

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2023****Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>WASTE NOT INC.</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1700 N. GRANITE REEF ROAD</u> City or town, state or province, country, and ZIP or foreign postal code <u>SCOTTSDALE, AZ 85257</u>		D Employer identification number <u>86-0650514</u>
	F Name and address of principal officer: <u>JASON REED</u> <u>245 S NINA DR, MESA, AZ 85210</u>		E Telephone number <u>(480) 941-1841</u>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ <u>5,922,454</u>
	J Website: <u>WWW.WASTENOTAZ.ORG</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <u>1990</u> M State of legal domicile: <u>AZ</u>
H(c) Group exemption number			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>WASTE NOT CULTIVATES SUSTAINABLE FOOD SYSTEMS THAT HELP PEOPLE AND THE PLANET FLOURISH.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>5,481,779</u>	<u>5,892,154</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>23,894</u>	<u>3,052</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>10,390</u>	<u>(101)</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>5,516,063</u>	<u>5,895,105</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>4,748,218</u>	<u>5,103,565</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>554,982</u>	<u>526,970</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>29,316</u>	<u>15,330</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>162,505</u>	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>347,956</u>	<u>368,384</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>5,680,472</u>	<u>6,014,249</u>
	20	Total assets (Part X, line 16)	<u>(164,409)</u>	<u>(119,144)</u>
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,328,624</u>	<u>1,254,925</u>
		<u>104,764</u>	<u>150,209</u>	
		<u>1,223,860</u>	<u>1,104,716</u>	

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 <u>JASON REED, PRESIDENT & CEO</u>		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>AMY BIBBY</u>	Preparer's signature <u>AMY BIBBY</u>	Date <u>05/14/2025</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00445891</u>
	Firm's name <u>FORVIS MAZARS, LLP</u>	Firm's EIN <u>44-0160260</u>			
	Firm's address <u>500 RIDGEFIELD COURT, ASHEVILLE, NC 28806</u>	Phone no. <u>(828) 254-2254</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:WASTE NOT CULTIVATES SUSTAINABLE FOOD SYSTEMS THAT HELP PEOPLE AND THE PLANET FLOURISH.**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 \$ 5,694,696 including grants of \$ 5,103,565) (Revenue \$ 0)WASTE NOT PARTNERS WITH NEARLY 60 CATERERS, RESORTS, KITCHENS, RESTAURANTS, EVENT VENUES, AND GROCERS TO PICK UP EXCESS FOOD AND DELIVER IT TO LOCAL NON-PROFIT AGENCIES.USING AN EFFICIENT SAME-DAY DELIVERY MODEL, A TEAM OF PROFESSIONAL DRIVERS COLLECTS AND TRANSPORTS AN AVERAGE OF 10,375 POUNDS OF FOOD EACH WEEKDAY. THIS FOOD IS DELIVERED TO OVER 85 NONPROFIT AGENCIES SERVING INDIVIDUALS AND FAMILIES EXPERIENCING FOOD INSECURITY.FOR THE FISCAL YEAR ENDING JUNE 30, 2024, WASTE NOT DIVERTED APPROXIMATELY 2.65 MILLION POUNDS OF PREPARED AND PERISHABLE FOOD FROM LANDFILLS AND DELIVERED IT TO COMMUNITY-BASED ORGANIZATIONS SUPPORTING CHILDREN, ADULTS, AND SENIORS IN NEED.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)TO EXPAND ITS REACH AND IMPACT, WASTE NOT LAUNCHED A FOOD RESCUE APP IN DECEMBER 2019 DESIGNED TO FACILITATE SMALLER-VOLUME DONATIONS. THE APP ENABLES LOCAL RESTAURANTS, RETAILERS, AND OTHER FOOD BUSINESSES TO POST SURPLUS FOOD OUTSIDE OF REGULAR PICKUP ROUTES.A NETWORK OF TRAINED VOLUNTEER DRIVERS RECEIVES REAL-TIME ALERTS, RETRIEVES THE FOOD USING THEIR PERSONAL VEHICLES WHILE FOLLOWING FOOD SAFETY PROTOCOLS, AND DELIVERS IT DIRECTLY TO AGENCY PARTNERS BEST SUITED TO DISTRIBUTE THE DONATIONS.FOR THE FISCAL YEAR ENDING JUNE 30, 2024, WASTE NOT'S VOLUNTEERS COMPLETED 270 FOOD RESCUES AND REDIRECTED MORE THAN 13,600 POUNDS OF FOOD FROM LANDFILLS TO LOCAL ORGANIZATIONS FEEDING OUR COMMUNITY.**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 5,694,696

Part IV Checklist of Required Schedules

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

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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the 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	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	✓
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	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

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	0
b Enter the number of Forms W-2G included on 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)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	10	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 on Schedule O.			10		
b Enter the number of voting members included on line 1a, above, who are independent			10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	✓	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		✓
6 Did the organization have members or stockholders?			6	✓	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	✓	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?			8a	✓	
b Each committee with authority to act on behalf of the governing body?			8b		✓
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		✓

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?		✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b Describe on 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	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	✓	
13 Did the organization have a written whistleblower policy?	✓	
14 Did the organization have a written document retention and destruction policy?	✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		✓
b Other officers or key employees of the organization		✓
If "Yes" to line 15a or 15b, describe the process on 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?		✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
FELICIA HOUSTON, 245 S. NINA DRIVE, MESA, AZ 85210, (480) 398-4474

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) MEGAN MONTALVO UNITED FOOD BANK CFO (THROUGH 10/23)	5.0 35.0			✓				0	140,452	4,192
(2) JASON REED UNITED FOOD BANK PRESIDENT & CEO	5.0 35.0			✓				0	134,885	2,698
(3) RAYNA PALMER UNITED FOOD BANK COO	5.0 35.0			✓				0	115,687	3,565
(4) HILLARY BRYANT WASTE NOT EXECUTIVE DIRECTOR	40.0 0.0			✓				0	90,255	25,154
(5) FELICIA HOUSTON UNITED FOOD BANK CFAO (CONTRACT)	5.0 35.0			✓				0	28,800	0
(6) CHRIS WODARCYK CHAIR	1.5 0.0	✓		✓				0	0	0
(7) AUDRA TAYLOR TREASURER	1.5 0.0	✓		✓				0	0	0
(8) RACHEL MONTI SECRETARY	1.5 0.0	✓		✓				0	0	0
(9) CARLY WEIL BOARD MEMBER	1.5 0.0	✓						0	0	0
(10) CHAD ROSE BOARD MEMBER	1.0 0.0	✓						0	0	0
(11) CHRISTINA DICKSEN BOARD MEMBER	1.0 1.5	✓						0	0	0
(12) JENNIFER HOLSMAN TETREULT BOARD MEMBER	1.0 1.5	✓						0	0	0
(13) JENNIFER RIVERA WARGO BOARD MEMBER	1.0 1.0	✓						0	0	0
(14) LINDE HARNED BOARD MEMBER	1.0 1.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) SOLANGE WHITEHEAD BOARD MEMBER	1.0 0.0	✓						0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0	510,079	35,609
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	510,079	35,609

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

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
UNITED FOOD BANK, 245 S NINA DR, MESA, AZ 85210	MANAGEMENT SERVICES	617,020

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 **1**

Part VIII Statement of RevenueCheck 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				
	c	Fundraising events	1c	92,078			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,800,076			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,135,821			
	h	Total. Add lines 1a-1f		5,892,154			
	Business Code						
Program Service Revenue	2a	-----					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,052			3,052
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 92,078 of contributions reported on line 1c). See Part IV, line 18		27,248			
	b	Less: direct expenses		27,349			
	c	Net income or (loss) from fundraising events		(101)		(101)	
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code						
	11a	-----					
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		5,895,105	0	0	2,951	

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	5,103,565	5,103,565		
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				
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	400,966	261,363	65,160	74,443
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,747	7,660	3,087	
9 Other employee benefits	85,387	61,681	9,833	13,873
10 Payroll taxes	29,870	19,516	4,807	5,547
11 Fees for services (nonemployees):				
a Management	51,558	9,619	36,910	5,029
b Legal				
c Accounting	3,413		3,413	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,330			15,330
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.)	20,400	0	20,400	0
12 Advertising and promotion	4,806			4,806
13 Office expenses	19,711	927	3,143	15,641
14 Information technology	38	38		
15 Royalties				
16 Occupancy	8,856	8,856		
17 Travel	26			26
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	977		977	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,717	99,717		
23 Insurance	8,127	1,205	6,922	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>VEHICLE EXPENSE</u>	108,479	108,479		
b <u>OTHER EXPENSES</u>	39,830	12,070		27,760
c <u>TELECOMMUNICATIONS</u>	2,396		2,396	
d <u>MEMBERSHIP DUES</u>	50			50
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	6,014,249	5,694,696	157,048	162,505
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	258,623	1	333,426
	2 Savings and temporary cash investments	714,270	2	717,322
	3 Pledges and grants receivable, net	50,000	3	0
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	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	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,584	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 586,232		
	b Less: accumulated depreciation	10b 382,055		
		300,147	10c	204,177
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,328,624	16	1,254,925
Liabilities	17 Accounts payable and accrued expenses	104,764	17	150,209
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	104,764	26	150,209
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	1,066,129	27	946,985
	28 Net assets with donor restrictions	157,731	28	157,731
	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	1,223,860	32	1,104,716
	33 Total liabilities and net assets/fund balances	1,328,624	33	1,254,925

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	5,895,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,014,249
3	Revenue less expenses. Subtract line 2 from line 1	3	(119,144)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,223,860
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,104,716

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

**Open to Public
Inspection**

Name of the organization

WASTE NOT INC.

Employer identification number

86-0650514

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,383,623	7,206,633	5,134,379	5,481,779	5,892,154	30,098,568
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,383,623	7,206,633	5,134,379	5,481,779	5,892,154	30,098,568
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)						12,733,130
6 Public support. Subtract line 5 from line 4						17,365,438

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6,383,623	7,206,633	5,134,379	5,481,779	5,892,154	30,098,568
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	357	1,101	645	1,894	3,052	7,049
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,791	3,377	879	2,719	0	12,766
11 Total support. Add lines 7 through 10						30,118,383
12 Gross receipts from related activities, etc. (see instructions)					12	39,345
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	57.66 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	60.34 %
16a 33¹/₃% support test—2023. 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	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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		<input type="checkbox"/>
b 33 1/3% support tests—2022. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? 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.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2023

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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

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.)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Part VI

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.)

Return Reference - Identifier	Explanation					
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
	(1) OTHER INCOME	5,791	3,377	879	2,719	0
	Total	5,791	3,377	879	2,719	0

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
WASTE NOT INC.

Employer identification number
86-0650514

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

Name of organization

WASTE NOT INC.

Employer identification number

86-0650514

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,006,858	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,028,833	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,302,268	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 134,704	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 176,502	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WASTE NOT INC.

Employer identification number

86-0650514

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 249,618	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 337,848	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 378,716	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 426,549	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WASTE NOT INC.

Employer identification number

86-0650514

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	COMMODITIES	\$ 1,006,858	06/30/2024
2	COMMODITIES	\$ 1,004,833	06/30/2024
4	COMMODITIES	\$ 1,302,268	06/30/2024
5	COMMODITIES	\$ 134,704	06/30/2024
6	COMMODITIES	\$ 176,502	06/30/2024
7	COMMODITIES	\$ 249,618	06/30/2024

Name of organization

WASTE NOT INC.

Employer identification number

86-0650514

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	COMMODITIES	\$ 337,848	06/30/2024
9	COMMODITIES	\$ 378,716	06/30/2024
10	COMMODITIES	\$ 426,549	06/30/2024
		\$	
		\$	
		\$	

Name of organization

WASTE NOT INC.

Employer identification number

86-0650514

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

WASTE NOT INC.

Employer identification number

86-0650514

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i)	Revenue included on Form 990, Part VIII, line 1	\$
(ii)	Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 _____%

c Term endowment _____%

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		586,232	382,055	204,177
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				204,177

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, line 12, col. (B)) . . .		

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, line 13, col. (B)) . . .		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	

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.

[SEE STATEMENT](#)

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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED. IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE DEDUCTIONS UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.</p> <p>THE ORGANIZATION FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE POLICY HAS HAD NO IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.</p>

Department of the Treasury
Internal Revenue Service

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>PHOENIX OPEN</u> (event type)	(b) Event #2 <u>THE THUNDERBIRDS</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,887	56,666	8,773	119,326
	2 Less: Contributions	26,639	56,666	8,773	92,078
	3 Gross income (line 1 minus line 2)	27,248	0	0	27,248
Direct Expenses	4 Cash prizes	27,248			27,248
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	27		74	101
	10 Direct expense summary. Add lines 4 through 9 in column (d)				27,349
	11 Net income summary. Subtract line 10 from line 3, column (d)				(101)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|-------------------------------------|------------------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided	Date	Time	Location	Other

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASTE NOT INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

86-0650514

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 2 TEN CHURCH ASSEMBLY OF GOD LLC 775 EAST BASELINE ROAD, PHOENIX, AZ 85042	44-0577787	501C3		253,774	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(2) A LOVING HEART 14302 W BECKER LANE, SUPRISE, AZ 85379	47-4220475	501C3		165,676	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(3) A NEW LEAF - HOMEWARD BOUND 2302 WEST COLTER STREET, PHOENIX, AZ 85015	86-0256667	501C3		24,193	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(4) A NEW LEAF - PHOENIX DAY 115 EAST TONTO STREET, PHOENIX, AZ 85004	86-0256667	501C3		31,640	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(5) A NEW LEAF- DESERT LEAF 44 SOUTH HORNE, PHOENIX, AZ 85004	86-0256667	501C3		13,842	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(6) A NEW LEAF- LA MESITA 2245 W ELLA STREET, MESA, AZ 85201	86-0256667	501C3		7,525	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(7) (SEE STATEMENT)	86-0256667	501C3		15,882	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(8) ABEL'S HOUSE 345 NORTH 6TH AVENUE, PHOENIX, AZ 85003	46-1079746	501C3		33,661	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(9) AREA AGENCY ON AGING 1231 E COLTER STREET, PHOENIX, AZ 85014	74-2371957	501C3		3,596	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(10) (SEE STATEMENT)	86-0133392	501C3		73,685	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(11) ARIZONA HOUSING, INC. (NORTH 17TH APT) 9601 NORTH 17TH AVENUE, PHOENIX, AZ 85021	86-0811431	501C3		65,734	(SEE STATEMENT)	FOOD	(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 82

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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.
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(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) CASA DE PRIMAVERA - CHICANOS POR LA CAUSA 1617 45TH AVENUE, PHOENIX, AZ 85035	86-0227210	501C3		11,451	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(13) CASA DE PRIMAVERA - CHICANOS POR LA CAUSA 805 N 40TH AVE, PHOENIX, AZ 85009	86-0227210	501C3		14,817	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(14) CENTRAL ARIZONA SHELTER SERVICES 1050 WEST MOUNTAIN VIEW ROAD, PHOENIX, AZ 85021	86-0500753	501C3		39,314	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(15) DOVES - AREA AGENCY ON AGING 1231 EAST COLTER STREET, UNIT 16, PHOENIX, AZ 85014	82-0586529	501C3		43,469	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(16) EAST VALLEY MEN'S CENTER (A NEW LEAF) 2345 NORTH COUNTRY CLUB DRIVE, MESA, AZ 85201	86-0256667	501C3		1,756	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(17) FIRE & WATER INTERNATIONAL CHURCH 1937 EAST DIAMOND STREET, PHOENIX, AZ 85006	86-0928650	501C3		46,100	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(18) GOOD SHEPHERD- HAYDEN 1935 E. HAYDEN LN., TEMPE, AZ 85281	23-7422655	501C3		11,327	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(19) GOOD SHEPHERD WEST - A 6116 N. 60TH AVE., GLENDALE, AZ 85301	86-0434933	501C3		44,344	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(20) GOOD SHEPHERD WEST - B 6251 W. ROYAL PALM ROAD, GLENDALE, AZ 85301	86-0434933	501C3		43,058	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(21) GOOD SHEPHERD WEST - C 6116 NORTH 65TH AVENUE, GLENDALE, AZ 85301	86-0434933	501C3		45,218	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(22) GOOD SHEPHERD WEST - D 6388 E. OAK ST., SCOTTSDALE, AZ 85257	86-0434933	501C3		9,335	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(23) GOOD SHEPHERD WEST -48TH 7160 N. 48TH LANE, GLENDALE, AZ 85301	23-7260292	501C3		44,417	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(24) HAND 2 HAND BROWN BAG OUTREACH 7417 S 45TH DR, LAVERN VILLAGE, AZ 85339	84-2085013	501C3		2,721	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(25) HAND 2 HANDZ BROWN BAG OUTREACH 2433 WEST CAMPBELL AVENUE #16, PHOENIX, AZ 85033	84-2085013	501C3		463	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(26) HAND 2 HANDZ BROWN BAG OUTREACH 1818 E. SOUTHERN AVENUE, MESA, AZ 85204	84-2085013	501C3		5,041	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(27) HELPING WITH ALL MY HEART 3546 E THOMAS RD, PHOENIX, AZ 85018	47-2460041	501C3		32,362	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(28) HOPE LIVES-VIVE LA ESPERANZA 1551 WEST VAN BUREN STREET, PHOENIX, AZ 85007	45-2300190	501C3		59,317	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(29) HOPE WOMEN'S CENTER 1640 E. MCDOWELL ROAD, PHOENIX, AZ 85006	86-0668354	501C3		75,515	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(30) HOUSE OF HELPS 2102 E. ALTA VISTA RD., PHOENIX, AZ 85042	45-5441868	501C3		57,609	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(31) HOUSE OF REFUGE SUNNYSLOPE 9835 NORTH 7TH PLACE, PHOENIX, AZ 85020	86-1026266	501C3		69,225	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(32) INTERNATIONAL RESCUE COMMITTEE 1211 E. APACHE, PHOENIX, AZ 85034	13-5660870	501C3		94,549	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(33) JOSE'S CLOSET 550 S. IRONWOOD, APACHE JUNCTION, AZ 85120	27-0843054	501C3		89,556	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(34) LAFRONTERA ARIZONA EMPACT SUICIDE PREVENTION CENTE 1035 EAST JEFFERSON STREET, PHOENIX, AZ 85034	74-2562293	501C3		152,883	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(35) LOCAL FIRST ARIZONA FOUNDATION 659 E. MAIN ST., MESA, AZ 85204	26-1657951	501C3		15,100	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(36) MAGGIE'S PLACE (ELIZABETH HOUSE) 1815 EAST GEMINI DR., GUADALUPE, AZ 85283	86-0972675	501C3		9,235	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(37) MAGGIE'S PLACE (MAGDALENE HOUSE) 1419 E. GARFIELD ST., PHOENIX, AZ 85006	86-0972675	501C3		14,766	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(38) MARK ALLEN FOUNDATION 2622 WEST STATE AVENUE, MESA, AZ 85051	94-2785374	501C3		26,028	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(39) MIDWEST FOOD BANK 725 E. BASELINE , GILBERT, AZ 85233	41-2120170	501C3		3,663	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(40) MISC 1700 N. GRANITE REEF ROAD, SCOTTSDALE, AZ 85257	N/A	501C3		54	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(41) MOTHER NATURE'S FARM 1663 EAST BASELINE ROAD, GILBERT, AZ 85233	86-0129981	501C3		106	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(42) NATIVE AMERICAN CONNECTIONS - 59TH 8332 N 59TH AVE, GLENDALE, AZ 85302	86-0293585	501C3		67,905	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(43) NATIVE AMERICAN CONNECTIONS DEVINE LEGACY (CENTRAL 4570 N CENTRAL AVE, PHOENIX, AZ 85012	86-0293585	501C3		72,896	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(44) NATIVE AMERICAN CONNECTIONS FILLMORE 609 NORTH 2ND AVE, PHOENIX, AZ 85003	86-0293585	501C3		46,839	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(45) NATIVE AMERICAN CONNECTIONS LANDMARK (GLENDALE) 650 N 2ND AVE, PHOENIX, AZ 85003	86-0293585	501C3		63,366	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(46) NATIVE AMERICAN CONNECTIONS- STEPPING STONE 1311 NORTH 14H STREET, PHOENIX, AZ 85006	86-0293585	501C3		3,596	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(47) NEW DIMENSIONS IN RECOVERY (CYPRESS) 1838 EAST CYPRESS STREET, PHOENIX, AZ 85006	27-2167017	501C3		10,100	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(48) NEW DIMENSIONS IN RECOVERY (EVERGREEN) 2954 N EVERGREEN ST, PHOENIX, AZ 85014	27-2167017	501C3		8,091	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(49) NEW HORIZONS YOUTH HOMES INC. (NEWHORIZON COMMUNIT 2200 N. ARIZONA AVE., CHANDLER, AZ 85225	86-1014335	501C3		10,490	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(50) NOURISH PHX 501 S. 9TH AVE, PHOENIX, AZ 85007	86-0401223	501C3		171,326	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(51) OLIVE BRANCH COMMUNITY OF HOPE 3546 EAST THOMAS ROAD, PHOENIX, AZ 85018	81-2687081	501C3		92,125	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(52) PAZ DE CRISTO 424 WEST BROADWAY, MESA, AZ 85210	26-1669496	501C3		30,563	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(53) PHOENIX DREAM CENTER 3210 GRAND AVENUE, PHOENIX, AZ 85017	86-1001113	501C3		6,672	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(54) PHOENIX RESCUE MISSION (COC- WOMEN'S CENTER) 338 N 15TH AVE, PHOENIX, AZ 85009	86-6057771	501C3		26,278	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(55) PHOENIX RESCUE MISSION (TLC- MEN'S CENTER) 1516 W VAN BURAN ST, PHOENIX, AZ 85007	86-6057771	501C3		33,656	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(56) PURE HEART CHURCH 14240 N. 43RD AVE, GLENDALE, AZ 85306	86-0543988	501C3		21,105	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(57) REBORN ASSISTANCE ASSOCIATION 2546 WEST ORANGEWOOD AVENUE, PHOENIX, AZ 85021	86-0909419	501C3		17,163	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(58) RESURRECTION STREET MINISTRY 1135 E. MAIN ST., MESA, AZ 85203	55-0799053	501C3		140,211	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(59) SALVATION ARMY - HERBERGER 2702 E. VAN BUREN, PHOENIX, AZ 85008	94-1156347	501C3		160,323	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(60) SALVATION ARMY - MARYVALE 4318 W CLAREDON, PHOENIX, AZ 85031	94-1156347	501C3		149,197	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(61) SALVATION ARMY, THE (PHOENIX) 2707 E. WASHINGTON, PHOENIX, AZ 85034	94-1156347	501C3		29,649	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(62) SOCIAL SPIN 1255 E SOUTHERN AVE., STE 1, MESA, AZ 85204	85-4313178	501C3		749	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(63) SOCIAL SPIN FOUNDATION - PHOENIX 2418 EAST PORTLAND STREET, PHOENIX, AZ 85008	85-4313178	501C3		3,596	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(64) ST. MATTHEWS METHODIST CHURCH 2540 WEST BASELINE RD, MESA, AZ 85202	36-2167731	501C3		33,258	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(65) ST. VINCENT DE PAUL 420 W. WATKINS RD., PHOENIX, AZ 85002	86-0096789	501C3		899,322	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(66) ST. VINCENT DE PAUL - CHANDLER 230 WEST GALVESTON STREET , CHANDLER, AZ 85225	86-0096789	501C3		96,486	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(67) STEP ONE HALFWAY HOUSE 9636 N. 11TH AVE, PHOENIX, AZ 85021	86-1032253	501C3		17,057	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(68) SUNLIGHT OF THE SPIRIT 2610 W. MCLELLAN BLVD., PHOENIX, AZ 85017	47-0865749	501C3		23,125	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(69) THE OLIVE PRESS 720 SOUTH MESA DRIVE, MESA, AZ 85210	81-0848123	501C3		57,456	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(70) TRADITIONS TRANSITIONAL LIVING 2429 W. VISTA, PHOENIX, AZ 85021	26-1640517	501C3		70,395	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(71) TRANSITIONAL LIVING COMMUNITIES - GLENDALE 7119 N. 637TH AVE, GLENDALE, AZ 85301	86-0723240	501C3		136,231	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(72) TRANSITIONAL LIVING COMMUNITIES - MESADANA 732 WEST DANA AVE, MESA, AZ 85210	86-0723240	501C3		16,438	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(73) TRANSITIONAL LIVING COMMUNITIES - PHOENIX (ROOSEVE) 2202 E ROOSEVELT, PHOENIX, AZ 85005	86-0723240	501C3		299,422	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(74) TRANSITIONAL LIVING COMMUNITIES - ROBSON (MESA) 132 S. ROBSON, MESA, AZ 85210	86-0723240	501C3		107,760	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(75) TRANSITIONAL LIVING COMMUNITIES - SUNNYSLOPE 9430 N. 11TH AVE, PHOENIX, AZ 85021	86-0723240	501C3		24,652	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(76) UMOM NEW DAY CENTER INC 3333 E. VAN BUREN, PHOENIX, AZ 85008	86-0521062	501C3		86,912	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(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
(77) UNITED FOOD BANK 245 SOUTH NINA DRIVE, MESA, AZ 85210	86-0505273	501C3		52,004	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(78) UNITED STATES VETERANS INITIATIVE 1700 GRAND AVE, PHOENIX, AZ 85017	95-4382752	501C3		23,322	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(79) VETERANS FOR VETERANS 1626 W. DENTON LANE #5, PHOENIX, AZ 85015	46-1538313	501C3		32,246	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(80) WEST VALLEY COMMUNITY FOOD PANTRY 7205 N. 51ST AVE, GLENDALE, AZ 85301	30-0875368	501C3		84,345	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(81) WEST VALLEY HEALTH EQUITY 4338 WEST THOMAS ROAD, PHOENIX , AZ 85031	88-2354847	501C3		926	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(82) YMCA-LINCOLN FAMILY 350 N. 1ST ST., PHOENIX, AZ 85003	86-0096799	501C3		75,444	FEEDING AMERICA VALUATION	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	EMPLOYEES MAKE ANNUAL SITE VISITS TO ENSURE THAT THE AGENCIES ARE OPERATING AS INTENDED. SITE VISITS ARE PERFORMED ON A RANDOM BASIS TO ENSURE THAT THE AGENCY IS IN COMPLIANCE WITH FOOD STORAGE REQUIREMENTS AND TO SEE THAT THE FOOD IS BEING USED APPROPRIATELY. AGENCIES THAT DO NOT STAY IN COMPLIANCE WILL NO LONGER BE ABLE TO RECEIVE FOOD COMMODITIES.
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A NEW LEAF SUPPORT SERVICES AT MESA ARTSPACE LOFTS 155 SOUTH HIBBERT, MESA, AZ 85210
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED 3100 EAST ROOSEVELT STREET, PHOENIX, AZ 85008
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	2 TEN CHURCH ASSEMBLY OF GOD LLC: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A LOVING HEART: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A NEW LEAF - HOMEWARD BOUND: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A NEW LEAF - PHOENIX DAY: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A NEW LEAF- DESERT LEAF: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A NEW LEAF- LA MESITA: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	A NEW LEAF SUPPORT SERVICES AT MESA ARTSPACE LOFTS: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	ABEL'S HOUSE: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	AREA AGENCY ON AGING: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED: FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	ARIZONA HOUSING, INC. (NORTH 17TH APT): FEEDING AMERICA VALUATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	2 TEN CHURCH ASSEMBLY OF GOD LLC: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A LOVING HEART: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A NEW LEAF - HOMEWARD BOUND: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A NEW LEAF - PHOENIX DAY: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A NEW LEAF- DESERT LEAF: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A NEW LEAF- LA MESITA: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A NEW LEAF SUPPORT SERVICES AT MESA ARTSPACE LOFTS: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ABEL'S HOUSE: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AREA AGENCY ON AGING: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ARIZONA HOUSING, INC. (NORTH 17TH APT): DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASTE NOT INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

86-0650514

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="display: flex;"> <div style="flex: 1;"> a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? </div> <div style="flex: 1;"> 4a 4b 4c </div> </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		✓
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="display: flex;"> <div style="flex: 1;"> a The organization? b Any related organization? </div> <div style="flex: 1;"> 5a 5b </div> </div> If "Yes" on line 5a or 5b, describe in Part III.		✓
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="display: flex;"> <div style="flex: 1;"> a The organization? b Any related organization? </div> <div style="flex: 1;"> 6a 6b </div> </div> If "Yes" on line 6a or 6b, describe in Part III.		✓
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	✓
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

WASTE NOT INC.

Employer identification number

86-0650514

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	59	5,135,821	FEEDING AMERICA VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	FOOD INVENTORY - COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2023</div> Open to Public Inspection
Name of the Organization WASTE NOT INC.		Employer Identification Number 86-0650514

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 -	A GREAT DEAL OF TIME, MONEY, AND RESOURCES GO INTO GROWING AND TRANSPORTING NUTRITIOUS FOOD. YET, EACH YEAR, 40% OF THAT FOOD IS THROWN AWAY. AT THE SAME TIME, NEARLY 1 MILLION PEOPLE IN ARIZONA ARE STRUGGLING WITH FOOD INSECURITY. WE'RE TRANSFORMING THIS BROKEN SYSTEM BY CONNECTING TENS OF THOUSANDS OF ARIZONANS WITH QUALITY FOOD THAT WOULD HAVE OTHERWISE GONE TO WASTE. BY REIMAGINING WHAT'S POSSIBLE FOR FOOD RESCUE, WE'RE MAKING OUR COMMUNITY AND OUR PLANET HEALTHIER.
FORM 990, PART V, LINE 2B -	EFFECTIVE JULY 1, 2019, THE UNITED FOOD BANK BECAME THE SOLE MEMBER OF WASTE NOT, INC. ALL EMPLOYEES OF WASTE NOT, INC. BECAME EMPLOYEES OF THE UNITED FOOD BANK. THE UNITED FOOD BANK PAYS ALL SALARIES AND BENEFITS AND SUBMITS ALL FEDERAL EMPLOYMENT TAX RETURNS. WASTE NOT, INC. REIMBURSES THE UNITED FOOD BANK FOR THESE EXPENSES AND THESE EXPENSES ARE SHOWN AS SALARIES AND BENEFITS ON THE STATEMENT OF FUNCTIONAL EXPENSES, PART IX.
FORM 990, PART VI, LINE 3 - DELEGATION OF MANAGEMENT DUTIES	EFFECTIVE JULY 1, 2019, THE UNITED FOOD BANK BECAME THE SOLE MEMBER OF WASTE NOT, INC. THE UNITED FOOD BANK AND THEIR BOARD OF DIRECTORS TOOK CONTROL OVER THE MANAGEMENT DUTIES OF THE ENTITY.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE CORPORATION SHALL HAVE ONE MEMBER. THE SOLE MEMBER OF THE CORPORATION IS THE UNITED FOOD BANK.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE UNITED FOOD BANK'S BOARD OF DIRECTORS HAVE THE RIGHT TO APPOINT THE WASTE NOT'S BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE ACTIONS SPECIFIED BELOW SHALL REQUIRE APPROVAL BY THE BOARD OF DIRECTORS OF THE MEMBER: (A) AMENDMENT OF THE ARTICLES OF INCORPORATION OF THE CORPORATION; (B) AMENDMENT OF THE BYLAWS OF THE CORPORATION; (C) ADOPTION OF A PLAN OF MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER ENTITY; (D) ADOPTION OF A PLAN TO SELL SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (E) THE VOLUNTARY ELECTION OF BANKRUPTCY BY THE CORPORATION; (F) ELECTION TO DISSOLVE AND WIND UP THE AFFAIRS OF THE CORPORATION OR THE REVOCATION OF ANY SUCH ACTION; (G) ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION UPON DISSOLUTION; (H) APPROVAL OF CAPITAL AND OPERATING BUDGETS FOR THE CORPORATION AFTER GIVING DUE CONSIDERATION TO THE BOARD OF DIRECTORS' RECOMMENDATION; (I) ADOPTION OF FINANCIAL, ACCOUNTING, AND BUDGETING PROCESSES FOR THE CORPORATION THAT ARE CONSISTENT WITH THOSE OF THE MEMBER; AND (J) APPROVAL OF ANY ACTION OF THE CORPORATION OUTSIDE THE ORDINARY COURSE OF OPERATIONS, AS DEFINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS AND THE MEMBER.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DOCUMENT HAS BEEN REVIEWED BY THE CFAO, CEO AND BOARD TREASURER, IT WILL BE REVIEWED BY THE BOARD FINANCE COMMITTEE. UPON CONSENSUS TO MOVE FORWARD, IT WILL BE DISTRIBUTED TO THE BOD FOR FINAL REVIEW AND APPROVAL.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT, ARE TO BE REPORTED TO THE CHAIRMAN OF THE WASTE NOT BOARD PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION. THE CHAIRMAN WILL ASK THE WASTE NOT BOARD TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN APPROPRIATE ONE FOR WASTE NOT. THE PERSON DECLARING THE CONFLICT WILL HAVE NO VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE PERSON SHALL BE PERMITTED TO PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR TO LEAVING THE MEETING. EACH BOARD MEMBER AND ALL SENIOR STAFF ARE TO READ AND SIGN THE CONFLICT OF INTEREST STATEMENT AND GIVE IT TO THE BOARD CHAIR AT THE ANNUAL BOARD MEETING EACH YEAR. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. OUR CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE AND REVIEWED BY AN ATTORNEY. THE POLICY IS REQUIRED TO BE SIGNED ANNUALLY BY ALL BOARD MEMBERS AND ALL SENIOR STAFF. ADDITIONALLY WHEN A NEW BOARD MEMBER OR SENIOR STAFF IS ADDED TO THE ORGANIZATION THE ONBOARDING PROCESS INCLUDES THE SIGNING OF THIS POLICY. ANY PARTY HAVING ANY CONFLICT AS IDENTIFIED IN THE POLICY WILL COMPLETE A CONFLICT OF INTEREST NOTIFICATION AND FILE WITH THE COMPLIANCE OFFICE.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15 -	THE CEO OF UNITED FOOD BANK DETERMINES THE APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. A BANDING CHART IS USED FOR EACH LEVEL OF EMPLOYEE'S COMPENSATION. THE BANDING CHART IS BASED OFF OF THE FEEDING AMERICA NETWORK SALARY GUIDE, ASU LODESTAR, AND CHARITY NAVIGATOR. ALL EMPLOYEES ARE EMPLOYEES OF THE UNITED FOOD BANK.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

WASTE NOT INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

86-0650514

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED FOOD BANK (86-0505273) 245 S NINA DR, MESA, AZ 85210	HELPING FEED FAMILIES, CHILDREN AND SENIORS	AZ	501(C)(3)	7	N/A		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2023