# FOR TAX YEAR 2023 ARIZONA BRAINFOOD INC

DUSTIN RICHARDS, CPA PLC 409 W LOBO LN Snowflake, AZ 85937 (480)278-9280

	$\sim$		Poturno	f Organization Evan	nt Er	om Inco	- - - - -			OMB No. 1545-0047
Form	95	<i>J</i> U	Return o	f Organization Exem	рі гі		Jine i	ax		2023
			Under section 501(c), 5	27, or 4947(a)(1) of the Internal R	evenue	Code (excep	t private	foundations	)	2023
Departr	nent of	the Treasury	Do not enter	social security numbers on this fo	orm as it	may be mad	de public			Open to Public
		ue Service		vw.irs.gov/Form990 for instruction						Inspection
-	or the	2023 calenda	ar year, or tax year beginnir		07-01	, 2023, a	and endir			-30 , 2024
		pplicable:		RIZONA BRAINFOOD INC				C	) Emplo	yer identification number
	ldress o	-	Doing business as							26-3946158
	ame cha	-		x if mail is not delivered to street address)			Room/sui	te E	Teleph	none number
	tial retu	rn rn/terminated	2635 N RIDGE	, country, and ZIP or foreign postal code					G Gross	(480)415-0066
	nended		Mesa, AZ 85203	, country, and zir or foreign postal code				Ì	\$	1,637,840
H		n pending	F Name and address of principa	l officer: RUTH COLLINS				H(a) Is this a gro		
<u> </u>	Same as C above H(b) Are all subordinates									
I Ta	x-exem	pt status: X	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	5	27		If "No," at	ttach a lis	t. See instructions
J W	ebsite:	N/A						H(c) Group ex	emption i	number
	_	rganization: X	Corporation Trust Ass	ociation Other	L	Year of formati	ion: 200	9 M Sta	ate of leg	al domicile: AZ
Par		Summary	/							
	1	-	-	ion or most significant activities:	PRO	VIDE FOO	D FOR	HUNGRY	CHILD	DREN TO CONSUME ON
		THE WEE	KEND.							
Ce										
Activities & Governance	_	Chaole this he	ov 🗌 if the exercise is	liceantinued its an arations or disp	and of	mara than OF	0/ of ito	not opporto		
ove	2			liscontinued its operations or disponentiations or disponentiation of the disponentiation o			0% OF ILS	net assets.	3	15
Ŭ	4			s of the governing body (Part VI, Inter a)					4	<u> </u>
es S	5			n calendar year 2023 (Part V, line					5	0
tiviti	6		r of volunteers (estimate if				•••		6	2,436
Act				Part VIII, column (C), line 12					7a	2,4300
				from Form 990-T, Part I, line 11.					7b	0
								Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)				675,9	905	734,718
Ð	9		-	e 2g)						0
Revenue	10	-		A), lines 3, 4, and 7d)				3,	450	56,609
Rev	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)						0
	12	Total revenue	e - add lines 8 through 11 (	must equal Part VIII, column (A), I	ine 12)			679,3	355	791,327
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)				791,0	084	791,082
	14	Benefits paid	d to or for members (Part D	X, column (A), line 4)						0
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A), line	es 5-10)					0
ses			0	column (A), line 11e)						0
Expenses	b		sing expenses (Part IX, co			0	_			
ы	17			nes 11a-11d, 11f-24e)					010	82,588
	18			equal Part IX, column (A), line 25				810,0		873,670
	19	Revenue les	s expenses. Subtract line 1	18 from line 12				(130,7		(82,343)
ces		<b>-</b>					Begin	ning of Current		End of Year
ssets 3alan	20		(Part X, line 16)					1,219,6	72	1,135,064
Net Assets or Fund Balances	21 22		(	line 21 from line 20				1 210 6	70	<u> </u>
Par		Signatur						1,219,6	12	1,134,954
		<b>V</b>		rn, including accompanying schedules and s	statements	, and to the best	of my know	ledge and belie	f, it is	
true, c	orrect, a	and complete. Dee	claration of preparer (other than off	icer) is based on all information of which pre	parer has	any knowledge.	·	-		
		RUTH	I COLLINS							
Sign		Signature of offic							Dat	e
Here		RUTH	I COLLINS, PRESIDEI	NT						
		Type or print nar	,							
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN
Paid		DUSTIN	T. RICHARDS, CPA	DUSTIN T. RICHARDS, CP/	4	01-16-202	5	self-empl	oyed	P02164539
Prep	arer	Firm's name		ICHARDS, CPA PLC			F	irm's EIN		
Use	Only	Firm's addres	s 409 W LO	BOLN			P	hone no.		
			Snowflake	AZ 85937					480-2	78-9280
May t	he IRS	S discuss this	retum with the preparer sh	own above? See instructions .						X Yes 🗌 No
For Pa	aperw	ork Reductior	Act Notice, see the separ	ate instructions.						Form 990 (2023)

Form	n 990 (2023) ARIZONA BRAINFOOD INC	26-3946158	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PROVIDE FOOD FOR HUNGRY CHILDREN TO CONSUME ON THE WEEKEND.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured as $200 \times 10^{-10}$ and $200 \times 10^{-10}$ and $200 \times 10^{-10}$ are required to report the amount of grants and all eactions to attempt the second se	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	lers,	
4a	(Code:) (Expenses \$833,958 including grants of \$833,958 ) (Revenue	\$	)
	ARIZONA BRAINFOOD PROVIDED 92,915 FOOD BAGS TO STUDENTS IN THE EAST VALLEY OF T		
	AREA DURING THE 2023-2024 SCHOOL YEAR. THIS WAS OVER 650,405 MEALS, 557,490 POUND		
	TO APPROXIMATELY 3,278 HUNGRY CHILDREN WHO WERE/ARE EXPERIENCING WEEKEND FO	OD INSECUE	RITY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
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     833,958		
EEA		Fo	rm 990 (2023)

Form	990 (2023) ARIZONA BRAINFOOD INC	26-3946158	I	Page 3
Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 J	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		<u> </u>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16		15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H	20a		X
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		Х

Plant IV         Checklist of Required Schedules (continued)         Yes         No           22         bit the cognization report more than \$5,000 of grants or other assistance to or for domestic individuals on pract X, column, NJ, kine 21 V xis, complete Schedule I., Part I. and III.         22         X           23         bit the cognization narrow Yes' to Part VI. Section A, line 3,4, or 5, about compensation of the organization arrow Yes' complete Schedule I., Part I. and III.         23         X           24         bit the cognization interve twee sevent bord issues, key encloses, and highes compensated employees? III Yes, complete Schedule A. III. No, to III.         24         X           25         bit the cognization interve twee sevent bord issues, key encloses, and highes compensated employees? III Yes, complete Schedule J. III. Yes, and complete Schedule A. III. No, to III.         24a         X           26         bit the cognization investion are observed bords on control of a complete Schedule J. Part I.         24a         X           28         Section S01(G)S, B01(G)A, and S01(G)2(G) reganization. Did the cognization in point are observed the cognization in point are observed the comparisation prior farms and the association prior farms and the association prior farms and the cognization prior farm	Form	n 990 (2023) ARIZONA BRAINFOOD INC	26-3946158		P	age 4
22       Del the organization report more than 55.000 of grants or other assistance to or forderestic individuals on Part X, convert Section A, line 3, 4, or 5, about componentiation of the organization source Twe's To Part VI. Section A, line 3, 4, or 5, about componentiation of the organization source that offices, directors, unders, 4, or 6, about componentiation of the organization invest are presented bord size with an outstanding principal amount of more than 5, about componentiation from the section and complete Schedule A,	Pa	rt IV Checklist of Required Schedules (continued)				-
Part K. column (A), ine 2? If Yes," complete Schedule I, Parts I and III			_		Yes	No
23       Did the organization arrwort "Yes" (* Part VII. Section A. Inc 3.4. or 5. about componentation of the organization arrwort formed finders, director, trustee, key employees, and higher componentation arrwort incervaring both searce with an auttateding principal arrwort fines 24b.       23       X         24a       Did the organization have take-severity both searce with an auttateding principal arrwort fines 24b.       24a       X         24b       Did the organization means any proceeds of tax-exompt boths beyond a temporary ported acception?       24a       X         24b       Did the organization arrwort in the angular beyond a temporary ported acception?       24a       X         24b       Did the organization arrwort in the angular beyond a temporary ported acception?       24a       X         25c both organization arrwort in the angular beyond a temporary ported acception?       24d       X         25c both organization arrwort in the angular beyond a temporary ported acception?       24d       X         25c both organization arrwort in the angular both strasscation. Both or organization angular bit the angular both organization. The organization provide a practice both organization angular bit angular both angul	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
approximation current and former officers, directors, fusibles, key employee, can highest componential of the size dyn the set successment bonds in the standing principal amount of more than \$100,000 as the last dyn the year. It was subsulted after Decombined 312,0022 II "res," answer lines 24b         24a         24b		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
a entry vesse if if Yes," complete Schedule J.       23       X         4 Dot the organization have astro-sevench bod issue with an outstanding principal amount of more than       240       X         5 (00,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b       X       X         b Dot the organization invest any proceeds of its exempt bords beyond a temporary period exception".       Z40       X         c Did the organization invest any proceeds of its exempt bords beyond a temporary period exception".       Z40       X         c Did the organization and cas an 'on behalf of issuer for bords outsinning at any time dumg the year?       Z40       Z40         c Did the organization and the image in an access benefit transaction with a disqualified person in apport       Z41       Z42         c Did the organization and the image in an access benefit transaction with a disqualified person in apport by organizations. Did the organizations and the range of an access benefit transaction with a disqualified person in apport by organization with a disqualified person in approximation and the transaction have been reported on any of the organization role of 800-E22?       Z50       X         2 Did the organization moved by any of these persons? If Yes, 'complete Schedule L, Part II.       Z61       X         2 Did the organization moved by and ord these persons? If Yes, 'complete Schedule L, Part II.       Z61       X         2 Did the organization moved by andinor differe distance thany complete Schedule L	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
24       Did the organization have a tax-escrept bond issue with an outstanding principal amount of more than       24a       X         b       Did the organization invest any proceeds of tax-escrept bonds beyond a temporary period exception?       24a       X         b       Did the organization markina an escrow account other than a retunding escrow at any time during the year       24a       X         25       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior       24a       X         26       b the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior       25a       X         contrast of fister, director, trustee, key englyse, creator of rounder, substandia contributor, or 35%       Contrast of fister, director, trustee, key englyse, creator of randy monet on any of the organization prior any ables to any current of normer of fister, director, trustee, key englyse, creator of rounder, substandia contributor, or 35%       25b       X         27       X       26a       X       26a       X         28       Did the organization proved any of these persons? If "Yes," complete Schedule L, Part II.       26a       X         29       Did the organization proved any of these persons? If "Yes," complete Schedule L, Part IV.       26a       X         29       Did the organization proved any of these persons? If "Yes," complete Schedule		organization's current and former officers, directors, trustees, key employees, and highest compensated				
S100.000 a of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240       24a       X         b       Did the organization invest any proceeds of tax-excent bonds beyond a temporary period exception?		employees? If "Yes," complete Schedule J		23		Х
through 244 and complete Schedule K. If No. <sup>2</sup> go to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
b       Did the organization ministic any proceeds of tax-exempt bonds beyond a temporary period exception?       24d         c       Did the organization mains and an escrow account other than a refunding secrow at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of' issuer for bonds outsanding at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of' issuer for bonds outsanding at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of' issuer for bonds outsanding at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of' issuer for bonds outsanding at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of 'issuer' for bonds outsanding at any time during the year?       24d         d)       Did the organization acts as an 'on behalf of 'issuer' for bonds outsanding at any time during the year?       25d         d)       Did the organization acts as an 'on behalf of 'issuer' for bonds outsanding at any of the organization acts as an 'on behalf' issuer' for a 'issuer' complete's Schedule L, Part I.       28d         d)       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, 'issuer' assistance to any tho 'issuer' assistance to any othere asset, or quali		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
c       Did the organization maintain an encrow account other than a refunding excove at any time during the year       246         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       244         2a       Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction than son to been roported on any of the organization prior Form 590 or 990-E2?       246         2b       It the organization neore any anount on Part X. Ine 5 or 22 (or receluables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for these persons? If 'Yes,' complete Schedule L, Part I.       26       X         2b       Did the organization provide agrint or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (not lang) an employee thereod or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.       26       X         28       Was the organization provide agrin or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28       X         28       Was the organization provide agrin or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28       X		through 24d and complete Schedule K. If "No," go to line 25a	2	24a		Х
to defense any tax-exempt bords?     24d       25a     Sector 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       25a     Sector 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       25b     Ib the organization aver that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I.     25b       25c     Ub the organization report any amount on Part X, line 5 07 22, for feetwables to mor payables to any current or former officer, director, trustee, key ampleyes, creator or founder, substantial contributor, or 35% controlled entity of networks key and year, creator or founder, substantial contributor, or any at the organization provide a grant or other assistance to any current or finest of finest of trustee, key employee, creator or founder, substantial contributor, or any or these persons? If Yes,' complete Schedule L, Part I.     26       27     Did the organization reports any attributor or employee thereoly of family member of any of these persons.     27     X       28     Was the organization receive more than 325,000 in noncash contributors? If Yes,' complete Schedule L, Part I.     28     X       29     Did the organization receive more than 325,000 in noncash controbutors? If Yes,' complete Schedule K, Part I.     28     X       20     Did the organization receive more than 325	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2	24b		
d       Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uting the year? If "Yes," complete Schedule L, Part I.       25a       X         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 organizations protor 590-622?       11       Yes," complete Schedule L, Part I.       25a       X         27       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, truske, key employee, creator or founder, substartial contributor or 370, section 100, section 100, section 100, substartial contributor or 370, section 100, section 1		to defease any tax-exempt bonds?	2	24c		
transaction with a disgualified person during the year/ II*Yes," complete Schedule L. Part I.       25a       X         b       is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2?       II       Yes," complete Schedule L, Part I       25b       X         controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.       26       X         28       Was the organization report of ounder, substantial contributor or aphyse thereol, a grant selection committee member, or to a 35% controlled entity (including an employe thereol, a grant selection committee member, or to a 35% controlled entity (including an employee, treator or founder, substantial contributors, and exceptions).       27       X         28       Was the organization report of any individual described in line 284 (I"Yes," complete Schedule L, Part II.       28       X         29       Did the organization receive more individuals and/or organizations described in line 284 or 28b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2	24d		
b         Is the organization aware that it engaged in an excess benefit transaction with a disquafile person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?         I         Yes, "complete Schedule L, Part I         28b         X           20         Did the organization prior tary amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, kay 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         X           27         Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, kay employee, creator or founder, substantial contributor, or any software forms officer, director, trustee, kay employee, creator or founder, substantial contributor? If Yes," complete Schedule L, Part IV.         27         X           28         Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L, Part IV.         28a         X           29         Did the organization receive more than \$25,000 in noncesh contributions? If Yes," complete Schedule L, Part IV.         28         X           20         Did the organization receive contributions of art, historical treasures, or qualified conservation outributions? If Yes," complete Schedule M, Part I.         28         X           20         Did the organization receive more than	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?     28     X       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 of mainy member of any of these persons? If "Yes," complete Schedule L, Part II.     26     X       27     Did the organization reported a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributes Schedule L, Part II.     26     X       27     Did the organization approache Schedule L, Part III.     27     X       28     Was the organization approache Schedule L, Part III.     27     X       29     Was the organization approache Schedule L, Part IV.     28     X       20     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II     28     X       20     A family member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV.     28     X       20     Did the organization receive more than \$25.000 in noncash contributions? II "Yes," complete Schedule N, Part I.     30     X       21     Did the organization neceive and thistorical transfer more than 25% of its net assets? II "Yes," complete Schedule N, Part I.     31     X       22     X     Did the organization neceive and thistorical		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	2	25a		Х
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?     28     X       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 of mainy member of any of these persons? If "Yes," complete Schedule L, Part II.     26     X       27     Did the organization reported a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributes Schedule L, Part II.     26     X       27     Did the organization approache Schedule L, Part III.     27     X       28     Was the organization approache Schedule L, Part III.     27     X       29     Was the organization approache Schedule L, Part IV.     28     X       20     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II     28     X       20     A family member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV.     28     X       20     Did the organization receive more than \$25.000 in noncash contributions? II "Yes," complete Schedule N, Part I.     30     X       21     Did the organization neceive and thistorical transfer more than 25% of its net assets? II "Yes," complete Schedule N, Part I.     31     X       22     X     Did the organization neceive and thistorical	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
If "Yes," complete Schedule L, Part I.       25b       X         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 parsons? If 'Yes," complete Schedule L, Part II.       26       X         27 Did the organization provide a grant or other assistance to any organization provide a grant or other assistance to any organization provides Schedule L, Part III.       27       X         28 Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part IV.       27       X         28 Was the organization receive cherelot L, Part IV.       28a       X         29 A family member of any individual described in line 28a' If 'Yes," complete Schedule L, Part IV.       28a       X         29 A family member of any individual described in line 28a' If 'Yes," complete Schedule L, Part IV.       28a       X         20 Did the organization receive contributions of an, historical trasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule N.       28c       X         30 Did the organization receive contributions of an, historical trasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule N. Part I.       31       X         31 Did the organization nearce to any tax-exempt to trasable more than 25% of its net assets? If 'Yes," complete Schedule N. Part I.		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables 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			2	25b		Х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         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 thereol, a grant selection committe member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27       X         28       Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule L, Part IV.       28c       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation receive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule N, Part II.       31       X         31       Did the organization receive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule N, Part II.       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.       31	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
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 thereol 0, a grant selection committee member, or to a 35% controlled entity (including an employee) thereol 0, a family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part IV, instructors for applicable filing thresholds, conditions, and exceptions).       27       X         28       Was the organization of applicable filing thresholds, conditions, and exceptions).       28       X         29       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       30       X         31       Did the organization neelive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       30       X         33       Did the organization neelive more than \$25,000 lb nonceah contributions? If "Yes," complete Schedule N, P						
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 thereol 0, a grant selection committee member, or to a 35% controlled entity (including an employee) thereol 0, a family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part IV, instructors for applicable filing thresholds, conditions, and exceptions).       27       X         28       Was the organization of applicable filing thresholds, conditions, and exceptions).       28       X         29       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       30       X         31       Did the organization neelive more than \$25,000 in nonceah contributions? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       30       X         33       Did the organization neelive more than \$25,000 lb nonceah contributions? If "Yes," complete Schedule N, P				26		Х
employee, creator or founder, substantial contributor or employee thereof) or family member of any of these       27       X         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).       27       X         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).       28       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "*es," complete Schedule L, Part IV.       28       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part L.       31       X         20       Did the organization necker contributions of any bary barge add as separate from the organization nude as a part assets? If "Yes," complete Schedule N, Part L.       31       X         21       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Ine 2.       33       X         23       Did the organization nuotow of an entity disregarde	27					
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 II.       Z7       X         Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).       Z8       Z       X         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       Z8b       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       Z8b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part.L.       Z9       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part.L.       Z0       X         31       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part.L.       30       X         32       Did the organization negate schedule R, Part II       30       X         33       Did the organization schedule A, Part II       30       X         34       Was the organization any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       32       X         35       Did the organization any tax-exe						
apersons? If "Yes," complete Schedule L, Part III						
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). <ul> <li>A current to former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.</li> <li>A 35% controlled entity of one or more individual as and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.</li> <li>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.</li> <li>Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N.</li> <li>Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N.</li> <li>Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N.</li> <li>Did the organization individual, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.</li> <li>Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.</li> <li>Did 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.</li> <li>Did the organization area a controlled entity within the meaning of section 512(b)(13)?</li> <li>Did the organization. Bid exchange Schedule R, Part V, line 2.</li> <li>So Did the organization. Schedule O and provide explanations on Schedule O for Part V, line 2.</li> <li>So Did the organization. Did the organization make any transfers to an exempt non-chantable related organization and that is tre</li></ul>				27		Х
L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).       a       a         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       ??es," complete Schedule L, Part IV.         28b       X.         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       ??es," complete Schedule L, Part IV.         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I.       ??es," complete Schedule L, Part IV.         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I.       ??es," complete Schedule N, Part I.         31       X         32       Did the organization individate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       ??es," complete Schedule N, Part II         33       Did the organization onelastic, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.       ??es," complete Schedule N, Part II         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       ??es," complete Schedule R, Part II, III, or IV, and Part V, line 4 controlled entity within the meaning of section \$12(b)(13)?       ??es," complete Schedule R, Part II, III, or IV, and Part V, line 1.       ??es," complete Schedule R, Part II, III, or IV, and Part V, line 1.       ??es," complete Schedu	28					
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV.       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule.M.       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part.I.       30       X         31       Did the organization incive contributions of art, historical treasures, or other similar assets, or qualified       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part.I.       31       X         33       Did the organization necelve any payment from the organization under Regulations sections 301.7701-32 ml "Ves," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       X       If "Yes," complete Schedule R, Part IV, line 2       35b       35c         35a       X						
"Yes," complete Schedule L, Part IV.       28a       X         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         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       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule.M.       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule.M.       20       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II.       30       X         32       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 II, III, or IV, and Part V, line 1       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neel as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       35a       X         36       Did the organization.       36       X       35a       X	а					
b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Pat.I.V			2	28a		Х
c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule.M	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	2	28b		
"Yes," complete Schedule L, Part IV	с					
29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part.I.       30       X         31       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part.I.       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.       32       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization on 00% of an entity within the meaning of section 512(b)(13)?       35a       X         36       N "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       36       35b         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       37       X         38       X       Yes       No			2	28c		Х
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         34       Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       F"Yes" to line 35a, did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	29			29	Х	
conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         34       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         35       Did the organization number of section 510(D) % 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 II, III, or IV, and Part V, line 1       34       X         36       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 4       35a       X         37       Did the organization cecive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         38       Did the organization. Schedule R, Part V, line 2       35b       35b       35c         39       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization or onglete Schedule R, Part V, line 2 <td>30</td> <td>•</td> <td></td> <td></td> <td></td> <td></td>	30	•				
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         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       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 nfl 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. So 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.       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1.       37       X         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 Q.       38       X         Part V       Statements Regarding Other IRS Filings and Tax Complianc				30		Х
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       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)?       35b       35b         37       Did the organizations. Did the organization make any transfers to an exempt non-charitable related 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       X         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 Q.       38       X         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       1a       0         14       0	31			31		
complete Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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       X         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 Q       38       X         Yes No         Image: Complete Schedule O contains a response or note to any line in this Part V       Image: Complete Schedule O         Schedule O contains a response or note to any line in this Part V       Image: Co	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				32		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
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				33		Х
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       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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.       36       X         37       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 Q				34		Х
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	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	35a		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	b					
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule Q and provide explanations on Schedule Q for Part VI, lines 11b and       37       X         38       Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and       38       X         38       Did the organization complete Schedule Q complete Schedule Q       38       X         39       Note: All Form 990 filers are required to complete Schedule Q       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1       Yes         Check if Schedule O contains a response or note to any line in this Part V       1a       0       Yes         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       0       1b       0         b       Enter the number of Forms W+2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         b       Did the org			3	35b		
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				36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and       38       X         92       Note: All Form 990 filers are required to complete Schedule Q       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Schedule O contains a response or reportable payments to vendors and       Image: Schedule O contains a response or reportable payments to vendors and	37					
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and       38       X         19? Note: All Form 990 filers are required to complete Schedule Q       38       X         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       Image: Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Check I and the organization comply with backup withholding rules for reportable payments to vendors and       Image: Check I and the organization comply with backup withholding rules for reportable payments to vendors and				37		Х
19? Note: All Form 990 filers are required to complete Schedule Q	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       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       Ves       No         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1b       0       1c				38	Х	l
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       1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1a       0       1a       0	Par					
Yes       No         1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1a       0						Π
1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable         c       Did the organization comply with backup withholding rules for reportable payments to vendors and		· · · ·			Yes	No
b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1b       0	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and	b		0			
	с					
		reportable gaming (gambling) winnings to prize winners?		1c	Х	

Form	990 (2023) ARIZONA BRAINFOOD INC 26-3946	158	F	Page 5
Par	t 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	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		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Ψu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	та		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
<b>-</b> -		5-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		
~	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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	1 10		
10	excess parachute payment(s) during the year?	15		х
		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2023) ARIZONA BRAINFOOD INC	26-394615	8	Р	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	ıgh 7b below,	and fo	or a "N	10"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes or	Schedule O.	See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Se	ction A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct		_		
U	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	••	6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
<i>i</i> a	one or more members of the governing body?		70		v
h			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		76		v
~	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:		•	V	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	11a	Х	
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		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	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?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect	on 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	~ /			
	Own website Another's website X Upon request Other (explain on Schedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	,			
	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.				
	MESA LINITED WAY C/O ALLISON JOHNSON (480)834-2106 137 E UNIVERSITY DR Mesa A				

Form 990 (202	3) ARIZONA BRAINFOOD INC	26-3946158	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated Employees, and	
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	:S	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's t	ax year.		
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of Enter -0- in columns (D), (E), and (F) if no compensation was paid.	of amount of	

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

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

	iou organizat									
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					r/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation from the
	(list any	or	Ins	Officer	Ке	em	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	hours for related	direc	tituti	icer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee or				
	below	uste	trus		ee	nper				
	dotted line)	e e	tee			Highest compensated employee				
						ă				
(1) JOHN GILES	3.00									
DIRECTOR		Х						0	0	0
	3.00									
DIRECTOR		Х						0	0	0
(3) TIM COWLEY	3.00									
DIRECTOR		Х						0	0	0
_(4) ANDI_FOURLIS	3.00									
DIRECTOR		Х						0	0	0
_(5) BEAU TANNER	3.00									
DIRECTOR		Х						0	0	0
_(6) RYAN WILLIS	3.00									
DIRECTOR		Х						0	0	0
	3.00									
DIRECTOR		Х						0	0	0
(8) LEXI NIELSON	3.00									
DIRECTOR		Х						0	0	0
(9) DENNY BARNEY	3.00									
DIRECTOR		Х						0	0	0
(10)KAREN ZAHARIS	3.00									
DIRECTOR		Х						0	0	0
(11)EDWARD N BASHA III	3.00									
DIRECTOR		Х						0	0	0
(12)TIM_COONS	3.00									
DIRECTOR		Х						0	0	0
(13)ZACH COLLINS	3.00									
DIRECTOR		Х						0	0	0
(14)RUTH COLLINS	10.00									
PRESIDENT		Х		Х				0	0	0
FFA										Form 990 (2023)

Form 9	90 (2023) ARIZONA BRAINFOOI	D INC								26-	394615	58	Р	age 8
Part	VII Section A. Officers, Directors, Trus	stees, Key	/ Emp	oloy	ees	s, ai	nd Hi	ghe	est Compensa	ted Emplo	yees		(conti	inued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles er and	Pos eck m s pers d a dir	son is	han one s both an /trustee) employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportabl compensati from relate organizations 1099-MIS0 1099-NEC	on ed (W-2/ C/	cor f orga	(F) of other mpensati rom the nization d organiz	on and
	TH COONS PRESIDENT	<u>10.00</u>	x		x				0		0			0
	RISTEN COWLEY ETARY	<u>3.00</u>	x		х				0		0			0
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)					1	I		0		0			0
2	Total number of individuals (including but normalized provided by the reportable compensation from the organized provided by the transmission of the provided by the transmission of the provided by the transmission of transmission of the transmission of transmission		thos	e list	ted	abo	ove) w	ho i	received more th	nan \$100,0	00 of			0
3	Did the organization list any former officer, direct	or. trustee. k	ev em	vola	ee. c	or hi	ahest	com	pensated				Yes	No
	employee on line 1a? If "Yes," complete Schedul	le J for such	indivic	lual.								3		Х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual Did any person listed on line 1a receive or accrue					elate	ed orga	aniza	ation or individual			4		Х
Socti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	lule J	l for	sucl	h perso	on.				5		Х
1	Complete this table for your five highest con compensation from the organization. Report	-	-										taxy	oor
	(A)	t compense				aici		cai	(B)		Jiganiza	(C)	ian y	car.
	Name and business addres	S							Description of service	es	(	Compens	ation	

Form 99	<u>90 (</u> 20	23) ARIZO	<u>NA</u>	BRAINFO	<u>od</u> In	1C				26-394615	8 Page 9
Part '	VIII	Statement of Reve	enue	;							-
		Check if Schedule O	) cor	itains a res	spons	e or	note to any l	ine in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	10	Endorated compaigns			1a						Sections 312-314
	1a b	Federated campaigns Membership dues			1b						
s s	c b	Fundraising events			1c						
rant	d	Related organizations			1d						
Ame Ame	e	Government grants (contr			1e						
Gift	f	All other contributions, gif									
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not in	-		1f		734,718				
ibuti	g	Noncash contributions inc	clude	d in							
nd O		lines 1a-1f			1g	\$	89,580				
ъО	h	Total. Add lines 1a-1f						734,718			
						E	Business Code				
	2a										
e vice	b										
Ser enu	C					-					
Program Service Revenue	d										
Fogi	e f	All other program service	rovor			-					
<u>م</u>		Total. Add lines 2a-2f									
						and					
	3	Investment income (includi other similar amounts)				ano		29,406	29,406		
	4	Income from investment of				eeds					
	5	Royalties		•	•						
		-		(i) Rea	d		(ii) Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	с	Rental income or (loss)	6c								
	d	Net rental income or (loss)				1					
	7a	Gross amount from		(i) Securiti	ies		(ii) Other				
		sales of assets		070	= 1 0						
		other than inventory	7a	873,	/16						
	d	Less: cost or other basis and sales expenses	76	846,	E12						
nue		Gain or (loss)	70 70		203						
evel		Net gain or (loss)						27,203	27,203		
Other Revenue	1	Gross income from fundrai						21,200	21,200		
Othe		events (not including \$	5								
-		of contributions reported o	n line	e	-						
		1c). See Part IV, line 18			8a						
	b	Less: direct expenses			8b						
		Net income or (loss) from f		aising even	ts	<u></u>					
	9a	Gross income from gaming	-								
	.	activities. See Part IV, line			9a						
		Less: direct expenses			9b	-					
		Net income or (loss) from	-	ng activities	·	1	•••				
	10a	Gross sales of inventory, le returns and allowances			10a						
	h	Less: cost of goods sold			10e						
		Net income or (loss) from s									
					,		usiness Code				
(0	11a										
nou	b										
scellanou Revenue	c										
Miscellanous Revenue	d	All other revenue									
2		Total. Add lines 11a-11d									
	12	Total revenue. See instruc	ctions	s				791.327	56.609	0	0

# ARIZONA BRAINFOOD INC

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comple			nust complete colum	ın (A).
	Check if Schedule O contains a response or n	ote to any line in thi	s Part IX		
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	791,082	791,082		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	1,365		1,365	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	2,505		2,505	
g	Other. (If line 11g amount exceeds 10% of line 25, column	,		,	
Ŭ	(A), amount, list line 11g expenses on Schedule O.)	2,375		2,375	
12	Advertising and promotion	2,891		2,891	
13	Office expenses	2,852		2,852	
14	Information technology	_,		_,	
15	Royalties				
16	Occupancy	37,365	37,365		
17	Travel	01,000	01,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		3,940		3,940	
24	Other expenses. Itemize expenses not covered	0,010		0,010	
2.	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.)				
а	FISCAL AGENT PROCESSING	20.000		20,000	
b	BANK FEES	3,654		3,654	
0	UNIFORMS AND GEAR	5,511	5,511	5,054	
d	LICENSES	130	5,511	130	
u e	All other expenses	130		130	
25	Total functional expenses. Add lines 1 through 24e	873,670	833,958	39,712	0
25 26	Joint costs. Complete this line only if the	013,010	000,900	53,112	0
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	1010 ming 001 00 2 (A00 000-120)				

Form	990 (20	ARIZONA BRAINFOOD INC		2	6-3946158	B Page 11
Part	t X	Balance Sheet				-
		Check if Schedule O contains a response or note	e to any line in this Part X			
		•		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		397,685	1	261,348
	2	Savings and temporary cash investments		15,713	2	,
	3	Pledges and grants receivable, net		,	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these perso			5	
	6	Loans and other receivables from other disqualified pers				
		under section 4958(f)(1)), and persons described in sec			6	
	7	Notes and loans receivable, net			7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	2,375	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		803,899	12	873,716
	13	Investments - program-related. See Part IV, line 11			13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	1,219,672	16	1,135,064
	17	Accounts payable and accrued expenses			17	i
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D		21	
	22	Loans and other payables to any current or former office	er, director,			
ities		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of these perso	ns		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables t	o related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D			25	110
	26	Total liabilities. Add lines 17 through 25		0	26	110
		Organizations that follow FASB ASC 958, check here	X			
		and complete lines 27, 28, 32, and 33.				
ses	27	Net assets without donor restrictions		1,219,672	27	1,134,954
lanc	28	Net assets with donor restrictions			28	
Ba		Organizations that do not follow FASB ASC 958, check	here			
oun		and complete lines 29 through 33.				
ц Б	29	Capital stock or trust principal, or current funds			29	
ets (	30	Paid-in or capital surplus, or land, building, or equipment	t fund		30	
Asse	31	Retained earnings, endowment, accumulated income, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,219,672	32	1,134,954
	33	Total liabilities and net assets/fund balances		1,219,672	33	1,135,064
EEA						Form 990 (2023)

Form 990 (2023)

Form	990 (2023) ARIZONA BRAINFOOD INC	26-3946158		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		791,3	327
2	Total expenses (must equal Part IX, column (A), line 25)	2		873,6	370
3	Revenue less expenses. Subtract line 2 from line 1	3		(82,3	43)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	219,6	72
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		(2,3	375)
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	1,1	134,9	54
Pa	rt XII Financial Statements and Reporting				
	Check 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: 🗌 Cash 🛛 Accrual 🗌 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?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990	(2023)

ᄃ	ᄃ	Λ

SCHEDULE	A
(Form 000)	

# Public Charity Status and Public Support

OMB No. 1545-0047 າງ

(10111 990)		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2023		
Depart	tment of the Treasur	1	Attack	n to Form 990 or Form 9	90-EZ.			Open to Public		
Interna	al Revenue Service	Go to	www.irs.gov/Form	orm990 for instructions and the latest information.				Inspection		
Name	of the organization						Employer identification	number		
	ONA BRAINFC						26-394615			
Par				rganizations must o			<ol> <li>See instruction</li> </ol>	ns.		
The o	<u> </u>	•	,	nes 1 through 12, check o	•	,				
1				hurches described in se	`	o)(1)(A)(i).				
2	=			Schedule E (Form 990)	,					
3	= .		•	ion described in section	. , . , .	,,,,				
4										
5		ne, city, and state:	anofit of a college o	r university owned or op	erated by a	aovernme	ntal unit described in			
0		)(1)(A)(iv). (Complete	-			governing		1		
6	`			I unit described in sectio	n 170(b)(1	)(A)(v).				
7		-	-	art of its support from a g			om the general public	С		
		section 170(b)(1)(A)(v					3			
8	A community	trust described in se	ction 170(b)(1)(A)(v	vi). (Complete Part II.)						
9	An agricultur	al research organizati	ion described in se	ction 170(b)(1)(A)(ix) op	erated in c	onjunction	with a land-grant col	lege		
	or university	or a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or			
	university:									
10	receipts from	activities related to its	s exempt functions,	33 1/3% of its support fro subject to certain excep	tions; and (	(2) no mor	e than 33 1/3% of its	ISS		
				business taxable income e section 509(a)(2). (Cor			) from businesses			
11	An organizati	on organized and op	erated exclusively t	to test for public safety.	See section	n 509(a)(4)				
12	🗌 An organizati	on organized and ope	erated exclusively for	or the benefit of, to perform	m the funct	tions of, or	to carry out the purpo	oses of		
	one or more	oublicly supported or	ganizations describ	ed in section 509(a)(1)	or section 5	509(a)(2). \$	See section 509(a)(3	). Check		
	the box on lin	es 12a through 12d th	nat describes the typ	pe of supporting organization	ation and c	omplete lin	es 12e, 12f, and 12g			
а	Type I. A	supporting organizat	ion operated, supe	rvised, or controlled by i	ts supporte	ed organiza	ation(s), typically by g	giving		
		-		rly appoint or elect a ma	jority of the	directors	or trustees of the			
			•	IV, Sections A and B.						
b			•	controlled in connection				•		
		•		tion vested in the same	persons that	at control o	r manage the suppor	ted		
		ion(s). You must com	•			د م م ما ا	ation alles into anota dis			
С				anization operated in cor ou must complete Part l				vitn,		
d				organization operated in				on(s)		
u				n generally must satisfy a			•••			
			-	te Part IV, Sections A ar						
е		,		en determination from the			I. Type II. Type III			
		-		integrated supporting o		••	·, · ) [ - · · , · ) [ - · · ·			
f		er of supported organ	-		-					
g	Provide the follo	wing information abo	out the supported or	ganization(s).						
	(i) Name of suppor	ted organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	-	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)		
							,	,		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
(E)										

Part	(Complete only if you checked th	ons Describe	d in Sections				
	(Complete only if you checked th						
<u></u>					eoroanizaiior	1 Talled to dua	alify under
	Part III. If the organization fails to	o qualify unde					
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(4) 2010		(0) = 0 = 1	(4) = = = =		(.)
•	membership fees received. (Do not						
	include any "unusual grants.")	768,531	726,358	931,882	670,102	645,138	3,742,011
2	Tax revenues levied for the	100,001	720,000	001,002	070,102		0,712,011
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						-
5	furnished by a governmental unit to the						
	organization without charge	31,120	31,120	31,120	36,923	37,365	167,648
4	Total. Add lines 1 through 3	799,651	757,478	963,002	707,025	682,503	3,909,659
4 5	The portion of total contributions by	799,001	757,476	903,002	707,025	002,303	3,909,039
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
							00 577
~	shown on line 11, column (f)						86,577
6 Section	Public support. Subtract line 5 from line 4.						3,823,082
	on B. Total Support	(-) 2010	(h) 2020	(a) 0001	(4) 2022	(a) 2022	(f) Tatal
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	799,651	757,478	963,002	707,025	682,503	3,909,659
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			8,766	19,885	29,406	58,057
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,967,716
12	Gross receipts from related activities, etc.	•	,			12	
13	First 5 years. If the Form 990 is for the org					a section 501(c	)(3)
	organization, check this box and stop here						
Section	on C. Computation of Public Support P	v					
14	Public support percentage for 2023 (line 6		•			14	96.35 %
15	Public support percentage from 2022 Sch					15	71.41 %
16a	33 1/3% support test - 2023. If the organized	zation did not o	check the box of	on line 13, and	line 14 is 33 1	/3% or more, c	
	box and stop here. The organization qual	ifies as a publi	cly supported of	organization			Σ
b	33 1/3% support test - 2022. If the organized	zation did not o	check a box on	line 13 or 16a	, and line 15 is	33 1/3% or m	ore, check
	this box and stop here. The organization of	qualifies as a p	ublicly support	ted organizatio	n		
17a	10%-facts-and-circumstances test - 2023	. If the organiza	ation did not ch	neck a box on l	ine 13, 16a, or	<sup>16b,</sup> and line	14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organizatio	on qualifies as	a publicly supp	ported
	organization						
b	10%-facts-and-circumstances test - 2022	. If the organiza	ation did not ch	neck a box on l	ine 13, 16a, 16	3b, or 17a, and	
	15 is 10% or more, and if the organization	-					
	-					-	-
	in Part VI how the organization meets the	facts-and-circ	umstances tes			יה איטווטע ב בג	INNOLIEU
	in Part VI how the organization meets the organization			-	allon quaimes a	as a publicity st	· · · _
18	in Part VI how the organization meets the organization Private foundation. If the organization did						

Schedu	e A (Form 990) 2023 ARIZONA BRA					26-394615	8 Page 3
Part	III Support Schedule for Organization	ons Describe	d in Section 5	509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II.	)	
Sectio	on A. Public Support				•	•	
	dar 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	(4) 2010	(2) _0_0	(0) = 0 = 1	(0) =0==	(0) 2020	(.)
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
2	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						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons						
b	Amounts included on lines 2 and 3						
b	received from other than disgualified						
	•						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Section	on B. Total Support						
Calen	dar 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						
с	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 org	ganization's fire	st, second, thire	d, fourth, or fift	h tax year as a	section 501	(c)(3)
	organization, check this box and stop here	ə					
Section	on C. Computation of Public Support P	ercentage					
15	Public support percentage for 2023 (line 8	-	ivided by line 1	3. column (f))		15	%
16	Public support percentage from 2022 Sch		-			16	%
	on D. Computation of Investment Incon				-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17	Investment income percentage for 2023 (I			v line 13 colu	mn (f))	17	%
				-		18	%
18 100	Investment income percentage from 2022					-	
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this b		-	-			
b	33 1/3% support tests - 2022. If the organizatio						_
	line 18 is not more than 33 1/3%, check this bo		-			-	
20	Private foundation. If the organization did	not check a bo	ox on line 14, 1	9a, or 19b, ch	eck this box and	a see instruc	tions 🗋

	le A (Form 990) 2023 ARIZONA BRAINFOOD INC 26-394615	8	P	age 4
Part	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I.	t I, co	mplet	
Secti	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete on A. All Supporting Organizations	e Part	V.)	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
0	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under again $500(a)(4)$ or $(2)2$ if "Yee " explain in Part V( how the organization determined that the supported			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
54	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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.	4b		
С	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)? 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)			
5-	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Uu		
-	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	00		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	50		
Ū	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schedul	e A (Form 990) 2023 ARIZONA BRAINFOOD INC 26-3946158		F	Page 5
Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations		V	
4			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	-		
2	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		
Sectio	on 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		
Sectio	on 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 in 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	2		
Contin	supported organizations played in this regard.	3		
<u>3eciic</u> 1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctr	uction	
a	The organization satisfied the Activities Test. Complete line 2 below.	1150	uction	15).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.			
а	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		

	e A (Form 990) 2023 ARIZONA BRAINFOOD INC		26-3946	158 Page
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			-
	instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete Sectio	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on 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	Check here if the current year is the organization's first as a non-functiona	-	egrated Type III suppor	ting organization

7 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

Schedul Part	e A (Form 990) 2023 ARIZONA BRAINFOOD INC V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizati	26-3	946´	158 Page 7
	on D - Distributions	Supporting Organizati			Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer		ed	-	
2	organizations, in excess of income from activity		.eu	2	
3					
4	Administrative expenses paid to accomplish exempt purpor Amounts paid to acquire exempt-use assets	ses of supported organ	1124110115	3 4	
		provide details in Dart	1/1)		
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive		
	(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	on 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				
а	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				
9_ h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
4					
	Section D, line 7: \$				
	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:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
<u>e</u>	Excess from 2023				
EEA					Schedule A (Form 990) 2023

	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, 2l
	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.)
-	

	CHEDULE D Supplemental Financial Statements				OMB No. 1545-0047		
(Form 990) 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.				2023			
Department of the Treasury Attach to Form 990.				Open to P	ublic		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection			
	the organization			Employer ide			
	NA BRAINFOC				46158	3	
Par	v	0	ds or Other Similar Funds or Accounts				
	Complet	e if the organization answered "Yes" o					
	Tatalasantasant		(a) Donor advised funds	(t	b) Funds	and other account	S
1		end of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4 5		at end of year	writing that the assets held in donor advised				
5	-		ation's exclusive legal control?			Yes	□ No
6	-		idvisors in writing that grant funds can be us				
0	-	-	nor or donor advisor, or for any other purpose				
		nissible private benefit?		•		Yes	□ No
Part		vation Easements					
		e if the organization answered "Yes" of	on Form 990. Part IV. line 7.				
1		nservation easements held by the organizat					
		of land for public use (for example, recreation		historically ir	nportar	nt land area	
	Protection of I		$\square$ Preservation of a	-			
	Preservation						
2			ied conservation contribution in the form of a	a conservatio	on		
		last day of the tax year.				the End of the	Tax Year
а		conservation easements		2a			
b	Total acreage rea	stricted by conservation easements		2b			
с	Number of conse	ervation easements on a certified historic str	ucture included on line 2a	2c			
d	Number of conse	ervation easements included on line 2c, acq	uired after July 25, 2006, and not				
	on a historic struc	cture listed in the National Register		2d			
3	Number of conse	ervation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization	during t	he	
	tax year						
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiz	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and er	nforcement of the conservation easements it	t holds?			Yes	No
6	Staff and volunte	er hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserv	ation easem	ients du	iring the year	
7	Amount of expen		ling of violations, and enforcing conservation	n easements	during	the year	
8	Does each conse	ervation easement reported on line 2d abov	e satisfy the requirements of section 170(h)(	4)(B)(i)			
	and section 170(	h)(4)(B)(ii)?				Yes	No No
9		<b>-</b>	tion easements in its revenue and expense s		d balan	се	
			e organization's financial statements that des	cribes the			
		counting for conservation easements					
Part			Art, Historical Treasures, or Other S	Similar As	sets		
		e if the organization answered "Yes" of					
1a			58, not to report in its revenue statement and			ks	
			blic exhibition, education, or research in furth	herance of p	ublic		
			ncial statements that describes these items.				
b	-		58, to report in its revenue statement and ba				
			c exhibition, education, or research in further	ance of publ	IC SERVI	ce,	
	•	ving amounts relating to these items:			ሱ		
		luded on Form 990, Part VIII, line 1			ۍ م		
n		ded in Form 990, Part X		noin provid-	\$		
2	-		easures, or other similar assets for financial g	jain, provide	: uie		
~	-	s required to be reported under FASB ASC d on Form 990, Part VIII, line 1	•		¢		
a b		in Form 990, Part X			\$_ \$		
		Act Notice, see the Instructions for Form 99			· · ·	hedule D (Form	990) 2023

<b></b>	or	Dai	norwork	Poductio	o A ot	Notico	coo tho	Instructions	for	Form	0
	J	га	perworr	. Reductio	ACI	NULLCE,	266 116	111511 110115	101	FOIIII	3

Schedu	le D (Form 990) 2023 ARIZONA BRAINFO						26-394615		Page 2
Par	III Organizations Maintaining C	ollections of Art,	Historic	al Treas	ures, or O	ther Si	milar Assets (co	ntinued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	ny of the fo	llowing that	make się	pnificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange p	orogram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	n how they	/ further the	e organizatio	n's exen	npt purpose in Part		
	XIII.								
5	During the year, did the organization solicit	or receive donations	of art, histo	orical treas	ures, or othe	r similar			
	assets to be sold to raise funds rather than	to be maintained as	part of the	organizatio	on's collectio	n?		Yes	No
Par				•					
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	9, or	reported an amo	unt on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for cor	ntributions	or other asse	ets not			
	included on Form 990, Part X?		-					Yes	No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	llowing tak	ole.					
			•				Amo	unt	
с	Beginning balance					10	;		
d	Additions during the year					10	ł		
е	Distributions during the year					16	9		
f	Ending balance					1f			
2a	Did the organization include an amount on F		e 21, for es	crow or cu	stodial accou	unt liabili	ty?	Yes	No
b	If "Yes," explain the arrangement in Part XII								
Par									
	Complete if the organization	answered "Yes"	on Forr	n 990. P	art IV. line	9 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	(4) 52	(4) 11		(0) 110 900		(4)	(0) 1 0 0 0 9	
b	Contributions								
c	Net investment earnings, gains, and								
Ũ	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ũ	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a	column (a)	) held as:				
2	Board designated or quasi-endowment	•	e (inte rg,	column (a)					
b	Permanent endowment %								
c	Term endowment %								
U	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the poss		ation that a	are held an	d administer	ed for th	<u>م</u>		
54	organization by:						6	V	es No
	(i) Unrelated organizations?							3a(i)	C3 110
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							3b	
4							••	30	
Part	Describe in Part XIII the intended uses of the VI Land, Buildings, and Equipm		Ownentiu	nus.					
1 41	Complete if the organization		on Forr	n 000 P	art IV line	112	See Form 990 F	Part X lin	o 10
	· · · · ·								
	Description of property	(a) Cost or othe (investme			r other basis other)		Accumulated epreciation	(d) Book v	aiue
4 -	Land	(investine		- "					
1a ⊾	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e Total	Other				(D)				
	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	ι λ, line 10	ic, column	(¤)				000\ 0007
EEA							Scheo	lule D (Form	990) 2023

Schedule D (Form 990) 2023

Schedule D (For	m 990) 2023 ARIZONA BRAINFOOD	INC		26-3	3946158	Page 3
Part VII	Investments - Other Securities					
	Complete if the organization answered	Yes" on Form 990, Pa	art IV, lin	e 11b. See Form	990, Part X, I	line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book	value	. ,	thod of valuation: I-of-year market value	
(1) Financial of	lerivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)NVESTI	/IENTS	87	'3,716	FMV		
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, line 12, col.(B))	87	3,716			
Part VIII	Investments - Program Related	L.	·			
	Complete if the organization answered ")	Yes" on Form 990, Pa	art IV, lin	e 11c. See Form	990, Part X, I	ine 13.
	(a) Description of investment	(b) Book	value		thod of valuation: I-of-year market value	
(1)						
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, line 13, col. (B)).					
Part IX	Other Assets	/ " E 000 B				
	Complete if the organization answered "	res" on Form 990, Pa	art IV, lin	e 11d. See Form	990, Part X, I	line 15.
	(a) Descrij	ption			(b) Book v	/alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, line 15 col. (B))					
Part X	Other Liabilities					
	Complete if the organization answered "	Yes" on Form 990, Pa	art IV, lin	e 11e or 11f. See	) Form 990, P	art X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal i	ncome taxes					
(2DUE TO	AFFILIATES	110				
(3)						
(4)			_			
(5)			_			
(6)			_			
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, line 25 col. (B))	110				
	uncertain tax positions. In Part XIII, provide the text of		ation's fina	incial statements that	reports the	
	liability for uncertain tax positions under FASB ASC 74					
						· <u> </u>

Schedu	Ile D (Form 990) 2023 ARIZONA BRAINFOOD INC		26-3946158	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12	a.	
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:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	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				
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12	a	
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1&	.)	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.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gra Gover Complete	(	OMB No. 1545-0047 2023 Open to Public Inspection					
Name of	the organization						Employer identification	n number	
ARIZO	NA BRAINFOOD INC						26-3946158		
Part I	General Information on G	rants and Assistan	се						
th 	the selection criteria used to award the grants or assistance?								
	Part IV, line 21, for any recip	-							
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)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
2 E	nter total number of section 501(c)(3) a	nd government organiza	ations listed in the line 1 t	iable					

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

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

Schedule I (Form 990) 2023 ARIZONA BRAINFOOD INC

26-3946158

Page 2

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 DIRECT ASSISTANCE: FOOD PACKS	3,278		791,082	ACTUAL COST	FOOD AND SUPPLIES
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information Provide the	e information rec	uired in Part L line	2 Part III column (	b): and any other addition	onal information

### 03. Additional Information for Schedule I

PART 1 DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

PER ARIZONA BRAINFOOD'S BASIC POLICIES, ARIZONA BRAINFOOD WORKS WITH SCHOOLS TO PROVIDE QUALITY, NUTRITIONAL FOOD TO CHILDREN

TO CONSUME ON WEEKENDS. ARIZONA BRAINFOOD RELIES ON EACH SCHOOL TO DETERMINE THE CHILDREN IN NEED. ARIZONA BRAINFOOD DELIVERS

THE FOOD TO THE SCHOOLS AND THE SCHOOL DISCREETLY DISTRIBUTES IT TO THE CHILDREN. ANY FOOD DONATION THAT ARIZONA BRAINFOOD IS

UNABLE TO USE IS TAKEN TO THE FOOD BANK. ANY NONFOOD DONATIONS THAT ARIZONA BRAINFOOD IS UNABLE TO USE IS TAKEN TO ANOTHER

CHARITABLE ORGANIZATION THAT CAN UTILIZE SUCH ITEMS.

#### SCHEDULE M (Form 990)

# Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

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.

Employer identification number

Internal Revenue Service Name of the organization ARIZONA BRAINFOOD INC

Department of the Treasury

26-394	6158	

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	Method noncash cor			•
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	Х		52,215	FMV			
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 contribut	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
			-		L		Yes	No
30a	During the year, did the organization rec	eive by contr	ibution any property reported ir	n Part I, lines 1 through				
	28, that it must hold for at least 3 years fi	-						
	used for exempt purposes for the entire	holding perio	d?			30a		Х
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept		that requires the review of any r	nonstandard				
	contributions?							Х
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro	cess, or sell noncash		31		
						32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	nt in column	(c) for a type of property for wh	ich column (a) is checked.				
	describe in Part II.							

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

## SCHEDULE O (Form 990)

## 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

### ARIZONA BRAINFOOD INC

Employer identification number 26-3946158

01. Officer, directors, etc. family relationship (Part VI, line 2)

RUTH COLLINS AND BETH COONS ARE SIBLINGS. TIM AND KRISTEN COWLEY ARE SPOUSES.

02. Form 990 governing body review (Part VI, line 11)

ARIZONA BRAINFOOD OFFICERS RECIEVE A COPY OF FORM 990 FOR REVIEW AND APPROVAL PRIOR TO

FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

ANNUALLY, ALL OFFICERS AND DIRECTORS SIGN THE CODE OF ETHICS WHICH INCLUDES THE CONFLICT

### OF INTEREST POLICY.

04. Governing documents, etc, available to public (Part VI, line 19)

FINANCIAL STATEMENTS AND TAX RETURNS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE AT

WWW.AZBRAINFOOD.ORG. ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON

REQUEST.