

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ARIZONA FOOD BANK NETWORK

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
340 E CORONADO RD STE 400

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 850041524

D Employer identification number
86-0507679

E Telephone number
(602) 528-3434

G Gross receipts \$ 4,926,668

F Name and address of principal officer:
MICHAEL MCDONALD

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.AZFOODBANKS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
DEVELOP SOLUTIONS TO END HUNGER THROUGH FOOD BANKING, PUBLIC POLICY AND INNOVATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,051,530	4,114,488
9 Program service revenue (Part VIII, line 2g)	421,436	316,631
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,405	64,245
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,191	1,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,489,562	4,496,364
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	896,261	1,177,394
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	757,705	792,994
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶139,228		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,493,802	1,395,635
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,147,768	3,366,023
19 Revenue less expenses. Subtract line 18 from line 12	-658,206	1,130,341
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,680,769	4,012,975
21 Total liabilities (Part X, line 26)	124,369	343,515
22 Net assets or fund balances. Subtract line 21 from line 20	2,556,400	3,669,460

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2021-04-05

ANGELA RODGERS, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-05-12 Check if self-employed PTIN: P00038744

Firm's name ▶ GRASS COFFEY & SCHARLAU CPA'S Firm's EIN ▶ 86-0408361

Firm's address ▶ 706 E BELL RD STE 129 Phone no. (602) 266-7505
PHOENIX, AZ 85022

Part 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:

DEVELOP SOLUTIONS TO END HUNGER THROUGH FOOD BANKING, PUBLIC POLICY, AND INNOVATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,688,811 including grants of \$ 1,162,541) (Revenue \$ 316,631)

See Additional Data

4b (Code:) (Expenses \$ 171,754 including grants of \$ 14,853) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 194,705 including grants of \$) (Revenue \$)

See Additional Data

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

AZFBN AWARDED FUNDS TO AGENCIES STATEWIDE THAT WERE COPING WITH COVID-19 PANDEMIC RESPONSE. AGENCIES NEEDED AND USED THESE DOLLARS TO CONVERT DISTRIBUTION METHODS TO TOUCHLESS AND DRIVE UP, TO SECURE PERSON PROTECTIVE EQUIPMENT (MASKS, GLOVES, FACE SHIELDS) FOR STAFF AND VOLUNTEERS, AND TO PURCHASE FOOD FOR DISTRIBUTION DURING SUPPLY CHAIN DISRUPTIONS.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 3,055,270

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
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	No
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	No
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	No
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	No
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	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11
b	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	

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

Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). This section contains questions 2a through 16 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own 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, address, and telephone number of the person who possesses the organization's books and records:
ANGELA RODGERS 340 E CORONADO RD STE 400 PHOENIX, AZ 85004 (602) 528-3434

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA RODGERS PRESIDENT &	40.00			X				149,545	0	0
(2) DON ADAMS DIRECTOR	.....	X						0	0	0
(3) DAVID J ARMSTRONG DIRECTOR	.....	X						0	0	0
(4) MARK CASEY DIRECTOR	.....	X						0	0	0
(5) ISABEL GARCIA DIRECTOR	.....	X						0	0	0
(6) KARINA GRAY DIRECTOR	.....	X						0	0	0
(7) PATRICK HOWLEY DIRECTOR	.....	X						0	0	0
(8) TOM KERTIS DIRECTOR	.....	X						0	0	0
(9) KIM LARKIN DIRECTOR	.....	X		X				0	0	0
(10) EDGAR LOPEZ SECRETARY/TR	.....	X		X				0	0	0
(11) MICHAEL MCDONALD CHAIR	.....	X		X				0	0	0
(12) DAVE RICHINS DIRECTOR	.....	X						0	0	0
(13) SUE SADECKI DIRECTOR	.....	X						0	0	0
(14) SHARA WHITEHEAD DIRECTOR	.....	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Sub-Total ▶											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶								149,545			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	61,467				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	604,932				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,448,089				
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,240				
	h Total. Add lines 1a-1f			4,114,488			
Program Service Revenue	2a MEMBER SERVICES	Business Code	316,631	316,631			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		316,631				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,024			51,024	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	443,525			
		7b Less: cost or other basis and sales expenses		430,304			
		7c Gain or (loss)		13,221			
		d Net gain or (loss)		13,221	13,221		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19						
9b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME		1,000	1,000				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		1,000					
12 Total revenue. See instructions		4,496,364	330,852		51,024		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,177,394	1,177,394		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,545	123,525	13,010	13,010
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	497,281	384,624	62,522	50,135
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	18,936	10,674	5,731	2,531
9 Other employee benefits	76,379	48,167	18,832	9,380
10 Payroll taxes	50,853	28,300	15,963	6,590
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,975	9,266	3,387	1,322
d Lobbying	18,373	18,373		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	492,023	468,485	18,554	4,984
12 Advertising and promotion	4,398	4,392	6	
13 Office expenses	69,166	29,286	7,326	32,554
14 Information technology				
15 Royalties				
16 Occupancy	45,822	33,333	8,088	4,401
17 Travel	17,001	15,785	1,083	133
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,490	940	550	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,691		13,691	
23 Insurance	23,059	21,407	1,024	628
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.)				
a FOOD AND FREIGHT	500,122	500,122		
b EQUIPMENT RENTAL & REPAIR	179,877	179,014	615	248
c DUES AND FEES	16,638	2,183	1,143	13,312
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,366,023	3,055,270	171,525	139,228
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,103,903	1	2,381,411
	2 Savings and temporary cash investments	676	2	161,097
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	166,578	4	308,675
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,949	9	20,759
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 307,757		
	b Less: accumulated depreciation	10b 193,453	48,895	10c 114,304
	11 Investments—publicly traded securities	1,346,427	11	1,022,388
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,341	15	4,341
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,680,769	16	4,012,975	
Liabilities	17 Accounts payable and accrued expenses	124,369	17	196,615
	18 Grants payable		18	
	19 Deferred revenue		19	146,900
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	124,369	26	343,515
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,213,056	27	3,072,360
	28 Net assets with donor restrictions	343,344	28	597,100
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,556,400	32	3,669,460	
33 Total liabilities and net assets/fund balances	2,680,769	33	4,012,975	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,496,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,366,023
3	Revenue less expenses. Subtract line 2 from line 1	3	1,130,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,556,400
5	Net unrealized gains (losses) on investments	5	-16,364
6	Donated services and use of facilities	6	
7	Investment expenses	7	-917
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,669,460

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0507679

Name: ARIZONA FOOD BANK NETWORK

Form 990 (2019)

Form 990, Part III, Line 4a:

MEMBER SERVICES: AZFBN HAS ONE CONSISTENT MEMBER SERVICES AND LOGISTICS GOAL: TO GET MORE AND BETTER QUALITY FOOD THROUGH THE FOOD BANK NETWORK AND INTO THE HANDS OF THOSE WHO NEED IT MOST. IN FY 2019-2020 THE AZFBN LOGISTICS TASK FORCE DISTRIBUTED 25,629,544 POUNDS OF FOOD. AZFBN'S THREE DRIVERS TRANSPORTED 722 TOTAL LOADS OF FOOD, MOST OF WHICH WAS PRODUCE THAT SUPPORTED THE AZ FOOD BANK'S PRODUCE INITIATIVE, HELPING THE NETWORK SHARE MORE THAN 73 MILLION POUNDS OF FRESH AND HEALTHY FOOD TO BENEFIT CLIENTS STATEWIDE. IN FY 2019-2020, AZFBN CONTINUED TO SUPPORT OUR FOOD BANKS BY PURCHASING HIGHLY NUTRITIOUS FOOD FOR CLIENTS. THIS INCLUDED LAUNCHING THE FRIENDS OF THE FARM PROGRAM TO SUPPORT AZ. GROWERS BY PURCHASING FRESH LOCALLY SOURCED PRODUCE, DAIRY AND EGGS WITH STATE FUNDS.

Form 990, Part III, Line 4b:

INNOVATION PROGRAMS: AZFBN WORKS TO ENSURE THAT ESPECIALLY VULNERABLE POPULATIONS DO NOT SUFFER FROM HUNGER, AND ARE GIVEN PATHWAYS TO NOT REGULARLY NEEDING THE EMERGENCY FOOD BANKS NETWORK ACROSS THE STATE. THIS WORK INVOLVES ENSURING SCHOOLS AND DISTRICTS MAKE FREE AND REDUCED PRICE BREAKFAST AND LUNCH AVAILABLE TO AS MANY CHILDREN AS POSSIBLE, EXAMINING THE REASONS THAT ELIGIBLE SENIORS DO NOT ENROLL FOR FOOD ASSISTANCE (SNAP, CACFP) AND ENSURING COLLEGE STUDENTS HAVE ACCESS TO HEALTHY FOOD AND SYSTEMS OF SUPPORT AS THEY WORK TO SECURE AN EDUCATION.

Form 990, Part III, Line 4c:

ADVOCACY AND EDUCATION: AZFBN ADVOCATED FOR AND RECEIVED FUNDS FOR A PROGRAM CALLED "FRIENDS OF THE FARM" WHICH IS A PURCHASING PROGRAM TO ENGAGE ARIZONA'S SMALL FARMS IN GROWING AND DISTRIBUTING FOOD THROUGH THE FOOD BANK NETWORK TO ARIZONANS AT RISK OF HUNGER. ADDITIONALLY, AZFBN WAS A KEY PARTNER AS FEDERAL, STATE AND LOCAL HUNGER RELIEF PROGRAMS (SUCH AS ENHANCED SNAP, THE COVID FOOD ASSISTANCE PROGRAM AND PANDEMIC EBT) WERE ROLLED OUT IN RESPONSE TO THE COVID-19 PANDEMIC. AZFBN STAFF SERVED AS SOUNDING BOARDS AND IDEA GENERATORS, EDUCATING AND ADVOCATING ABOUT THE ROLE OF FOOD BANKS IN ENSURING THAT ARIZONANS IMPACTED BY THE PANDEMIC DID NOT ALSO SUFFER FROM HUNGER.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ARIZONA FOOD BANK NETWORK

Employer identification number
86-0507679

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,651,162	1,543,677	2,288,138	2,051,530	4,114,488	11,648,995
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	1,651,162	1,543,677	2,288,138	2,051,530	4,114,488	11,648,995
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,222,080
6 Public support. Subtract line 5 from line 4.						10,426,915

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	1,651,162	1,543,677	2,288,138	2,051,530	4,114,488	11,648,995
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,457	833	23,285	1,405	51,024	78,004
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	19	2,160				2,179
11 Total support. Add lines 7 through 10						11,729,178
12 Gross receipts from related activities, etc. (see instructions)					12	1,032,967

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	88.900 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	95.850 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	AGENCY EXPENSE REIMBURSEMENTS 2,179

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

18,373	
18,373	
3,036,897	
3,055,270	
302,764	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

75,691	

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	224,284	234,511	291,263	302,764	1,052,822
b Lobbying ceiling amount (150% of line 2a, column(e))					1,579,233
c Total lobbying expenditures	17,076	18,373	18,373	18,373	72,195
d Grassroots nontaxable amount	56,071	58,628	72,816	75,691	263,206
e Grassroots ceiling amount (150% of line 2d, column (e))					394,809
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 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 and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ARIZONA FOOD BANK NETWORK

Employer identification number
86-0507679

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	183,701	198,806			
b Contributions			200,000		
c Net investment earnings, gains, and losses	-20,499	-15,105	-5,404		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	161,097	183,701	198,806		

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		307,757	193,453	114,304
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				114,304

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,548,128
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-16,363	
b	Donated services and use of facilities	2b	69,044	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	52,681
3	Subtract line 2e from line 1		3	4,495,447
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	917	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	917
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,496,364

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

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

1	Total expenses and losses per audited financial statements		1	3,435,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	69,044	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	69,044
3	Subtract line 2e from line 1		3	3,366,023
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,366,023

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ARIZONA FOOD BANK NETWORK

Employer identification number

86-0507679

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	AZFBN AWARDED FUNDS TO AGENCIES STATEWIDE THAT WERE COPING WITH COVID-19 PANDEMIC RESPONSE. AGENCIES NEEDED AND USED THESE DOLLARS TO CONVERT DISTRIBUTION METHODS TO TOUCHLESS AND DRIVE-UP, TO SECURE PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, FACE SHIELDS) FOR STAFF AND VOLUNTEERS, AND TO PURCHASE FOOD FOR DISTRIBUTION DURING SUPPLY CHAIN INTERRUPTIONS. REPORTING REQUIREMENTS FOR GRANTEEES INCLUDED: TWO GRANT REPORTS (PROGRESS AND FINAL). THE GRANT REPORTS REFLECTED THE IMPACT OF FUNDING ON THE AGENCY AND THEIR CONSTITUENTS.

Additional Data

Software ID:
Software Version:
EIN: 86-0507679
Name: ARIZONA FOOD BANK NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALL FAITH COMMUNITY SERVICES 214 S 5TH ST BUCKEYE, AZ 85326	54-2160931	501C3	10,000				EQUIPMENT
ARIVACA COORDINATING COUNCIL HR 17252 W FIFTH ST PO BOX 93 ARIVACA, AZ 85601	86-0609733	501C3	20,000				FOOD,SUPPLIES,EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AZCEND PO BOX 591 CHANDLER, AZ 85244	86-0428780	501C3	10,000				BOX TRUCK
BEAVER CREEK SCHOOL DISTRICT 26 4810 E BEAVER CREEK ROAD RIMROCK, AZ 86335	86-0343804	GOV	7,500				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC COMMUNITY SERVICES YUMA 690 E 32ND STREET YUMA, AZ 85365	86-0100880	501C3	10,000				FOOD,EQUIP,SUPPLIES
CHRIST THE VICTOR FOOD BANK 6173 E ARIZONA FARMS RD FLORENCE, AZ 85132	47-0987895	501C3	8,575				WALK-IN FREEZER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EZRAS CHOLIM OF ARIZONA 7118 N 7TH ST PHOENIX, AZ 850205304	47-5645369	501C3	9,891				EQUIPMENT
FBC STANFIELD FOOD PANTRY POB 250 STANFIELD, AZ 85172	82-5336682	501C3	8,000				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLAGSTAFF FAMILY FOOD CENTER PO BOX P FLAGSTAFF, AZ 86004	86-0754044	501C3	10,000				PAYROLL FOOD SUPPLY
FOUNDATION FOR SENIOR LIVING 1201 E THOMAS RD PHOENIX, AZ 85014	86-0298945	501C3	10,000				PAYROLL,FOOD,SUPPLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERFAITH COMMUNITY SERVICES 2820 W INA RD TUCSON, AZ 85741	86-0520997	501C3	10,000				TEMPORARY STAFF
LIVING FAITH CHRISTIAN CENTER 4108 E NORTH ST TUCSON, AZ 85712	86-0928518	501C3	8,750				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOVE KITCHEN PO BOX 1373 PINETOP, AZ 85935	47-3910808	501C3	10,000				REFRIGERATION EQUIP
MANZANITA OUTREACH PO BOX 371 COTTONWOOD, AZ 86326	27-4446452	501C3	10,000				PAYROLL, SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MATTHEW'S CROSSING 1368 N ARIZONA AVE STE 112 CHANDLER, AZ 85225	55-0896414	501C3	10,000				OPERATING SUPPORT
MERCY HOUSING SOUTHWEST 3002 EAST CACTUS ROAD PHOENIX, AZ 85032	86-0743192	501C3	8,500				FOOD, SUPPLIES, PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIVE HEALTH 4041 NORTH CENTRAL AVE BLDG C MESA, AZ 85012	94-2540194	501C3	6,500				REFRIGERATION EQUIP
NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009	86-0809052	501C3	12,500				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW HOPE COMMUNITY CENTER 7335 E BROADWAY RD MESA, AZ 85208	94-2598831	501C3	10,000				USED BOX TRUCK
OLD TOWN MISSION 116 E PINAL ST COTTONWOOD, AZ 86326	86-0667052	501C3	9,167				FOOD,SUPPLIES,PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PAULDEN FOOD BANK PO BOX 414 PAULDEN, AZ 86334	86-0767780	501C3	10,000				REPAIRS,SUPPLIES,PPE
SAHUARITA FOOD BANK 17750 S LA CANADA DR SAHUARITA, AZ 85629	47-1654162	501C3	10,000				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHARON SDA CHURCH PO BOX 26566 TUCSON, AZ 85726	20-3529922	501C3	5,100				REFRIGERATION EQUIP
SHORT CREEK DREAM CENTER PO BOX 843010 COLORADO CITY, AZ 86021	86-1001113	501C3	10,000				FORKLIFT, SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST VINCENT DE PAUL CASA GRANDE 405 E 2ND STREET CASA GRANDE, AZ 85122	86-0570967	501C3	10,000				OPERATING COSTS
TEMPE COMMUNITY ACTION AGENCY 2146 E APACHE BLVD TEMPE, AZ 85281	86-0254820	501C3	10,000				FOOD,SUPPLIES,PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE SALVATION ARMY SIERRA VISTA 180 E WILCOX DR SIERRA VISTA, AZ 85635	94-1156347	501C3	10,000				FOOD, OPER EXP
THE SALVATION ARMY TUCSON AMPHI 218 E PRINCE ROAD TUCSON, AZ 86402	94-1156347	501C3	10,000				IMPROVING TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TOWN OF SPRINGERVILLE ROUND VALLEY 356 S PAPAGO ST SPRINGERVILLE, AZ 85938	86-6000796	GOV	8,000				REFRIGERATION EQUIP
WHITE MOUNTAIN CATHOLIC CHARITIES 2190 E WHITE MOUNTAIN BLVD PINETOP, AZ 85935	85-0225263	501C3	9,600				RENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WINSLOW COUNCIL ON AGING 212 EAST SECOND ST WINSLOW, AZ 86407	80-0400192	501C3	5,800				FOOD,SUPPLIES,PPE
WORLD MINISTRIES 2004 E IRVINGTON ROAD 187 TUCSON, AZ 85714	86-0879832	501C3	7,650				REFRIGERATOR,FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YARNELL FOOD BANK 22815 HIGHWAY 89 BOX 1261 YARNELL, AZ 85362	47-3449359	501C3	10,000				BUILDING IMPROVEMENT
AJO CENTER FOR SUSTAINABLE AGRICULT PO BOX 833 AJO, AZ 85321	38-3909062	501C3	10,000				COOLER, FOOD, PAYROLL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BANNER OLIVE BRANCH SENIOR CENTER 2901 N CENTRAL AVE STE 160 PHOENIX, AZ 850122702	94-2545356	501C3	6,126				EQUIPMENT
BLACK FAMILY AND CHILD SERVICES 1522 EAST SOUTHERN AVE PHOENIX, AZ 850403543	86-0480412	501C3	10,000				PAYROLL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BREAD OF LIFE MISSIONS PO BOX 2991 CAMP VERDE, AZ 863222991	86-0814302	501C3	10,000				FOOD,EQUIPMENT,STAFF
BUSD SI' ALIG KI SUNRISE HOUSE HIGHWAY 86 MILE POST 1155 SELLS, AZ 85634	86-0718016	GOV	8,000				EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHICANOS POR LA CAUSA TUCSON 251 W IRVINGTON RD TUCSON, AZ 85714	86-0842209	501C3	10,000				EQUIPMENT, SUPPLIES
CITY OF TOMBSTONE PO BOX 339 TOMBSTONE, AZ 85638	86-6000265	GOV	10,000				FOOD, EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COLORADO RIVER FOOD BANK 240 E LAUGHLIN CIVIC DR LAUGHLIN, NV 890291500	88-0345703	501C3	10,000				OPERATING COSTS
COMMUNITY FOOD PANTRY OF BENSON PO BOX 623 BENSON, AZ 856020623	41-2179075	501C3	10,000				EQUIPMENT

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DOUGLAS AREA FOOD BANK PO BOX 1546 DOUGLAS, AZ 856081546	86-0657093	501C3	10,000				EQUIPMENT
FOR MARICOPA 44625 W GARVEY AVE MARICOPA, AZ 85139	26-0527262	501C3	10,000				FOOD,EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TUCSON UNIFIED SCHOOL DISTRICT 1010 E TENTH ST TUCSON, AZ 85719	74-2354578	501C3	10,000				FOOD,EQUIPMENT
CHRIST THE KING HOPE MINISTRY 1551 E DANA AVE MESA, AZ 85204	30-0513890	501C3	5,500				FOOD,SUPPLIES,PPE

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FIRST BAPTIST CHURCH OF CASA GRANDE 222 E 8TH STREET CASA GRANDE, AZ 85122	86-0507565	501C3	9,000				EQUIP,FOOD,SUPPLIES
FIRST EVANGELICAL LUTHERAN CHURCH 142 N DATE MESA, AZ 85201	86-0144899	501C3	10,000				FOOD,EQUIP,SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GATEWAY BIBLE CHURCH 1621 N PASADENA MESA, AZ 85201	86-0623192	501C3	7,500				EQUIPMENT, UTILITIES,
GENESIS PROJECT PO BOX 5156 APACHE JUNCTION, AZ 85178	27-3994457	501C3	10,000				FOOD, SUPPLIES

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GRAHAM COUNTY INTERFAITH CARE ALLIA 1020 S 10TH AVE SAFFORD, AZ 85546	20-0972668	501C3	10,000				FOOD,PAYROLL,SUPPLY
GUADALUPE COMMUNITY ACTION 9241 S AVENIDA DEL YAQUI GUADALUPE, AZ 85283	86-0297728	501C3	10,000				FOOD,PAYROLL,SUPPLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAVASU COMMUNITY HEALTH FNDN 94 ACOMA BLVD S LAKE HAVASU CITY, AZ 86403	21-1839858	501C3	10,000				FOOD,EQUIP,SUPPLIES
HEALTHY BISBEE INC 129 FORT HUACHUCA LANE BISBEE, AZ 85603	83-1667860	501C3	10,000				EQUIPMENT

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HOPE INTERNATIONAL MINISTRY 173 S 17TH STREET COOLIDGE, AZ 85128	46-5017655	501C3	10,000				FOOD,EQUIPMENT
HUMBOLDT UNIFIED SCHOOL DISTRICT 6411 N ROBERT RD PRESCOTT VALLEY, AZ 86314	86-6003010	GOV	11,025				STUDENT FEEDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IGLESIA DE CRISTO SIONZION CHURCH 12232 N 112TH AVE YOUNGTOWN, AZ 85379	86-0862426	501C3	6,000				REFRIGERATION EQUIP
JOHN VOLKEN ACADEMY 26601 S VAL VISTA DR GILBERT, AZ 85298	91-2061674	501C3	6,000				FOOD,UTILITY,SUPPLY

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JOURNEY CHURCH NETWORK 750 E MINGUS AVE COTTONWOOD, AZ 86326	23-7216131	501C3	10,000				PAYROLL, EQUIPMENT
KAYENTA UNIFIED SCHOOL DISTRICT 27 PO BOX 337 KAYENTA, AZ 86033		GOV	9,956				REFRIGERATION EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOS RANCHITOS - SUNNYSIDE USD 2238 E GINTER RD TUCSON, AZ 85706	86-6000792	GOV	6,000				A/C FOR FOOD STORAGE
MARANATHA PENTECOSTAL MINISTRIES 527 5TH ST DOUGLAS, AZ 85607	86-0825687	501C3	20,000				VEHICLE/OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARICOPA PANTRY INC 4660 N HIDDEN VALLEY RD MARICOPA, AZ 85139	81-3081927	501C3	10,000				REFIGERATION EQUIP
MOUNTAIN VIEW CHURCH FOOD BANK 4815 W HUNT HWY QUEEN CREEK, AZ 85142	68-0537891	501C3	10,000				FOOD, FREEZERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MT GRAHAM SAFE HOUSE PO BOX 1202 SAFFORD, AZ 85546	86-0800990	501C3	5,001				FOOD,SUPPLIES,PPE
NATIVE AMERICAN CHRISTIAN ACADEMY PO BOX 4013 SUN VALLEY, AZ 86029	86-0580967	501C3	9,500				FOOD,OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW DIMENSIONS IN RECOVERY 530 E MCDOWELL RD PHOENIX, AZ 85004	27-2167017	501C3	8,000				REFRIGERATION EQUIP
NEW HOPE NAZARENE 924 251 N ROOSEVELT DR CHANDLER, AZ 85226	86-0627448	501C3	10,000				UTILITIES/FLOORING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW JERUSALEM MISSIONARY BAPTIST PO BOX 87717 TUCSON, AZ 85726	45-8034703	501C3	10,000				UTILITY,PAYROLL,FOOD
NEW LIFE CENTER PO BOX 5005 GOODYEAR, AZ 85338	86-0635950	501C3	10,000				FOOD,SUPPLY, PAYROLL

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OASIS MINISTRIES 8485 E MCDONALD DR 214 SCOTTSDALE, AZ 85250	82-1166657	501C3	6,750				PAYROLL, FOOD, SUPPLY
OLD CONCHO COMMUNITY ASSISTANCE CTR PO BOX 50 CONCHO, AZ 85924	86-0907044	501C3	10,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OLIVE BRANCH COMMUNITY OF HOPE 3546 E THOMAS ROAD PHOENIX, AZ 85018	81-2687081	501C3	6,000				FOOD,SUPPLIES,PPE
RESURRECTION STREET MINISTRY 1135 E MAIN ST MESA, AZ 85203	55-0799053	501C3	10,000				FOOD,SUPPLIES,PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGUARO JANES CORPORATION PO BOX 151 WITTMANN, AZ 85361	86-0476466	501C3	7,500				UTILITIES, FOOD, PPE
SIERRA VISTA DREAM CENTER 2160 E FRY BLVD PMB 326 SIERRA VISTA, AZ 85635	20-2648636	501C3	10,000				FOOD, SUPPLIES, PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SILVER CREEK SENIOR CENTER PO BOX 1495 SNOWFLAKE, AZ 85937	94-2745417	501C3	5,225				REFRIG,FOOD,SUPPLIES
ST VINCENT DE PAUL OUR MOTHER OF 1800 SOUTH KOLB ROAD TUCSON, AZ 85710	46-5706987	501C3	7,500				FOOD,SUPPLIES,PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT DE PAUL ST ANDREWS 616 BARTOW DRIVE SIERRA VISTA, AZ 85635	86-0291351	501C3	10,000				FOOD,SUPPLIES,PPE
THE SALVATION ARMY KINGMAN PO BOX 3367 KINGMAN, AZ 86402	94-1156347	501C3	6,000				FOOD,SUPPLIES,PPE

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THE SALVATION ARMY ALL NATIONS 1001 N RICHEY BLVD TUCSON, AZ 85716	94-1156347	501C3	10,000				FOOD,SUPPLIES,PPE
THE SALVATION ARMY HOSPITALITY 1002 N MAIN AVE TUCSON, AZ 85705	94-1156347	501C3	10,000				FOOD,SUPPLIES,PPE

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THE SALVATION ARMY APACHE JUNCTION PO BOX 5100 APACHE JUNCTION, AZ 85119	94-1156347	501C3	10,000				FOOD,SUPPLIES,PPE
THE SALVATION ARMY CHANDLER 85 E SARAGOSA STREET CHANDLER, AZ 85225	94-1156347	501C3	10,000				FOOD,SUPPLIES,PPE

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THE SALVATION ARMY EMERG SHELTER 2707 E VAN BUREN STREET PHOENIX, AZ 85008	94-1156347	501C3	10,000				PAYROLL,FOOD,SUPPLY
THE SALVATION ARMY FLAGSTAFF COMMUN 507 N HUMPHREYS ST FLAGSTAFF, AZ 86001	94-1156347	501C3	10,000				PAYROLL,SUPPLY,FOOD

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THE SALVATION ARMY PHX FAMILY SVC 2707 E VAN BUREN STREET PHOENIX, AZ 85008	94-1156347	501C3	10,000				PAYROLL,FOOD,SUPPLY
UA CAMPUS PANTRY 1209 E UNIVERSITY BLVD STE 325 TUCSON, AZ 85712	86-6050388	501C3	10,000				FOOD,SUPPLIES,EQUIP

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UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 85008	86-0521062	501C3	6,000				FOOD,SUPPLIES,PPE
VESTED INTEREST COMMUNITY SVCS 1900 W CHANDLER BLVD STE 15-318 CHANDLER, AZ 85224	86-0833455	501C3	10,000				FOOD,SUPPLIES,EQUIP

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VILLAGE OF WALPI PO BOX 922 POLACCA, AZ 86042	86-0956879	GOV	10,000				ELECTRICAL UPGRADE
WAY OF LIFE CHURCH 5802 S 15TH AVE PHOENIX, AZ 85041	86-0655205	501C3	10,000				WALK-IN COOLER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WHITE MOUNTAIN APACHE MINISTRIES 1490 W COMFY CT LAKESIDE, AZ 85929	83-3411882	501C3	10,000				FREEZER,FOOD,EQUIP
WILLCOX COMMUNITY FOOD PANTRY 200 W DOWNEN STREET WILLCOX, AZ 85643	86-0724681	501C3	7,000				FOOD,SUPPLIES,PPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WILLIAMS FOOD PANTRY & MORE 125 SOUTH THIRD ST WILLIAMS, AZ 86046	82-1634562	501C3	10,000				OPERATING SUPPORT

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Internal Revenue Service

Name of the organization
ARIZONA FOOD BANK NETWORK

Employer identification number

86-0507679

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	DEVELOP SOLUTIONS TO END HUNGER THROUGH FOOD BANKING, PUBLIC POLICY AND INNOVATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 3	DURING FY 2019-2020 THE ORGANIZATION STARTED TO ENGAGE IN DISCUSSIONS WITH THE CITY OF PHOENIX AND AZ TOGETHER REGARDING GRANTING WORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	AZFBN AWARDED FUNDS TO AGENCIES STATEWIDE THAT WERE COPING WITH COVID-19 PANDEMIC RESPONSE . AGENCIES NEEDED AND USED THESE DOLLARS TO CONVERT DISTRIBUTION METHODS TO TOUCHLESS AND DRIVE UP, TO SECURE PERSON PROTECTIVE EQUIPMENT (MASKS, GLOVES, FACE SHIELDS) FOR STAFF AND VOLUNTEERS, AND TO PURCHASE FOOD FOR DISTRIBUTION DURING SUPPLY CHAIN DISRUPTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS ARE FOOD BANKS IN ARIZONA THAT ARE MEMBERS IN GOOD STANDING WITH FEEDING AMERICA, OR AGENCIES OF FEEDING AMERICA MEMBERS IN THE STATE, AND MEET THE MEMBERSHIP CRITERIA STATED IN THE CURRENT BYLAWS OF THE ARIZONA FOOD BANK NETWORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	ALL MEMBERS HAVE REPRESENTATION ON THE BOARD OF DIRECTORS AND HAVE THE AUTHORITY TO ELECT OTHER BOARD DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	ALL BOARD DIRECTORS HAVE REPRESENTATION ON THE BOARD AND HAVE THE AUTHORITY TO BE PART OF THE DECISION MAKING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 AND THEN REPORTS THE SUBSTANCE OF THE 990 TO THE BOARD OF DIRECTORS. ALL BOARD MEMBERS THEN REVIEW THE FORM 990 PRIOR TO FINALIZING AND FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	A NEW CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY ALL MEMBERS OF THE BOARD AND REVIEWED BY THE BOARD OF DIRECTORS FOR CONFLICTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, 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 TOP MANAGEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DISCLOSES DOCUMENTS ON ITS WEBSITE AND UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TECH SUPPORT 5,222 2,141 3,330 TECH SUPPORT 2,878 0 0 TECH SUPPORT 2,510 0 0 TRANSPORTATIO N SERVICES 426,529 0 0 OUTSIDE SERVICES 10,634 16,413 1,654 OUTSIDE SERVICES 3,165 0 0 OUT SIDE SERVICES 17,547 0 0 TOTAL 468,485 18,554 4,984