<u>,571.</u>
Pa	rt XIII Supplemental Information.		 			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1	b and 2b; Part V, line	4, Part	X, line 2, Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation			
Da.	rt XI, Line 4b - Other Adjustments:					
ra.	tt XI, line 4b - Other Adjustments:					
λ 1 '	lowance for Uncollectable Pledges				10	,916.
<u> </u>	towance for oncorrectable fleages				19	, 910.
Ca ·	in on the sale of assets				ρ	,381.
<u>Ga.</u>	in on the sale of assets					, 301.
ሞር	tal to Schedule D, Part XI, Line 4b				28	,297.
	tar to benedate by rare mr, brine 4b					, 25 , 6
						
						
						
_						

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

Employer identification number

Di.	abetes Preven	ition and	Aid Fun	d	86-08047	43
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Compl	lete if the organization answered	"Yes" on
	Form 990, Part IV	V, line 14b				
1				ds to substantiate the amount of its gr		
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	United States			procedures for monitoring the use of it		utside the
3		1		an be duplicated if additional space is		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Nor	th America	0	0_	Program Services	Feeding Programs	3,238,602.
	-					
			-			
3 a	Sub-total	0	0			3,238,602,
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a and 3b)	0	. 0			3 238 602
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2013

332071

Page 2

Diabetes Prevention and Aid Fund

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2013

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					empt by
(f) Manner of cash disbursement					recognized as tax-e)
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(o)(3) equivalency letter
(c) Region					is listed above that are rull has provided a section
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of r

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2013 Diabetes Prevention and Aid Fund 86 – USU4/43

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)	Fair Market Value					Schedule F (Form 990) 2013
(g) Description of non-cash assistance	1,950,155 lbs. of Fa					Schedule
(f) Amount of non-cash assistance	1, 3237257,fr	H .				
(e) Manner of cash disbursement						
(d) Amount of cash grant	0					
(c) Number of recipients	162,513					
(b) Region	North America					
(a) Type of grant or assistance (b) Region	Feeding Programs - Direct clients / Agents					

Schedule F (Form 990) 2013

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(estimated number of recipients), as applicable. Also complete this part to provide any additional information
Part I, Line 2:
Explanation: The Organization has reviewed and approved all foreign
projects as being in furtherance of its own exempt purpose and it retains
control and discretion as to the use of the contributions.
Part I, line 3:
Explanation: Expenditures are valued at Fair Market Value.
Gifts-in-Kind are valued and recorded at their estimated fair value based
upon the Organization's estimate of the wholesale value that would be
received for selling the goods in its principal exit market considering
the goods condition and utility for use at the time they are contributed
by the donor using Level 3 inputs. The Organization does not sell donated
Gifts-in-Kind and only distributes the goods for program use.
Part III, Col (c):
Explanation: Direct clients / Agents - The number of recipients assisted
is an estimate based on each recipient taking approximately 12 lbs of
food.

SCHEDULEI (Form 990) Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047	2013	Open to Public	Inspection .

Employer identification number

2 86-0804743 (h) Purpose of grant or assistance Feeding Programs X Yes Peeding Programs Feeding Programs Feeding Programs Feeding Programs Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance 703,319 lbs. of 700,944 lbs. of 718,449 lbs. of 385,716 lbs. of 408,182 lbs. of fresh produce resh produce resh produce Fresh produce resh produce (f) Method of valuation (book, FMV, appraisal, other) air Market air Market Fair Market Fair Market Fair Market 1,163,567, Value Nalue, Value 677,583, Nalue Value 1,167,509 1,192,626 640,289 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 0 0 ö ö 0 Diabetes Prevention and Aid Fund (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 86-1041297 45-3839580 27-3294092 45-3839595 45-3839607 General Information on Grants and Assistance (b) EIN cntena used to award the grants or assistance? # 6 1 (a) Name and address of organization Aids Family and Youth Foundation Alternative Cancer Research Fund - 1741 W. Rose Garden Ln. Cancer Prevention and Research or government A Child's Feeding Fund 606 N. Stapley Drive 606 N. Stapley Drive 606 N. Stapley Drive A Child's Life Saved - Phoenix, AZ 85027 Phoenix, AZ 85069 Mesa, AZ 85203 Mesa, AZ 85203 Mesa, AZ 85203 PO Box 38471 Parti Part Pund

332101 10-29-13

36.

Feeding Programs

401,520 lbs. of

Fair Market

666,523, Value

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

Assistance - 1741 W. Rose Garden

un, #9 - Phoenix, AZ 85027

ผ

Cervical Cancer Prevention and

501(c)(3)

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

Enter total number of other organizations listed in the line 1 table

fresh produce

Schedule I (Form 990) (2013)

Page 1	
-0804	

Schedule (Form 990) Diabetes Prevention and Aid Fund Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Prevention Assistance to Gover	n and Aid F vernments and Organ	Fund anizations in the Un	iited States (Sche	edule I (Form 990), Par		86-0804743 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childhood Diabetes Research Institute – PO Box 39734 – Phoenix, AZ 85069	86-0963786	501(c)(3)	•0	564,164.	Fair Market Value	339,858 lbs. of fresh produce	Feeding Programs
Childrens Emergency Medical Fund 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	86-1004356	501(c)(3)	•0	Fair : 672,243,Value	Fair Market Value	404,965 lbs. of fresh produce	Feeding Programs
Diabetes Aid and Prevention Fund 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	46-5061740	501(c)(3)	0	664,774.	Fair Market Value	400,466 lbs. of fresh produce	Feeding Programs
Diabetes Aid and Research Fund PO Box 81443 Phoenix, AZ 85069	86-0920000	501(c)(3)	0	844,969,	Fair Market Value	509,017 lbs. of fresh produce	Feeding Programs
Feed My Hungry Children 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	81-0455105	501(c)(3)	0	1,683,758,	Fair Market Value	1,014,312 lbs. of fresh produce	Feeding Programs
Feeding America's Children 1741 W. Rose Garden Ln. #9 Phoenix, Az 85027	86-0986348	501(c)(3)	0	1,674,262,	Fair Market Value	1,008,5911bs of fresh produce	Feeding Programs
Feeding America's Hungry Children 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	41-2061798	501(c)(3)	0	669,438.	Fair Market Value	403,275 lbs. of fresh produce	Feeding Programs
Feeding Hungry Children 1741 W. Rose Garden In. #9 Phoenix, AZ 85027	86-1004355	501(c)(3)	0	1,654,458,	Fair Market Value	996,662 lbs. of fresh produce	reeding Programs
Hands Giving Hope 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	45-3327770	501(c)(3)	0	2,493,129,	Fair Market Value	1,501,885 lbs. of fresh produce Feeding Programs Schedule	Feeding Programs Schedule I (Form 990)

Schedule I (Form 990) Diabetes Prevention and Aid Fund Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Preventio Assistance to Go	n and Aid F	Fund ganizations in the Ur	nited States (Sche	edule I (Form 990), Pa		86-0804743 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save the Animals 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	45-3327957	501(c)(3)	0	2,441,676.	Fair Market 676,Value	5,264,769 lbs. of fresh produce Feeding Programs	Feeding Programs
The 3000 Club 1741 W. Rose Garden Ln. #9 Phoenix, AZ 85027	27-3295358	501(c)(3)	0	16,550,549.	Fair Market Value	9,970,210 lbs. of fresh produce	Feeding Programs
World Changers International Ministries - PO Box 25 - Sapulpa, OK 74066	73-1099319	501(c)(3)	o	Fair 906,660, value	Fair Market Value	546,181 lbs. of fresh produce	Feeding Programs
World Emergency Relief 425 W. Allen Avenue Suite 111 San Dimas, CA 91773	95-4014743	501(c)(3)	0	715,299.	Fair Market Value	430,903 lbs. of fresh produce	Feeding Programs
Rio Rico Alliance 1279 W Frontage Rd Rio Rico, Az 85648	47-1993532	501(c)(3)	0	29,080.	Fair Market Value	17,518 lbs. of fresh produce	Feeding Programs
Second Harvest Food Bank of Santa Clara and San Mateo Counties - 4001 N First St - San Jose, CA 95134	94-2614101	501(c)(3)	0	237,247.	Fair Market Value	142,920 lbs. of fresh produce	Feeding Programs
San Francisco Food Bank 900 Pennsylvania Ave. San Francisco, CA 94107	94-3041517	501(c)(3)	0	187,713.	Fair Market Value	113,080 lbs. of	Feeding Programs

Schedule I (Form 990)

Feeding Programs

76,000 lbs. of fresh produce

Fair Market

126,160, Walue

o

20-4374795 501(c)(3)

Jacobs & Cushman San Diego Food Bank - 9850 Distribution Ave. -

San Diego, CA 92121

Feeding Programs

96,794 lbs. of

Fair Market

Value

160,678,

o

501(c)(3)

26-0457477

Feeding America San Diego 9455 Waples St. Ste 135

San Diego, CA 92121

fresh produce

Schedule I (Form 990) Diabetes Prevention and Ai Part II Continuation of Grants and Other Assistance to Governments and	Prevention Assistance to Gover		Fund Janizations in the U	nited States (Sch	d Fund Organizations in the United States (Schedule I (Form 990), Part II)		86-0804743 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feed God's Hungry Children – Gethsemane Food Ministry – PO Box 2067 – San Luis, AZ 85349	86-1004800	501(c)(3)	′ 0	124,960,	Fair Market Value	75,277 lbs. of fresh produce	Feeding Programs
Care and Share Food Bank 2605 Preamble Point Colorado Springs, CO 80915	84-0731930	501(c)(3)	0.	71,380.	Fair Market Value	43,000 lbs. of fresh produce	Feeding Programs
Food Opportunities Organization & Distribution Inc. dba Community Food Bank - 3403 East Central Avenue - Fresno, CA 93725	77-0320851	501(c)(3)	0	64,989.	Fair Market Value		Feeding Programs
East Texas Food Bank 3201 Robertson Rd <u>Tyler, TX 75701</u>	75-2222686	501(c)(3)	.0	63,744.	Fair Market Value	38,400 lbs. of fresh produce	Feeding Programs
Second Harvest Food Bank of Orange County - 8014 Marine Way - Irvine, CA 92618	32-0362611	501(c)(3)	0	63,412,	Fair Market 412,Value	38,200 lbs. of fresh produce	Feeding Programs
Three Square Food Bank-Native American - 4220 N Pecos Rd - Las Vegas, NV 89115	30-0396918	501(c)(3)	0	56,971,	Fair Market Value	34,320 lbs. of fresh produce	Feeding Programs
Ministry Press of Arizona 557 N Grand Ave, Ste A Nogales, AZ 85621	46-2685688	501(c)(3)	0.	28,813.	Fair Market Value	17,357 lbs. of fresh produce	Feeding Programs
Crossroads Church 1603 S Eastside Loop #209 Tucson, AZ 85710	86-0925867	501(c)(3)	0	14,641,	Fair Market Value	8,820 lbs. of fresh produce	Feeding Programs

Schedule I (Form 990)

Feeding Programs

fresh produce 5,000 lbs. of

Pair Market

8,300, Value

86-0995882 501(c)(3)

654 North Main Street/P.O.Box 1399

Cottonwood, AZ 86326

Central Arizona Food Bank

Schedule I (Form 990) Diabetes Prevention and Aid Fund Fund Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Preventic Assistance to Go	on and Aid Forements and Organ	Fund ganizations in the Ur	nited States (Sch	edule I (Form 990), Pa		86-0804743 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Avra Valley Community Church 16400 w Avra Valley Rd Marana, AZ 85653	86-0487634	501(c)(3)	ó	. 890 . 7	Fair Market Value	4,258 lbs. of fresh produce	Feeding Programs
East Santa Cruz County Community Food Bank - 296 Duquesne Ave. P.O. Box 1147 - Patagonia, AZ 85624	86-0765764	501(c)(3)	0	Fair 6,267, Value	Fair Market Value	3,775 lbs. of fresh produce	Feeding Programs
Santa Cruz County Exchange Club 374 Gull Court Rio Rico, AZ 85648	20-1623462	501(c)(3)	0	5,239	Fair Market Value	3,156 lbs. of fresh produce	Feeding Programs
							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 1,744,556 lbs. of fresh 46,302 lbs. of produce 86-0804743 produce (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed 7,875,963, Fair Market Value 20,373, Fair Market Value Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information assisted is an estimated numbers based on each recipient receiving 12 Explanation: Direct Clients are individuals who are given perishable and non-perishable food from food banks. The number of recipients (d) Amount of non-cash assistance ା 0 Diabetes Prevention and Aid Fund (c) Amount of cash grant Explanation: Monitoring 990 and monthly reporting. (b) Number of recipients 395380 Feeding Programs - Direct Clients / Neighborhood (a) Type of grant or assistance Feeding Programs - Animal Assistance lbs of fresh produce Part III Part I, Line 2: Schedule I (Form 990) (2013) Schedule I, Part III Agent

Schedule I (Form 990) (2013)

Schedule I (Form 990) Diabetes Prevention and Aid Fund 86-0804743 Page Part IV Supplemental Information
- Carting Cappionicital Information
Neighborhood Agents are individuals who distribute perishable and
non-perishable food to clients who are unable to come in to food banks.
The number of recipients is an estimated numbers based on each
recipient receiving 12 lbs of fresh produce.
Animal Assistance - Unmarketable, yet still nutrious produce is
distributed to agents who in turn provide this food to needy and hungry
animals. The number of individuals listed for the purposes of this
schedule is the number of actual agents who received produce, as it
would be overly cumbersome to attempt to estimate the actual number of
animals assisted by these distributions.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Diabetes Prevention and Aid Fund

Employer identification number 86 – 0804743

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contribu	etermining	ıts
1	Art - Works of art		Rems Commodied	Point 990, Pait VIII, line 1g			
2	Art - Historical treasures						
3	Art - Fractional interests						_
4	Books and publications						
5	Clothing and household goods			-			
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other			•			
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	36310025	60,274,641.	<u>Fair Market</u>	<u>Value</u>	<u></u>
20	Drugs and medical supplies	ļ					
21	Taxidermy	<u> </u>					
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		- 4	00 500			
25	Other (Equipment)	X	1	29,500.	<u>Fair Market</u>	<u> Value</u>	<u> </u>
26	Other ()	i	- -				
27	Other ()						
<u>28</u> 29	Other ()						
29	Number of Forms 8283 received by the organ for which the organization completed Form 82						
	for which the organization completed Form 62	oo, ran iv,	Douee Acknowled	gement 29			T N
302	During the year, did the organization receive b	v contributio	on any property rer	ported in Part I lines 1 : 29 (that it must hold for	Yes	No
ova	at least three years from the date of the initial	-					
	the entire holding period?	CONTINUUTO	, and which is not	required to be used for exem	ipt purposes for	200	x
h	If "Yes," describe the arrangement in Part II.			•		30a	┼ <u>^</u>
31	Does the organization have a gift acceptance	nolicy that r	eaures the review	of any non-standard contrib	utions?	,	x
	Does the organization hire or use third parties	-		-		31	├ ^
∵ ∠a	contributions?	or related Of	ganzanons to son	on, process, or sen noncash		32a	x
h	If "Yes," describe in Part II.					JZd	 ^
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is ch	necked		
~	describe in Part II	. 50141111 (0) 1	o. a type of prope	ity for which column (a) is cr	iooned,		
	GOODING HIT GIVE	· · · · · · · · · · · · · · · · · · ·		<u>. </u>			

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

Schedule M (Form 990) (2013)

inventory.	
equipment while the number of pounds received is reflected for f	boo
contributions; the actual number of contributions is reflected f	
Explanation: Estimates were not used in determining the number o	f
Schedule M, Part I, Column (b):	
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether t is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both this part for any additional information.	the organization h Also complete

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

<u>Diabetes Prevention and Aid Fund</u>

Employer identification number 86-0804743

Form 990, Part I, Line 1, Description of Organization Mission:
proven that we can prevent diabetes with our seven step plan.
Form 990, Part VI, Section B, line 11:
Explanation: The 990 is reviewed and approved at the annual board meeting.
Form 990, Part VI, Section B, Line 12c:
Explanation: The Organization monitors and enforces compliance with its
conflict of interest policy at its annual board meeting.
Form 990, Part VI, Section B, Line 15:
Explanation: The salary for the CEO and other officers is determined by the
Board of Directors based on salary comparisons for CEOs and other officers
of other charities serving in a comparable capacity.
Form 990, Part VI, Section C, Line 18:
Explanation: The Organization makes its Forms 1023 and 990 available to the
public upon request. The Organization also makes its Form 990 available on
its website.
Form 990, Part VI, Section C, Line 19:
Explanation: The Organization makes its governing documents, conflict of
interest policy, and financial statements available to the public upon
request. The Organization also makes its financial statements available on
its website.

Diabetes Prevention and Aid Fund 86-0804743 Form 990, Part XI, line 9, Changes in Net Assets: Allowance for uncollectable pledges -19,916.	Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Allowance for uncollectable pledges -19,916. Form 990, Part XII, Line 2c Explanation: The Organization made no changes to its audit oversight or	Name of the organization Diabetes Prevention and Aid Fund	
Form 990, Part XII, Line 2c Explanation: The Organization made no changes to its audit oversight or	Form 990, Part XI, line 9, Changes in Net Assets:	
Explanation: The Organization made no changes to its audit oversight or	Allowance for uncollectable pledges	-19,916.
	Form 990, Part XII, Line 2c	
selection process during the fiscal year covered by the return.	Explanation: The Organization made no changes to its a	udit oversight or
	selection process during the fiscal year covered by the	e return.
	· · · · · · · · · · · · · · · · · · ·	