

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning $$ JUL 1 , 2023 $$ and ending	JUN 30, 2024	
B c	heck if	C Name of organization	D Employer identific	cation number
	Addres	Arlington Food Assistance Center		
	Name change		54-14732	07
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	r
	Final return/	2708 South Nelson Street	703-845-	8486
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,068,905.
	Ameno return	Allington, va 22200-0201	H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: CITALLES METIG	for subordinates	? Yes X No
	pendir	same as c above	H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	ax-exe		527 If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemptio	
K F	orm of		<u>/ear of formation: 1988 N</u>	1 State of legal domicile: VA
Pa	art I	Summary		
ø		Briefly describe the organization's mission or most significant activities: To feed		
auc	l	providing dignified access to nutritious supp		
Activities & Governance	-	Check this box if the organization discontinued its operations or disposed of n	I 1	
Š	I		3	16
প		Number of independent voting members of the governing body (Part VI, line 1b)		16 23
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		
₹		Total number of volunteers (estimate if necessary)		2564
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	_	Canbrib, this as and supple (Doub VIII line 4b)	8,145,571.	9,394,577.
ne	l	Contributions and grants (Part VIII, line 1h)	0,143,3/1.	0.
Revenue	I	Program service revenue (Part VIII, line 2g)	248,570.	363,634.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,570.	0.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,394,141.	9,758,211.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,756,224.	2,927,194.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	2,351,934.	2,611,526.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
e	h	Total fundraising expenses (Part IX, column (D), line 25) 707,098.	· ·	•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,874,014.	3,547,221.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,982,172.	9,085,941.
	l	Revenue less expenses. Subtract line 18 from line 12	411,969.	672,270.
<u>ال</u>	10	Trevende 1999 expenses. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	11,398,010.	12,246,765.
ASS	21	Total liabilities (Part X, line 26)	337,345.	342,804.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	11,060,665.	11,903,961.
	rt II	Signature Block		
Und	er pena	ties of perjury, I deplare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Marler I.	2/19/202	.5
Sigi	n	Signature of officer	Date	
Her	е	Charles Meng, Chief Executive Officer		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		Jennica Jardine Whitfield Jennica Il Proline Whitfile		•
Prep	arer	Firm's name Kositzka, Wicks and Company	Firm's EIN 5	<u>4-1342298</u>
Use	Only	Firm's address 5270 Shawnee Road, Suite 250		00) 640 6=66
		Alexandria, VA 22312	Phone no. (7	03) 642-2700
Maν	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	Statement of Program Service Accomplishments	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	To provide dignified access to free groceries for qualified families	
	in Arlington, VA and surrounding counties.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Χ Νο
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	<u></u> INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3	If "Yes," describe these changes on Schedule O.	<u></u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7 , 950 , 100 . including grants of \$ 2 , 927 , 194 .) (Revenue \$	
	In fiscal year 2024, AFAC provided groceries to 7,996 families made up	
	of 19,446 individuals, residing in Arlington County and nearby	
	communities - 33.24% of these individuals were children (6,464) under	
	the age of 18. An average of 2,705 families were served each week at	S
	Nelson St or at one of 18 other distribution sites around the County	
	for a total of 183,558 annual visits to receive weekly groceries.	
	Visits to AFAC increased 30.4% over FY 2023 which was 29.5% over the	
	prior fiscal year, FY 2022. These increases have forced AFAC to	
	purchase greater amounts of food to distribute to its families. AFAC	
	has also continued the home delivery program started during the	
	Pandemic to bring groceries to elderly individuals who cannot leave	
	their homes to get food.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-		
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 7,950,100.	
	Form 99 0	(2023)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	Ť		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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	X	
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		Х
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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	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? If "Yes,"	_		17
	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		X

Form	990 (2023) Arlington Food Assistance Center 54-147. TIV Checklist of Required Schedules (continued)	3207	Р	age 4
Fai	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			, v
	transaction with a disqualified person during 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 organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		Х
	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 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 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		- v	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	\vdash
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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, 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 O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		3		
	Effect the number of Forms w 24 moladed of fine 1a. Effect of those applicable	긔		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

Form 990 (2023) Arlington Food Assistance Center
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o c c c c c c c c c c c c c c c c c c c				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,] [163	NO
Za	filed for the calendar year ending with or within the year covered by this return	2a	23			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Did the second of the bound of the second of			3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule 6			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at					
	financial account in a foreign country (such as a bank account, securities account, or other financial account acc		·	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution					
	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 serv	ices p	rovided to the payor?	7a		X
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 wa	s requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	40-	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	ı			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	па				
b	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		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	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 act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

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

	· · · · · · · · · · · · · · · · · · ·					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	_						
	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 on line 1a, above, who are independent	1b	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		***************************************	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	• • • • • • • • • • • • • • • • • • • •									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, affiliates,							
	· · · · · · · · · · · · · · · · · · ·			10b	Х					
11a										
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$	'es," d	escribe							
	on Schedule O how this was done			12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>				
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 approva		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>				
b	Other officers or key employees of the organization			15b	X					
	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 arrangen	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · · · · · · · · · · · · · · · · · ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
<u> </u>	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3):	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	tinand	cial					
	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 boo	ks and	records							
	The Organization - 703-845-8486 2708 South Nelson Street Arlington VA 22206-0261									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Jolie Smith Development Director	40.00	-				X		194,935.	0.	40,140.
(2) Charles Meng	40.00					^		194,933.	0.	40,140.
CEO	40.00			Х				205,000.	0.	17,947.
(3) Vicky Bandalo	40.00							200,0001		
Director of Operations						x		103,175.	0.	8,254.
(4) Jeffrey Bollman	2.00							•		•
Chair		Х		Х				0.	0.	0.
(5) Erica Beardsley	2.00									
Vice Chair		Х		Х				0.	0.	0.
(6) Jason Ruggiero	2.00									
Treasurer		Х		Х				0.	0.	0.
(7) Tom Klanderman	2.00									
Secretary		Х		Х				0.	0.	0.
(8) Linda Kelleher	2.00									
Member, Retired Non Profit		Х		Х				0.	0.	0.
(9) Robert Cooper	2.00								_	_
Member		Х						0.	0.	0.
(10) Cleveland James	2.00									_
Member		Х						0.	0.	0.
(11) Stephen Brady	2.00									_
Member		Х						0.	0.	0.
(12) Andrew Lee	2.00	l								
Member		Х						0.	0.	0.
(13) Miguel Monteverde	2.00								,	•
Member	1 2 00	Х						0.	0.	0.
(14) Grace Shea	2.00	-							0	•
Member (15) Prior Managehaus	2 00	X						0.	0.	0.
(15) Brian Tannenbaum Member	2.00	X						0.	0.	0
(16) John Ziegenhein	2.00	Λ						0.	0.	0.
Member	2.00	X						0.	0.	0.
(17) Timothy Hart	2.00	^					\vdash	0.	0.	<u> </u>
Member	2.00	X						0.	0.	0.
	1	123							J •	Form 990 (2022)

332007 12-21-23

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C Posi	C)			(D)	(E)		_	(F)	
Name and title	Average hours per		not cl	neck r	more	than c		Reportable compensation	Reportable compensation	,		timate nount	
	week		cer an					from	from related			other	
	(list any hours for	irector						the	organizations (W-2/1099-MISC			pensa	
	related	e or d	stee			nsated		organization (W-2/1099-MISC/	1099-NEC)	/ر		om th anizat	
	organizations	l truste	nal tru		oyee	om per		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		_	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
(18) Robert Van Kirk	2.00	드	드	Of	Ke	E H	요			\dashv			
Member		Х						0.		0.			0.
(19) Karen Vasquez	2.00												
Member		Х						0.		0.			0.
										\dashv			
		-											
_									\dashv				
								503,110.		0.	6	<i>c</i> 2	<u>, 1</u>
1b Subtotal c Total from continuation sheets to Part VII								0.		0.	0	6,3	<u>41.</u>
d Total (add lines 1b and 1c)								503,110.		0.	6	6,3	
Total number of individuals (including but not not not not not not not not not no								eceived more than \$100,	000 of reportable				
compensation from the organization													3
										1		Yes	No
3 Did the organization list any former officer,	*	,	,	•	•	,	·		•		2		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from the			3		A
and related organizations greater than \$150	·		•					•	· ·		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i> o	or su	ıch <u>r</u>	oers	on .					5		X
Section B. Independent Contractors										—			
 Complete this table for your five highest con the organization. Report compensation for t 										nsat	tion fro	om	
(A)	ile caleridar ye	Jai C	iluli	ig w	itii C	JI VVII		(B)	cai.		(C		
Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe		<u>n</u>
							_						
							T						
							_						
2 Total number of independent contractors (in	ncluding but p	ot lin	nitec	l to t	thos	e lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	-	J. 111		((.54	22010, WIIO 1000IVOG IIIC					

		•••			or note to any lin	o in this Dart VIII			
			Check if Schedule O con	italiis a response	e or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	sections 512 - 514
र र	1 :	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
₽.			Fundraising events		445,457.				
ifts ar A			Related organizations						
s, mik			Government grants (contribu		706,606.				
Sig	1		All other contributions, gifts, gra						
outi			similar amounts not included abo		8,242,514.				
it i		g	Noncash contributions included in lines		2,924,689.				
Cor	i	h	Total. Add lines 1a-1f			9,394,577.			
					Business Code				
ø	2 8	а							
vic.	-	b							
Sel		С							
am eve		d							
Program Service Revenue		е							
Pr	1	f	All other program service rev	renue					
			Total. Add lines 2a-2f						
	3		Investment income (including	g dividends, inte	rest, and				
			other similar amounts)			210,385.			210,385.
	4		Income from investment of ta	ax-exempt bond	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6 8	а	Gross rents6	а					
	ı	b	Less: rental expenses 6	b					
	(С	Rental income or (loss) 6	С					
	(d	Net rental income or (loss)						
	7 8	а	Gross amount from sales of	(i) Securities					
			assets other than inventory 7	a 1,355,011	•				
	ı	b	Less: cost or other basis						
nue			and sales expenses 71						
Revenue	•	С	Gain or (loss) 70	c 168,463					
			Net gain or (loss)			153,249.			153,249.
ther	8 8	a	Gross income from fundraising e						
₽			including \$ 445						
			contributions reported on line	, I	100 000				
	_		Part IV, line 18						
			Less: direct expenses		b 108,932.	0.			
			Net income or (loss) from fun	I .		0.			
	9 8	а	Gross income from gaming a						
		.	Part IV, line 19						
			Less: direct expenses Net income or (loss) from gar		D				
			Gross sales of inventory, less						
	10 6	а	•) a				
		h	and allowances Less: cost of goods sold						
			Net income or (loss) from sale		/D				
			THEE INCOME OF (1033) ITOM Said	es of inventory	Business Code				
sno	11 :	а							
Miscellaneous Revenue		a b						1	
ella		c							
<u>iš</u> č			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			9,758,211.	0.	0.	363,634.

Check Schedule O contains a response or note to say line in the Part X (A) (A) (B) (B) (B) (C)	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
1 Grafts and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2, 927, 194 2, 927, 194 3 3 3 3 3 3 3 3 3		Check if Schedule O contains a respon	se or note to any line in								
and dumestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10 4 Benetits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation for included above to disqualified persons described in section 498(c)(3)(8) 9 Other sentence and wages 9 Pension plan accrusis and contributions (include section 498(c)(3)(8) 9 Other employee benefits 9 Pension plan accrusis and contributions (include section 498(c)(3)(8) 9 Other employee benefits 9 Pension plan accrusis and contributions (include section 498(c)(3)(8) 9 Other employee benefits 10 Pension plan accrusis and contributions (include section 498(c)(3)(8) 9 Other employee benefits 10 Pension plan accrusis and contributions (include section 498(c)(3)(8) 154, 155. 39, 399. 3, 591. 11, 165. 154, 387. 107, 700. 9, 736. 36, 951. 154, 387. 107, 700. 9, 736. 36, 951. 154, 387. 107, 700. 9, 736. 36, 951. 154, 388. 34, 088. 34, 088. 154, 155. 39, 399. 3, 591. 11, 165. 154, 387. 107, 700. 9, 736. 36, 951. 154, 387. 107, 700. 9, 736. 36, 951. 154, 388. 31, 318, 907. 29, 069. 90, 375. 10 Pension plan accrusis services (portamployees): a Management 1 Legia 1 Cobbyring 1 Pension plan accrusis services (portamployees): a Management 2 Legia 1 Cobbyring 1 Pension plan accrusis services (portamployees): a Management 2 Legia 1 Cobbyring 2 Pension plan accrusis services (portamployees): a Management 3 Legia 1 Cobbyring 4 Lobbyring 5 Pension plan accrusis services (portamployees): a Management 3 Legia 5 Cobburn (A), anoth, list liter 1 genesies on Cobburn (A), another 1 (Portamployees): a Management 3 Legia 5 Cobburn (A), anoth, list liter 1 genesies on Sch 0, and another 1 (Portamployees): a Management 3 Legia 5 Cobburn (A), anoth, list liter 1 genesies on Sch 0, another 1 (Portamployees): a Ma		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising					
2 Grants and other assistance to domestic inclividuals. See Part IV, III or 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, III or 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation inclinicated above to disqualified persons (seatfeld in section 4988(IV) 13) and 14, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17	1	Grants and other assistance to domestic organizations									
Individuals See Part N, line 22 2,927,194. 2,927,194. 3 3 3 3 3 3 3 3 3		and domestic governments. See Part IV, line 21									
3 Grants and other assistance to foreign organizations, foreign prominents, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officiens, directors, trustees, and key employees Compensation in included above to disqualified parsons (as defined under action 4988(ft) (1) and parsons section of included above to disqualified parsons (as defined under action 4988(ft) (1) and parsons section in section 4988(ft) (1) and parsons section in section 4988(ft) (1) and parsons discretified in section 4988(ft) (1) and par	2	Grants and other assistance to domestic									
3 Gards and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (ascerbide in section 49858(f)(1)) and persons described in section 49858(f)(1) and 4982(f) employer contributions (include section 40 (f)) and 4082(f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40 (f) employer contributions (include section 40 (f)) and 40		individuals. See Part IV, line 22	2,927,194.	2,927,194.							
Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign									
### Search Standard Cord Tor Members 256 , 703		organizations, foreign governments, and foreign									
### Search Standard Cord Tor Members 256 , 703		individuals. See Part IV, lines 15 and 16									
Touristees, and keye employees 256,703, 177,690, 17,865, 61,148.	4										
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 154,387. 107,700. 9,736. 36,951. 11 Fees for services (nonemployees): 154,387. 107,700. 9,736. 36,951. 11 Fees for services (nonemployees): 154,387. 107,700. 9,736. 36,951. 12 Fees for services (nonemployees): 154,387. 107,700. 9,736. 36,951. 13 Management 15 Legal 16 Legal 17 Investment management fees 19 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g appoints of the column (B) interest for any federal, state, or local public officials for January and Courter (Column) (B) interest for any federal, state, or local public officials or January (Column) (B) filine 24e amount expenses on Scholled (C) 18 Payments to affiliates 129. 129. 129. 129. 129. 129. 129. 129.	5	Compensation of current officers, directors,									
persons (as defined under section 4958(I/(1)) and persons described in section 4958(I/(1)) and persons described in section 4958(I/(1)) and approach section 4958(I/(1)) and 490(I) employer contributions (include section 49(I)) and 490(I) employer contributions) 7 Other employee benefits 9 Other employee benefits 11 Fees for services (nonemployees): A Management 12 Legal 13 Lobbying Professional fundraising services. See Part IV, line 17 I Investment management fees 9 Other (III line 11) amount excess 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 12 Advertising and promotion 13 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any feeteral, state, or local public officials 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 11 Travel 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Office expenses 14 Intornation expenses interize expenses not covered above, (List microalization interized above, (List microalization)		trustees, and key employees	256,703.	177,690.	17,865.	61,148.					
Persons described in section 4958(c)(3)(8) 1,707,930. 1,176,657. 119,383. 411,890.	6	Compensation not included above to disqualified									
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 takes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Advantagement 13 Legal 14 Lobbying 15 Legal 16 Accounting 17 Investment management fees 18 Other, (if lim 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schotlud of 17 Tavel 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 11 Interest to affiliates 12 Depreciation, depletion, and amortization 23, 93, 93, 93, 93, 93, 93, 93, 93, 93, 9		persons (as defined under section 4958(f)(1)) and									
Reside the process of the process		persons described in section 4958(c)(3)(B)									
Section 401(k) and 403(b) employer contributions) 54,155, 39,399, 3,591, 11,165.	7	Other salaries and wages	1,707,930.	1,176,657.	119,383.	411,890.					
10 Payroll taxes	8		<u>.</u>								
10 Payroll taxes			54,155.	39,399.	3,591.	11,165.					
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 34,088. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Sch 0.) 163,094. 21,221. 131,600. 10,273. 4,637. 163,094. 21,221. 131,600. 10,273. 4,637. 164,637. 165 Royalties 0 Coupancy 96,660. 95,935. 219. 506. 17avel 21,528. 12,139. 7,007. 2,382. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 1129. 129. 129. 129. 129. 129. 129. 129	9		438,351.	318,907.	29,069.	90,375.					
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 163 ,094. 21,221. 131,600. 10,273. 2 Advertising and promotion 3 Office expenses 14 Information technology 42,940. 25,790. 12,513. 4,637. 8 Royalties 0 Occupancy 96,660. 95,935. 219. 506. 17 Travel 21,528. 12,139. 7,007. 2,382. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 129. 129. 11 Payments to affiliates 299,840. 289,292. 3,264. 7,284. 12 Depreciation, depletion, and amortization 299,840. 289,292. 3,264. 7,284. 13 Insurance 23,930. 23,930. 24 Other expenses, Itemize expenses on line 24e. If line 24e amount exceeds 15% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Pood purchases 50,607. 32,614. 17,127. 866. a Item expenses and line 24e. If line 24e expenses on Schedule 0.) b Warehouse supplies 74,337. 74,337. c Program transportation 55,062. 40,703. 14,359. d Other expense 50,607. 32,614. 17,127. 866. a Item expenses Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098. 50 Jain touristic of the organization reported in column (B) pint costs from a combined educational campaign and fundraising solicitation. Check there is following 50° 982 (88.568-70)	10		154,387.	107,700.	9,736.	36,951.					
b Legal (a Accounting data Lobbyling e Professional fundraising services. See Part IV, line 17 f Investment management fees (a Cobyling e Professional fundraising services. See Part IV, line 17 f Investment management fees (a Cobyline Co		-									
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 129 Interest 129 Depreciation, depletion, and amortization 19 Expenses. Itemize expenses not covered above, (List miscellaneous expenses on line 24s. If line 24e amount exceeds 10% of line 25, column (A), amount, Isli Ime 24e expenses on Schedule 0.) 18 Food purchases 19 Food purchases 10 Other expenses 10 Ot	а	-									
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 163,094. 21,221. 131,600. 10,273. 2 Advertising and promotion 13 Office expenses 14 Information technology	b										
e Professional fundraising services. See Part IV, line 17 f Investment management fees	C										
1 Investment management fees 34,088. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 34,089. 3	d										
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 42,940. 25,790. 12,513. 4,637. 5 Royalties 6 Occupancy 7 Travel 96,660. 95,935. 219. 506. 21,528. 12,139. 7,007. 2,382. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 129. 129. Payments to affiliates Depreciation, depletion, and amortization Insurance 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) a Food purchases b Warehouse supplies 74,337. 74,337. c Program transportation d Other expenses All other expenses 167,497. 93,013. 4,863. 69,621. 5 Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098.	e		34 088		34 088						
Column (A), amount, list line 11g expenses on Sch 0. 163,094. 21,221. 131,600. 10,273.	1		34,000.		34,000.						
13 Office expenses	J	column (A), amount, list line 11g expenses on Sch 0.)	163,094.	21,221.	131,600.	10,273.					
14											
15			12 910	25 790	12 513	1 637					
16 Occupancy			42,940•	23,190•	12,313.	4,037•					
17 Travel			96 660.	95 935.	219.	506.					
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on tovered 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 0.) a Food purchases b Warehouse supplies c Program transportation d Other expense All other expenses Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e Dint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in tollowing SOP 98-2 (ASC 958-720)				12.139.		2.382.					
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Food purchases b Warehouse supplies c Program transportation d Other expense All other expenses All other expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in the line of the			22,3201	12,1000	7,7007.1						
129. 129. 129.		for any federal, state, or local public officials									
Payments to affiliates 299,840 289,292 3,264 7,284			120		120						
Depreciation, depletion, and amortization 299,840 289,292 3,264 7,284			149.		149.						
Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Food purchases b Warehouse supplies c Program transportation d Other expense All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Don't costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			299 840	280 202	3 264	7 201					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Food purchases b Warehouse supplies c Program transportation d Other expense All other expenses All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				407,434•		1,204•					
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 0.) a Food purchases b Warehouse supplies c Program transportation d Other expense All other expenses All other expenses. Add lines 1 through 24e 2,517,509. 2,517,509. 2,517,509. 374,337. 74,337. 55,062. 40,703. 14,359. 41,863. 50,607. 32,614. 17,127. 866. 167,497. 93,013. 4,863. 69,621. 25 Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098.			23,330.		23,330.						
a Food purchases b Warehouse supplies 74,337. 74,337. c Program transportation d Other expense 50,607. 32,614. 17,127. 866. e All other expenses 167,497. 93,013. 4,863. 69,621. 25 Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here from if following SOP 98-2 (ASC 958-720)	4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
Warehouse supplies 74,337. 74,337.	9		2.517.509	2.517.509							
c Program transportation 55,062. 40,703. 14,359. d Other expense 50,607. 32,614. 17,127. 866. e All other expenses 167,497. 93,013. 4,863. 69,621. 25 Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	h										
Other expense 50,607. 32,614. 17,127. 866.	c				14,359.						
e All other expenses 167,497. 93,013. 4,863. 69,621. 25 Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d					866.					
Total functional expenses. Add lines 1 through 24e 9,085,941. 7,950,100. 428,743. 707,098. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)		Joint costs. Complete this line only if the organization									
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined									
		Check here if following SOP 98-2 (ASC 958-720)				222					

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,107,305.	1	1,143,537
	2	Savings and temporary cash investments			151,856.	2	159,449
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i		6			
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			67,951.	8	92,182
¥	9	B			22,901.	9	19,940
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,623,949.			
	b	Less: accumulated depreciation	10b	1,760,883.	3,835,937.	10c	3,863,066
	11	Investments - publicly traded securities			6,201,947.	11	6,960,471
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	10,113.	15	8,120		
	16	Total assets. Add lines 1 through 15 (must equal			11,398,010.	16	12,246,765
	17	Accounts payable and accrued expenses	297,833.	17	331,162		
	18	Grants payable	22 22	18	10.000		
	19	Deferred revenue	30,000.	19	10,000		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substan					
<u>a</u>		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated to				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24).	Complete Part X	9,512.	۰.	1,642
	00				337,345.	25	342,804
_	26	Total liabilities. Add lines 17 through 25			337,343.	26	J42,004
g ရ		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	k nere				
2	27				11,058,545.	27	11 903 961
<u>a</u>	28	Net assets with donor restrictions Net assets with donor restrictions			2,120.	28	11,903,961 0
8 B	20	Organizations that do not follow FASB ASC 958			2,120.	20	
ᇤᅵ		and complete lines 29 through 33.	o, cne	CK Here			
<u></u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,060,665.	32	11,903,961
Z	33	Total liabilities and net assets/fund balances			11,398,010.	33	12,246,765

	990 (2023) Arlington Food Assistance Center	54-	1473	207	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		67	2,2	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,06	0,6	65.
5	Net unrealized gains (losses) on investments	5		17	1,0	26.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	11	,90	3,9	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:		l			
	Separate basis Consolidated basis Both consolidated and separate basis		l			
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,	l			
	consolidated basis, or both:					
	Separate basis X 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,	l			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

				Assistance (4-1473207	
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions			
The	organ	ization is not a private found								
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a la	and-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the	he college	or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	ınization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11	Щ	An organization organized a	=	•	•					
12		An organization organized a	·	•	•		*	•	• •	
		more publicly supported or							Check the box on	
		lines 12a through 12d that	* *			-		-		
а			· · · · · · · · · · · · · · · · · · ·	•	•	-				
		the supported organization			majority o	of the direc	tors or trustees	s of the su	pporting	
		organization. You must o	-							
b	· L									
		control or management o			ame perso	ns tnat co	ntrol or manage	e tne supp	ροπεα	
_		organization(s). You mus			in connect	tion with a	and functionally	, into avata	ad with	
C							-	rintegrate	ea with,	
		its supported organization		•				od organi-	zation(a)	
C		Type III non-functionally that is not functionally int						-		
		requirement (see instruct	•	• ,	•		•	an attentiv	7611633	
е		Check this box if the orga						Type III		
		functionally integrated, or					Type I, Type II	, Type III		
f	Fnte	er the number of supported of								
		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of r	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)	
Tota	al						I			

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

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total filts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 850 2184 . 10 27 5 299 . 85 5 9 7 4 2 . 81 4 5 5 7 1 . 9 3 9 4 5 7 7 . 4 4 8 7 7 3 2 Tax revenues levide for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 850 2184 . 10 27 5 299 . 8 5 5 9 7 4 2 . 8 1 4 5 5 7 1 . 9 3 9 4 5 7 7 . 4 4 8 7 7 3 3 3 4 5 7 1	
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Column (f) 757, 43 4411995	
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or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10	
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 4550883	
11 Total support. Add lines 7 through 10 4550883	
12 Gross receipts from related activities, etc. (see instructions)	<u>5.</u>
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 96.95	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

332022 12-21-23

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

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	Here the consequentian according with an explain, then force any of the following representation		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	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	· ugu ·
Sect	ion D - Distributions		•	Ź	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	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				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	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:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Arlington Food Assistance Center 54-1473207 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Arlington Food Assistance Center

54-1473207

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 194,034.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$513,634.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Arlington Food Assistance Center

54-1473207

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Arlington Food Assistance Center

54-1473207

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Groceries received during the fiscal year	\$ 480,777.	
(a)		\$\$(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
3	Groceries received during the fiscal year		
		\$\$13,188.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Groceries received during the fiscal year		
(a)		\$ 194,034.	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Groceries received during the fiscal year		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		6	
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
000450 40.00		\$	Cohodula D (Form 000) (0000)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** 54-1473207 Arlington Food Assistance Center Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Arlington Food Assistance Center

Employer identification number 54-1473207

organization answered "Yes" on Form 990 Part IV line 6						
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds a	and other accounts					
	and other accounts					
1 Total number at end of year						
2 Aggregate value of contributions to (during year)						
A Aggregate value of grants from (during year)						
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds						
are the organization's property, subject to the organization's exclusive legal control?	Yes No					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	1es 140					
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
impermissible private benefit?	Yes No					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1 Purpose(s) of conservation easements held by the organization (check all that apply).						
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area					
Protection of natural habitat Preservation of a certified histori	ric structure					
Preservation of open space						
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation						
day of the tax year.	eld at the End of the Tax Year					
a Total number of conservation easements 2a						
b Total acreage restricted by conservation easements 2b						
c Number of conservation easements on a certified historic structure included on line 2a 2c						
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not						
on a historic structure listed in the National Register						
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ring the tax					
year						
Number of states where property subject to conservation easement is located						
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No					
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	— —					
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto dannig the year					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year					
	,					
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)						
and section 170(h)(4)(B)(ii)?	Yes No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and						
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the					
organization's accounting for conservation easements.						
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet						
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	olic					
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor						
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,					
provide the following amounts relating to these items.						
(i) Revenue included on Form 990, Part VIII, line 1						
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
the following amounts required to be reported under FASB ASC 958 relating to these items:						
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 						
	hedule D (Form 990) 2023					

Par	t III Organizations Maintaining Co		t, Histo	orical Tre	easures, o	r Other	Simil	ar Asse	ets (continu	r age =
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the t	following that	make si	gnifican	t use of it	S	
	collection items (check all that apply).									
а	Public exhibition	C	t	Loan or exc	hange progra	am				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exen	npt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nization's co	llection?			[Yes	☐ No
Par	t IV Escrow and Custodial Arrang								, line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other as	sets not	include	d		
	on Form 990, Part X?							[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							[Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Par	t V Endowment Funds Complete if	the organization an	swered "	Yes" on For	m 990, Part	IV, line 10).			
	·	(a) Current year		rior year	(c) Two yea			e years bad	ck (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1c	ı. column (a)) held as:	<u> </u>			I	
a	Board designated or quasi-endowment		%	,, o o i o i i i i i i i i i i i i i i i	,,					
b	Permanent endowment	%								
c										
•	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for the	e			
	organization by:								\[\frac{1}{2}\]	res No
									3a(i)	
b	If "Yes" on line 3a(ii), are the related organizate									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	l "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ated	(d) Book	value
	,	basis (investr		basis	(other)		oreciatio		` ,	
1a	Land			69	7,401.				697	,401.
	Buildings				6,121.	1,2	200,	732.	2,895	
c	Leasehold improvements			,		,				-
d	Equipment	I		61	4,686.	3	365,	028.	249	,658.
	Other				5,741.		L95,			,618.
	. Add lines 1a through 1e. (Column (d) must ed		X line 1						3,863	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Arlington F Part VII Investments - Other Securities Complete if the organization answered "Yes"	ood Assistanc		54-1473207 Page 3
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1) Financial derivatives	,		,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
•	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part V lin	no 25
(-) December 1 and	OTT OTTI 990, I AIT IV, IIIIe	The of Thi. See Form 990, Fart X, iiii	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) Operating lease liabilities			1,642.
(3)	<u> </u>		1,042.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. co	/ (R))		1,642.
<u> (Column (b) must Equal Form 330, Fait A, line 23, C0</u>	. , u //		, ~

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

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,914,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	171,026.		
b	Donated services and use of facilities	2b	19,441.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	190,467. 9,724,123.
3	Subtract line 2e from line 1			3	9,724,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,088.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	34,088. 9,758,211.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>2.)</u>		5	9,758,211.
Pa	T XII Reconciliation of Expenses per Audited Financial St		Expenses per F	(eturi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.			0.054.004
1				1	9,071,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	40.444		
а	Donated services and use of facilities		19,441.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			10 441
е	Add lines 2a through 2d			2e	<u>19,441.</u> 9,051,853.
3	Subtract line 2e from line 1			3	9,051,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	24 000		
a	Investment expenses not included on Form 990, Part VIII, line 7b		34,088.		
b	Other (Describe in Part XIII.)	4b		_	24 000
	Add lines 4a and 4b			4c	34,088. 9,085,941.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information	<u>18.)</u>		5	9,003,941.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I.4. Dort IV. lines 1b.	and Oh: Dort V. line 4	· Dort \	/ line 2: Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, Part /	K, IIIIe Z, Part XI,
III IES	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide a	arry additional imorn	iation.		
Par	ct X, Line 2:				
- 41					
AFA	AC is exempt from federal income tax as	a nonprof	it organiz	atio	on
	10 15 Chempt 110m 10dold1 11100mc can ab	<u>a nonpror</u>	ir organiz	<u> </u>	J11
des	scribed in section 501(c)(3) of the int	ernal reve	nue code a	nd :	is
c1a	assified as an organization other than	a private	foundation	. A	FAC did
		<u>p</u>			
not	have a liability for unrelated busine	ess income	for the ve	ar e	ended June
	•				
30	2024.				
_					

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and t	he latest information	١.		Inspection		
Name of the organization		Employer identification number								
Arlington Food Assistance Center 54-1473207 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
	complete this part		red "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E2			
		sed funds through any of the followin	a activ	ities.	Check all that apply.					
a Mail solicitat					overnment grants					
b Internet and email solicitations f Solicitation of government grants										
c Phone solici		g Special	fundra	aising	events					
		or oral agreement with any individual	(includ	lina of	ficers. directors. trust	tees. c	or			
		art VII) or entity in connection with pr				,	Yes	s No		
		viduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ne fund	draiser is to b	е		
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (or	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total										
		on is registered or licensed to solicit c			or has been notified	it is e	kempt from re	egistration		
								-		

332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf			(add col. (a) through
			Tournament	Spring Gala	3	col. (c))
4			(event type)	(event type)	(total number)	001. (0)
Revenue						
eve	1	Gross receipts	167,120.	166,419.	220,850.	554,389.
ш.						
	2	Less: Contributions	124,829.	140,288.	180,340.	445,457.
	3	Gross income (line 1 minus line 2)	42,291.	26,131.	40,510.	108,932.
	4	Cash prizes				
	_	Managah manag				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
(pe	О	nent/lacility costs				
ΉË	7	Food and beverages	40,650.	22,953.	36,005.	99,608.
irec	•	1 ood and beverages	10,0301	22/3331	30,0031	33,0001
	8	Entertainment				
	9	Other direct expenses	1,641.	3,178.	4,505.	9,324.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		-	108,932.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			0.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	_
		\$15,000 on Form 990-EZ, line 6a.				_
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1_	Gross revenue				
	_	Cook prizes				
ses	2	Cash prizes				
ens	3	Noncash prizes				
Direct Expenses	3	Noncash phaces				
ect	4	Rent/facility costs				
٦	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	F '	touther state(a) in ordered the consequention	aka manahan serti diter			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				
						res No
IJ	II '	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 Arlington Food Assistance Center $54-$	1473207	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:	103	110
		ا ءمدا	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	3 3 3		
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
D			
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u		Yes	□ No
	retain the state gaming license?	1es	140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	Arlington	Food	Assistance	Center	54-1473207	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued))				
<u> </u>							
				<u> </u>			
_							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Arlington	Food Ass	istance Cen	ter				54-1473207
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part I	V, line 21, for any
		· ·	· ·		(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar	-	-	le line 1 table				

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				ACCEPTED FOOD BANK	SUPPLEMENTAL GROCERIES TO
D DONATIONS	19446	0.	2,927,194.	VALUATION	FAMILIES IN NEED
Supplemental Information. Provide the information	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	I

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

Arlington Food Assistance Center Questions Regarding Compensation

54-1473207

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

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jolie Smith	(i)	173,685.	21,250.	0.	5,092.	35,048.	235,075.	0.
Development Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Charles Meng	(i)	185,000.	20,000.	0.	6,208.	11,739.	222,947.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

0000

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

	Arlington Fo	od Ass	<u>istance Ce</u>	enter	Į į	5 4 -1473	207	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determin contribution ar	•	s
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	X	11	274,749.	Market v	zalue		
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 \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	3,772	2,924,689.	Accepted	<u>l food l</u>	<u>oanl</u>	K V
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	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	•						
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Arlington Food Assistance Center

Employer identification number 54-1473207

Form 990, Part III, Line 4a, Program Service Accomplishments:

The mission of AFAC is to address long-term food insecurity rather than provide emergency needs as is standard at other food pantries. AFAC received slightly over 1.5 million pounds of donated food from grocery stores, individuals, and through food drives at congregations, schools, businesses, and community organizations. In addition, AFAC purchased another 2.5 million pounds of food for distribution to our families.

In total, AFAC distributed almost 5 million pounds of food - of which 3.4 million were purchased at a cost of \$2.5 million. As a result of the increase in the number of families served, AFAC spent \$1 million more than had been budgeted.

AFAC focuses its food purchases on the high cost items in a grocery

basket that are important to a healthy, nutritious diet. It is often

these items that are avoided by our families in favor of lower cost

items that are cheaper but often contain high levels of fat and sugar

and are highly processed. This results in obesity in children, Type 2

Diabetes in adults, and hypertension in the elderly. During a visit a

family will select from a variety of healthy, nutritious foods

including milk, eggs, beef, chicken and fish, fresh fruit & vegetables,

pasta, sauces, cereals, breads, and a number of miscellaneous items.

During their visit, a family will receive an average of 29 pounds of

food.

Form 990, Part VI, Section A, line 8b:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization
Arlington Food Assistance Center

Employer identification number 54-1473207

Minutes of all board and executive committee meetings are made contemporaneously. No committee has the authority to act independently of the board.

Form 990, Part VI, Section B, line 11b:

After review by the CEO, the 990 is presented to the board for their review and acceptance, prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Officers, directors and key employees are required to sign a conflict of interest policy agreement on an annual basis. An individual with a conflict of interest is expected to disclose the potential conflict in writing, to the board chair or the CEO, as soon as possible. The board will evaluate the potential conflict and if one is deemed to exist, the individual will not be included in voting and/or decisions related to the conflict.

Form 990, Part VI, Section B, Line 15:

The CEO's individual performance review is conducted by the executive committee of the board and then approved by the full board. Local comparable positions at comparable organizations are used as a reference.

Individual performance reviews of others holding key positions are conducted by the CEO. Comparable positions at comparable local and national nonprofit organizations were used as a reference in determining compensation.

Form 990, Part VI, Section C, Line 19:

The financial statements, form 990, governing documents and the conflict of

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization Arlington Food Assistance Center	Employer identification number 54-1473207
interest policy re available to the public upon request.	
Form 990, Part XII, Line 2c:	
The process has not changed.	

SCHEDULE R (Form 990)

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Arlington Food Assistance Center

Employer identification number 54-1473207

Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets Direct of	(f) Direct controlling entity		
708 S NELSON STREET LLC								
708 S NELSON STREET					ARLINGTON F			
RLINGTON, VA 22206	RENTAL ACTIVITY	Virginia		2,108	3,497. ASSISTANCE	CENTER		
ldentification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	anizations. Complete if the organization (b) Primary activity	on answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	or more related tax-exe (f) Direct controlling entity	Section 5	g) 512(b)(13 rolled ity?	
		isreigh seamily,		501(c)(3))	•	Yes	No	
· · · · · · · · · · · · · · · · · · ·		1		1		1	l	

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No
	-								

art V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 34, 35b, or 36.
-------	--	---	-------------------	-------------------------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed ir	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a			
					1b			
С	Gift, grant, or capital contribution from related organization(s)				1c			
					1d			
					1e			
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)				1g			
					1h			
i					1i			
j	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) 116 117 118 119 119 119 119 110 110 110							
-					•			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
- 1					11			
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
	0 1 1 , 0 1 ,							
р	Reimbursement paid to related organization(s) for expenses				1p			
•	ns or loan guarantees to or for related organization(s) 1d 1e 1e ns or loan guarantees by related organization(s) 1ft 2e of assets to related organization(s) 1ft 2e of assets to related organization(s) 1ft 2e of assets from related organization(s) 1ft 2e of assets with related organization(s) 1ft 2e of assets with related organization(s) 1ft 3e of assets with related organization(s) 1ft 3e of facilities, equipment, or other assets to related organization(s) 1ft 3e of facilities, equipment, or other assets from related organization(s) 1ft 3e of facilities, equipment, or other assets from related organization(s) 1ft 3e of facilities, equipment, or other assets from related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, equipment, or other assets with related organization(s) 1ft 3e of facilities, eq							
r	Other transfer of cash or property to related organization(s)				1r			
					1s			
	· · · · · · · · · · · · · · · · · · ·							
	(a)	(b)	(c)	· (d)				
	Name of related organization	Transaction			volved			
(1)								
\''								
(2)								
_ /								
(3)								
.,_								
(4)								
(5)								
(6)	formance of services or membership or fundraising solicitations for related organization(s) formance of services or membership or fundraising solicitations by related organization(s) In In In In In In In In In I							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are a partners 501(c) orgs	s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	opor- nate tions?	Genera managi partne Yes N	or Percentage ownership

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

990

	<u>ington Food Assista</u>						age 10			54-1473207
Par	t I Election To Expense Certain Propert	y Under Section 17	9 Note: If yo	ou have any lis	sted pro	operty,	complete Part	V bet	ore y	
1 N	Maximum amount (see instructions)							[1	1,160,000.
2 T	otal cost of section 179 property place	d in service (see i	nstructions)					[2	
3 T	hreshold cost of section 179 property I	pefore reduction i	n limitation						3	2,890,000.
4 R	Reduction in limitation. Subtract line 3 for	rom line 2. If zero	or less, ente	er -0-					4	
5 D	ollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -0	If married filin	g separately, see i	nstruction	ıs			5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use c	nly)	(c) Elected of	cost		
7 L	isted property. Enter the amount from	line 29				7				
	otal elected cost of section 179 proper								8	
	entative deduction. Enter the smaller								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the sn								11	
	section 179 expense deduction. Add lin				ſ				12	
	Carryover of disallowed deduction to 20		•			13				
Par	Don't use Part II or Part III below for li		,		a liete		4			
	operial Bepresiation / the trail		•	•			• •			
	special depreciation allowance for quali						ū			
	ne tax year								14	
	Property subject to section 168(f)(1) elec	ction							15	299,840.
	till MACRS Depreciation (Don't	include listed proj	oorty Soo in	etructione)					16	233,040.
· ui	MACAS Depreciation (Don't	include listed proj		ection A						
47 N	AACDC dadwatiana far acceta placed in	comice in tay yes			,				17	
	MACRS deductions for assets placed in you are electing to group any assets placed in servic	•						ii l	-17	
10 "	Section B - Assets						eral Deprecia	tion S	Svste	m
	(a) Classification of property	(b) Month and year placed	(c) Basis fo	r depreciation	(d) F	Recovery	(e) Convention			(g) Depreciation deduction
	(-)	in service		instructions)	F	period	(-,	(.,		(3) = -p
19a	3-year property				<u> </u>					
b	5-year property				<u> </u>					
С	7-year property				<u> </u>					
d	10-year property				<u> </u>					
е	15-year property				<u> </u>					
f	20-year property				1					
g	25-year property					5 yrs.		-	/L	
h	Residential rental property	/				.5 yrs.	MM	-	/L	
		/			1	.5 yrs.	MM	-	/L	
i	Nonresidential real property	/			39	9 yrs.	MM	-	/L	
	<u> </u>	/ /	Duning 000	Tay Vas: 11	 	. Al	MM Depresi		/L	
nn -	Section C - Assets Pl	aceu in Service	During 2023	o rax rear Us	ing th	Aitern	epreci			em
20a	Class life				4.	2 1/20			/L //	
b_	12-year	,			12 yrs. 30 yrs.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S/L S/L		
c d	30-year 40-year	/ /			_	o yrs. O yrs.	MM		/L /L	
	t IV Summary (See instructions.)	/ /			1 4	Jyra.	I IVIIVI	_ 5	/L	
	Cummun, (communication)	20							24	
	isted property. Enter amount from line of the control of the contr) in column (a		no 01		}	21	
	otal. Add amounts from line 12, lines 1 inter here and on the appropriate lines	-							22	299,840.
	or assets shown above and placed in s				1011S - S	ee mstr	•		22	277,040.
	ortion of the basis attributable to section	-	current year	, टागटा गाए		23				
Ρ	טיניסיי טו נווכ טמטוט מננווטענמטוכ נט 550נונ	JII 200A 00313				20				

Form 4562 (2023) Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (1. 11 1			
_			on and Other I											1 F	_	
<u>24a</u>	Do you have evidence to s	1	1	nt use cla	umed?	Y	es L	<u> No</u>	24b If "Y			nce writt T	en?	_l Yes	No	
	(a) Type of property (list vehicles first)	Type of property Date Business/		_{je} ot	(d) Cost or her basis	l (bus	(e) is for depresiness/inve use only	stment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Ele sectio	(i) Elected section 179 cost	
25	Special depreciation allo	owance for q	ualified listed p	oroperty	placed i	n servic	e during	the tax	year and	t						
_	used more than 50% in	a qualified bu	usiness use								25					
26	Property used more tha	n 50% in a qı	ualified busine	ss use:												
		: :	9	6												
		: :	9	6												
		: :	9	6												
<u>27</u>	Property used 50% or le	ess in a qualif	ied business ι	ise:												
_		: :	9	6						S/L -						
_		: :	9	6						S/L -						
_		: :	9	6						S/L -						
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 21,	page 1				28					
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line 7	⁷ , page 1								29			
	mplete this section for verour employees, first ans										-			/ehicles		
				(a)		(1	(b)		(c)		(d)		(e)		(f)	
30	Total business/investment		•	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6		
	year (don't include commu															
	Total commuting miles															
32	Total other personal (no	0.	•													
	driven															
33	Total miles driven during															
	Add lines 30 through 32										1		1		Γ	
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?				-		-									
35	Was the vehicle used primarily by a more															
	than 5% owner or relate															
36	Is another vehicle availa	•														
	use?		- Questions f	or Empl	overe M	lha Drai	rida Vah	ioloo fa	ar Hee by	, Thoir E	mplove		<u> </u>			
	swer these questions to dre than 5% owners or rela	determine if y	ou meet an ex		-				-				ren't			
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ll person	al use o	f vehicle	s, inclu	iding con	nmuting,	by your			Yes	No	
	employees?															
38	Do you maintain a writte										our					
	employees? See the ins	tructions for	vehicles used	by corp	orate off	icers, di	rectors,	or 1% c	or more o	wners						
39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal u	use?											
40	Do you provide more that	an five vehicl	es to your emp	oloyees,	obtain i	nformati	on from	your er	nployees	about						
	the use of the vehicles,															
41	Do you meet the require															
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don't	t comple	te Secti	on B for	the cov	vered veh	icles.						
P	art VI Amortization										(e)					
·			(b) amortization begins		(c) Amortizable amount			Code Amo			ation rcentage	Ai fo	(f) mortization or this year			
				Degilis		amount					portou or po					
<u>42</u>	Amortization of costs th	at begins du	•		ır:	amount					poned or po					
<u>42</u>	Amortization of costs th	at begins du	ring your 2023		r:	amount					period or pe					
	Amortization of costs the		ring your 2023	tax yea		amount					ponou or po	43				