# **PUBLIC DISCLOSURE COPY**

#### **PLEASE FILE IN A SAFE PLACE**

# ARMANINO LLP

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#### \*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending JUN 30 2022

NIDIO   CA 92201	<b>B</b> c	heck if	C Name of organization		D Employer ident	ification number	
Company   Comp	_a						
Doing Dusinessas as F.ND COLD BANK   Number and street (or P.0. box in Mails not delivered to street address)   Room/suite   E Telephone number (1760) 775-3663   S375-000007		chang	FOOD IN NEED OF DISTRIBUTION, INC.				
Number and street (or P.D. box in mail is not delivered to street address)   Hommsute   E Telephone number (7:60) 775-3663		chang	e Doing business as FIND FOOD BANK	1	33-000600	7	
City or town, state or province, country, and ZIP or foreign postal code   INDIC, CA 92201   INDIC, C		returr	, ,	Room/suite			
Many   Form of particular   Many   Form of the properties   Form of the production   Form of t		Jreturr			(760) 775-3		
New   Same and address of principal officer: DEBORAH S. ESPINOSA   High striks a group freed   Family   Same and address of principal officer: DEBORAH S. ESPINOSA   High striks a group freed   High striks and striks a group freed   High striks a group			, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	42,371,816.	
Taxe-exempt status		returr	INDIO, CA 92201		H(a) Is this a group		
Taxexempt status:   X   S01(c)(3)   S01(c)(1)   M   (insert no.)   4947(a)(1) or   527   H) Probability Status:   X   S01(c)(3)   S01(c)(1)   M   (insert no.)   4947(a)(1) or   527   H) Probability Status:   X   S01(c)(3)   S01(c)(1)   M   S01(c)(1)   S01(c)(1)   S01(c)(1)   M   S01(		_tion	F Name and address of principal officer: DEBORAL 5. ESFINOSA			—	
Website:   WWW_FINDFOODBANK, ORD   H(c) Group exemption number   Perant   Summary			SAME AS C ABOVE			s included? Yes No	
Part				1) or 527	If "No," attach	a list. See instructions	
Briefly describe the organization's mission or most significant activities: FIND (FOOD IN NEED OF DISTRIBUTION) FOOD BANK, IS DEDICATED TO MOBILIZING THE RESOURCES OF 2 Check this box							
Briefly describe the organization's mission or most significant activities: FIND (FOOD IN NEED OF DISTRIBUTION) FOOD BANK, IS DEDICATED TO MOBILIZING THE RESOURCES OF  2 Check this box				<b>L</b> Year	of formation: 1983	M State of legal domicile; CA	
DISTRIBUTION   POOD BANK, IS DEDICATED TO MOBILIZING THE RESOURCES OF   2 Check this box	Ра			/ HOOD TN 1	NULL OF		
S   Total number of individuals employed in calendar year 2021 (Part V, line 2a)   S	ce	1					
S   Total number of individuals employed in calendar year 2021 (Part V, line 2a)   S	nan	2				ssets	
S   Total number of individuals employed in calendar year 2021 (Part V, line 2a)   S	ver				1.	1	
S   Total number of individuals employed in calendar year 2021 (Part V, line 2a)   S   S   S   S   S   S   S   S   S	ဗိ						
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year	<u>م</u>	5					
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year	itie						
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year	ţ		T		_		
8 Contributions and grants (Part VIII, line 1h)	Ă				·····		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature					Prior Year	Current Year	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Tart II Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  10 Date  11 Divine revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Desponse (Part IX, line 26) 13 Ja, 40. 2 Ja, 54, 54. 3 Ja, 40. 3 Ja, 40. 4 Ja, 435. 4 Ja, 70. 4 Ja, 44, 658, 299. 3 Ja, 440, 61  6 Ja, 549. 5 Ja, 548. 7 Ja, 549. 5 Ja, 549. 7 Ja, 549. 7 Ja, 540. 7 Ja	enue	8	Contributions and grants (Part VIII, line 1h)		60,859,569	. 42,308,700.	
12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Datt II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Pint/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature		9			33,265	. 31,402.	
11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Into 13 Into 14 Into 25 Into 25 Into 36 Into 37, 93.  24 Into 37, 93.  25 Into 38 Into 37, 93.  26 Into 38 Into 37, 93.  27 Into 38 Into 37, 93.  28 Into 38		10			2,276	5,760.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   60,903,549.   42,371,81     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   46,658,299.   38,440,61     14 Benefits paid to or for members (Part IX, column (A), line 4)   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,979,734.   2,048,70     16 Professional fundraising fees (Part IX, column (A), line 11e)   0.     17 Other expenses (Part IX, column (A), line 25)   609,192.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   53,063,473.   42,541,17     19 Revenue less expenses. Subtract line 18 from line 12   7,840,076.   -169,36     20 Total assets (Part X, line 16)   8eginning of Current Year   End of Year     21 Total liabilities (Part X, line 26)   1,534,459.   1,237,93     22 Net assets or fund balances. Subtract line 21 from line 20   17,524,380.   17,355,01     Part II   Signature Block	æ	11			8,439	. 25,954.	
Here    14   Benefits paid to or for members (Part IX, column (A), line 4)		12			60,903,549	42,371,816.	
14 Benefits paid to or for members (Part IX, column (A), line 4)   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,979,734.   2,048,70   16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     0.   0.   0.     0.     0.     0.     0.     0.     0.     0.     0.   0.     0.   0.   0.   0.     0.   0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		46,658,299	. 38,440,610.	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		14	D 51 111 5 1 (D 11)( 1 (A) 11 4)		0	0.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  PTIN    PTIN	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	1,979,734	2,048,706.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  PTIN    PTIN	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  PTIN    PTIN	Бе						
19 Revenue less expenses. Subtract line 18 from line 12 7,840,076169,36.    Beginning of Current Year   End of Year	û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,425,440	2,051,862.	
Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Beginning of Current Year  19,058,839. 18,592,95  1,237,93: 17,355,01:  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  DeBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  PTIN		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,063,473	. 42,541,178.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  BEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name			Revenue less expenses. Subtract line 18 from line 12		7,840,076	-169,362.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  BEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name	or			Ве	eginning of Current Yea	r End of Year	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  BEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name	sets alan	20	Total assets (Part X, line 16)		19,058,839	. 18,592,950.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  BEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name	t As	21	Total liabilities (Part X, line 26)		1,534,459	. 1,237,932.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Bignature of officer  Date  DEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  PTIN	趋	22			17,524,380	. 17,355,018.	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Date  DEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name							
Sign Here    Signature of officer   Date						my knowledge and belief, it is	
Here  DEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check PTIN	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.		
Here  DEBORAH S. ESPINOSA, PRESIDENT & CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check PTIN			Cignoture of officer		Data		
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check PTIN			, ,		Date		
Print/Type preparer's name Preparer's signature Date Check PTIN			,				
Tribution Signature					Data Ohadi	DTIN	
Paid KATY BROWN [LU/11/23   Self-employed P00650274					if		
our viripojou				1		nojec .	
Preparer Firm's name ARMANINO LLP Firm's EIN 94-6214841			Time ham		Firm's EIN	J4-0214841	
Use Only   Firm's address ≥ 2700 CAMINO RAMON, STE. 350	use	UIIIY			Di 01	05_700_2600	
SAN RAMON, CA 94583-5004 Phone no.925-790-2600  May the IRS discuss this return with the preparer shown above? See instructions	N4c:	the '	· · · · · · · · · · · · · · · · · · ·		I Phone no. 94		

Pa	irt III Statement of Program Service	-		
	Check if Schedule O contains a respons	e or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:			
	FOOD IN NEED OF DISTRIBUTION, INC.			
	RELIEVING HUNGER, THE CAUSES OF HU	<u>'</u>	IATED	
	WITH HUNGER THROUGH AWARENESS, EDU			
	RESOURCES AND COMMUNITY INVOLVEMEN	т.		
2	Did the organization undertake any significant	program services during the year which	ch were not listed on the	
				Yes X No
	If "Yes," describe these new services on Sche			
3	Did the organization cease conducting, or make		cts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule	O.		
4	Describe the organization's program service a	·		• •
	Section 501(c)(3) and 501(c)(4) organizations a		ants and allocations to others, the total	expenses, and
	revenue, if any, for each program service report			24 400
4a			38,440,610. ) (Revenue \$	31,402.
	FIND RECEIVED FOOD PRODUCTS THROUG			
	WITH DONATED FUNDS FOR NETWORK DIS	· · · · · · · · · · · · · · · · · · ·		
	AND INFANTS. FOOD IS DONATED FROM	•	·	
	NATIONAL FOOD DISTRIBUTORS AND RES THE GENERAL PUBLIC. GOVERNMENT AGE		NATED BY	
	ORGANIZATIONS. FIND'S PRIMARY DIS		CMEDN	
	RIVERSIDE COUNTY, CALIFORNIA. FIN			
	AMERICA, THE NATION'S LARGEST HUNG			
	ASSOCIATION OF FOOD BANKS.	ER-REDIEF ORGANIZATION AND C.	ADIFORNIA	
	ASSOCIATION OF FOOD BANKS.			
4b	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$	1
710	(Code) (Expenses #	including grants of \$		,
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other and the second se			
4d	Other program services (Describe on Schedule	•	) (-	,
4.	·	ing grants of \$ 41,222,417.	) (Revenue \$	)
<u>4e</u>	Total program service expenses	T1, 444, T11.		Form <b>990</b> (2021)
				1 51111 (2021)

33-0006007

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<del>                                     </del>		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
•		<del>                                     </del>		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f		116		<u> </u>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	$\vdash$
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		$\vdash$
р	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

132003 12-09-21

Form 990 (2021) FOOD IN NEED OF DISTRIE

Part IV | Checklist of Required Schedules (contin

ı a	Officerist of nequired Scriedules (continued)			
	<b>-</b>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
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	23	х	
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	Did the consist in set of a set lead to the set of the	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	, ,	25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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		х
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		Х
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? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		Х
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	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2021) FOOD IN NEED OF DISTRIBUTION, INC.

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	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					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		<sub>v</sub>			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		х			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g					
•	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
D	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						
_							
		14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	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 income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
000	tion A. Governing Body and Management		V	NI-
4.			Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in visiting rights among members of the governing body, or if the governing	4		
	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 0.  Enter the number of voting members included on line 1s, shows who are independent.			
b	The the number of voting members included of time 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		77
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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 books and records			
	MATT DECOOK - (760) 775-3663			
	83775 CITRUS AVENUE, INDIO, CA 92201			

### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz					sate			·		
(A)	(B)		(C) Position (do not check more than one box, unless person is both an		(D)	(E)	(F)			
Name and title	Average	(do			Reportable	Reportable	Estimated			
	hours per					s both		compensation	compensation	amount of
	week	_						from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 OF	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	<b>5</b>	Key employee	sst co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			-
(1) DEBORAH S. ESPINOSA	40.00									
PRESIDENT & CEO				х				153,909.	0.	2,994.
(2) LENA WADE	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) PAUL MACKEY	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) ERIN KAIMAN	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GEORGE BATAVICK	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) DEBORAH MCGARREY	4.00									
PAST CHAIR		Х		Х				0.	0.	0.
(7) KEITH FLAGLER	2.00									
MEMBER		Х						0.	0.	0.
(8) TRICIA PEARCE	2.00									
MEMBER		Х						0.	0.	0.
(9) TROY STRANGE	2.00									
MEMBER		Х						0.	0.	0.
(10) ELLEN WAY	2.00									
MEMBER		Х						0.	0.	0.
(11) GARY RICE	4.00									
MEMBER (LEFT 4/22)		Х						0.	0.	0.
(12) DAVID MARGULEAS	2.00									
MEMBER (LEFT 12/21)		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
		4								
		-								
		-								

Name and title    Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organizations) below line)   Average hours per week (list any hours for related organization) line organization (w.2/1099-MISC)   Average hours per week (list any hours for related organization) line organization (w.2/1099-MISC)   Average hours per week (list any hours for related organization) line organization (w.2/1099-MISC)   Average hours per week (list any ho			(F)			
Name and time    hours per week   (list any hours for related organizations below line)		(F)				
Double per week (list any hours for related organizations below line)   Double per per per per per per per per per pe		Estimated				
Islation   Companies   Compa	n	ar	nount	of		
hours for related organizations below line)    Description of the continuation of the continuation sheets to Part VII, Section A   Description of the continuation sheets to Part VII, Section A   Description of the continuation sheets to Part VII, Section A   Description of the continuation sheets to Part VII, Section A   Description of the continuation of the continuation sheets to Part VII, Section A   Description of the continuation of the			other	٢		
1b Subtotal	3	com	pens	ation		
1b Subtotal	C/	fr	rom th	те		
1b Subtotal		org	janiza	tion		
1b Subtotal			d rela			
1b Subtotal		orga	anizat	ions		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\longrightarrow$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  153,909.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\dashv$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\dashv$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  153,909.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  153,909.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\dashv$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\dashv$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	$\dashv$					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	0.		2	,994.		
d Total (add lines 1b and 1c)   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	0.			0.		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	0.		2	,994.		
				1		
			Yes	No		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on						
line 1a? If "Yes," complete Schedule J for such individual		3		х		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization						
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	ı	4	Х			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	····					
rendered to the organization? If "Yes," complete Schedule J for such person	- 1	5		х		
Section B. Independent Contractors						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comp	ensat	ion fro	om			
the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
(A) (B)		(0	C)			
Name and business address Description of services	C	ompe	nsatio	on		
RKD GROUP, 7130 S. 29TH STREET, SUITE B,			101	E 0.1		
LINCOLN, NE 68516 MARKETING			101	,501.		
2 Total number of independent contractors (including but not limited to those listed above) who received more than						

Form 990 (2021) FOOD IN NE

		Check if Schedule O contains a respon	nse or note to any l	ine in this Part VIII			
		Officer if Octreduce O contains a respon	isc of flote to arry i	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts ts	1	a Federated campaigns 1a					
irai	- 1	Membership dues 1b					
Y, G		Fundraising events1c					
ar if		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e	12,763,492				
Sig		f All other contributions, gifts, grants, and					
uti		similar amounts not included above	29,545,208				
SE			35,894,907				
no D				42,308,700.			
OB		n Total. Add lines 1a-1f	Business Code				
		OWNED DROGRAM GERMAGE	-		26 075		
<u>ce</u>	2		624210	26,975.	<del>'</del>		
erv Ie		SHARED MAINTENANCE FEE	624210	4,427.	4,427.		
S		C	_				
ar ev		d	_				
Program Service Revenue		e					
Ā	•	f All other program service revenue					
		Total. Add lines 2a-2f		31,402.			
	3	Investment income (including dividends, in					
	_	other similar amounts)		5,760.			5,760.
	4	Income from investment of tax-exempt bor		, -			, -
		•	•				
	5	Royalties(i) Real	(ii) Personal				
			(II) Personal	_			
		a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	<b>&gt;</b>				
	7	a Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory <b>7a</b>					
		Less: cost or other basis					
e		and sales expenses <b>7b</b>					
Revenue		Gain or (loss) 7c					
Şe.		d Net gain or (loss)	<b>•</b>				
er F		a Gross income from fundraising events (not					
O EP		including \$ of					
٥		contributions reported on line 1c). See					
		, , , , , , , , , , , , , , , , , , , ,	8a	_			
		Less: direct expenses	[8b]				
		Net income or (loss) from fundraising even	ts				
	9	a Gross income from gaming activities. See					
		Part IV, line 19	9a				
		Less: direct expenses	9b				
		<ul> <li>Net income or (loss) from gaming activities</li> </ul>	<b>_</b>				
	10	a Gross sales of inventory, less returns					
		and allowances	10a				
		Less: cost of goods sold	10b				
		Net income or (loss) from sales of inventor	•				
		,	Business Code				
ns	11	MISCELLANEOUS REVENUE	900099	25,954.			25,954.
Miscellaneous Revenue							
llar			_				
Sce		C	_				
٣	1	d All other revenue		25 054			
		e Total. Add lines 11a-11d	<u></u>	25,954.	24 12-		04 == :
	12	Total revenue. See instructions	<u></u>	42,371,816.	31,402.	0.	31,714.

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#### Part IX Statement of Functional Expenses

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

Do .	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,483,960.	27,483,960.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,956,650.	10,956,650.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 005	E4 002	52.041	F2 04
	trustees, and key employees	179,805.	71,923.	53,941.	53,941
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 506 261	0.00	207 600	005 105
7	Other salaries and wages	1,526,361.	973,605.	327,629.	225,127
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	201 505	120 004	41 100	22 52
9	Other employee benefits	201,595.	136,864.	41,196.	23,535
0	Payroll taxes	140,945.	82,007.	36,010.	22,928
1	Fees for services (nonemployees):				
a	Management	2 022		2 022	
b	Legal	3,822.		3,822.	
С.	Accounting	49,660.		49,660.	
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,	154 100	40 251	02 244	12 50
	column (A), amount, list line 11g expenses on Sch 0.)	154,190. 211,980.	48,251. 15,318.	93,344.	12,595 193,648
12	Advertising and promotion	94,594.	49,992.	19,137.	25,465
13	Office expenses	101,868.	88,599.		4,853
14	Information technology	101,000.	00,333.	8,416.	4,05
15	Royalties	199,535.	195,742.	3,793.	
16	Occupancy	203,318.	201,186.	2,060.	72
7	Travel	203,310.	201,100.	2,000.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,503.	4,168.	17,185.	2,150
19	Conferences, conventions, and meetings	46,998.	46,998.	17,103.	2,130
20	Interest	10,550.	10,330.		
21	Payments to affiliates	446,240.	356,992.	44,624.	44,624
22	Depreciation, depletion, and amortization	59,175.	56,875.	2,300.	11,025
3	Other expenses. Itemize expenses not covered	33,173.	30,073.	2,300.	
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SHIPPING AND FREIGHT	297,355.	297,355.		
b	EQUIPMENT REPAIRS/MAINT	94,474.	93,746.	474.	254
C	WAREHOUSE SUPPLIES	36,135.	36,135.		
d	MEMBER FEES	29,015.	26,051.	2,964.	
e	All other expenses	, ,	,	, -	
:5	Total functional expenses. Add lines 1 through 24e	42,541,178.	41,222,417.	709,569.	609,192
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)				

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X		T	(P)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			9,445.	1	8,74
	2	Savings and temporary cash investments			7,626,697.	2	8,467,94
	3	Pledges and grants receivable, net	474,874.	3	575,48		
	4	Accounts receivable, net			11,780.	4	21,20
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	etion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,644,058.	8	1,858,92
AS	9	B			69,456.	9	74,58
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	11,443,833.			
	b	Less: accumulated depreciation			7,221,029.	10c	7,584,56
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,500.	15	1,50		
	16	Total assets. Add lines 1 through 15 (must e			19,058,839.	16	18,592,95
	17	Accounts payable and accrued expenses			242,864.	17	218,58
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ا م	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				22	
֡֡֡֡֞֡֓֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr			1,050,822.	23	980,11
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			240,773.	25	39,23
	26	Total liabilities. Add lines 17 through 25			1,534,459.	26	1,237,93
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			16,909,438.	27	16,738,25
Dai	28	Net assets with donor restrictions			614,942.	28	616,76
림		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,524,380.	32	17,355,018
-	33	Total liabilities and net assets/fund balances			19,058,839.	33	18,592,950

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	371,	816.		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-169,	362.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,524,	380.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	17	355,	018.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash 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		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			
		<del></del>	Form	990 (	(2021)		

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** FOOD IN NEED OF DISTRIBUTION, INC. 33-0006007 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	. ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	17,209,726.	22,636,849.	31,741,565.	60,859,569.	42,308,700.	174,756,409.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	17,209,726.	22,636,849.	31,741,565.	60,859,569.	42,308,700.	174,756,409.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,352,213.
	Public support. Subtract line 5 from line 4.						165,404,196.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	17,209,726.	22,636,849.	31,741,565.	60,859,569.	42,308,700.	174,756,409.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 (12	6 805	11 501	0 086	5 560	00 155
	and income from similar sources	1,613.	6,725.	11,781.	2,276.	5,760.	28,155.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			9,717.	8,439.	25,954.	44,110.
	assets (Explain in Part VI.)			9,111.	0,439.	25,954.	174,828,674.
	<b>Total support.</b> Add lines 7 through 10	-1- (				40	815,081.
12	Gross receipts from related activities,			Contract Contract		12	013,001.
13	First 5 years. If the Form 990 is for the organization, check this box and stor			•			▶□
Sec	etion C. Computation of Publi		centage	• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (I			olumn (f))		14	94.61 %
15	- · · · · · · · · · · · · · · · · · · ·					15	98.64 %
	<b>33 1/3% support test - 2021.</b> If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the o						············ - —
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=		vivion are organiz	<b>▶</b> □
b	10% -facts-and-circumstances test	-	•	*	-		
-	more, and if the organization meets the	_					• •
	organization meets the facts-and-circu				-		ightharpoonup
18	<b>Private foundation.</b> If the organization		-				s <b>▶</b> □
	3		, . 55	. , , ,			

Schedule A (Form 990) 2021

#### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
_		
1		
2		
3a		
Ol-		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
O		
9a		
9b		
9c		
30		
10a		
10b		<u></u>

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1.10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,			
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
000	tion of Type it oupporting organizations		V	
			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			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
566	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			
0	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)	)-		
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 in	struction	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.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.			
Sect	Section A - Adjusted Net Income  (A) Prior Year  (b) Current Year  (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).			·		

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · ·	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	and a division division by mile a division in	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
ī	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	r		
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
-	LAVEGO HUHLAUA I			

Schedule A (Form 990) 2021

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

FOO	D IN NEED OF DISTRIBUTION, INC.	33-0006007			
Organization type (check or	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	Contolog taxable private loandation				
• •	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	that received from any one			
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	**			
LHA For Paperwork Reductio	n Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)			

Name of organization

Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
4		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b> 5	Name, address, and ZIP + 4	Total contributions Type of contribution  Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution
6 <u>6</u>	Name, address, and ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	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
	Tunio, addi 550, and £ii T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
2			
		1,048,859.	06/30/22
(a)		(c)	
No. rom	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
3			
			06/30/22
	-	\$ 1,716,789.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
4			
		\$ 5,387,863.	06/30/22
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
<u> </u>	FOOD		
5			
		\$ 8,304,345.	06/30/22
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
4111	FOOD		
6			
			0.6.122.122
		\$ 8,337,065.	06/30/22
(a)		,,	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	FOOD		
7		<del></del>	
		\$\$	06/30/22

Name of organization **Employer identification number** FOOD IN NEED OF DISTRIBUTION, INC. 33-0006007 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

123454 11-11-21

#### **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

FOOD IN NEED OF DISTRIBUTION, INC.

**Employer identification number** 33-0006007

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's excl		
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpo	se conferring
_			
Par	t II Conservation Easements. Complete if the organization	zation answered "Yes" on Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	check all that apply).	
	Preservation of land for public use (for example, recreation	or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
C .	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation easeme	•	
5	Does the organization have a written policy regarding the periodic		
6	violations, and enforcement of the conservation easements it hol Staff and volunteer hours devoted to monitoring, inspecting, han		
6	Stan and volunteer flours devoted to filonitoring, inspecting, flan	ulling of violations, and emorcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing consc	ryation assements during the year
′	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	or violations, and emorcing conse	valion easements during the year
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 1	70(h)(4)(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e		
•	balance sheet, and include, if applicable, the text of the footnote	· · · · · · · · · · · · · · · · · · ·	
	organization's accounting for conservation easements.		
Pai		t, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for public e	exhibition, education, or research i	n furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these i	tems.
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public exh	nibition, education, or research in f	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasur		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2021

33-0006007

Sche		D OF DISTRIBUTION					-00060		Pag	ge <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art, I	Historical Tre	easures, oi	Other S	imilar As	sets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records, o	check any of the	following that	make signi	ficant use o	of its	-	-	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ım					
b	Scholarly research	e		0 1 0						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain he	ow they further th	ne organizatio	n's exempt	purpose in	Part XI	II.		
5	During the year, did the organization solicit or									
·	to be sold to raise funds rather than to be ma		•	•				Yes		No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Part		ii tiic organizatic	on answered	103 01110	111 000, 1 a		C 0, 0i		
10			, for contribution	o or other see	oto not incl	ıdad				
Ia	Is the organization an agent, trustee, custodia							Vaa		N <sub>a</sub>
	on Form 990, Part X?						. Ш	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the follow	/ing table:					mount		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for escrow or c	ustodial acco	unt liability?		Ш	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if			1						
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years	back (	<b>e)</b> Four	ears b	ack_
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 balance (li	ne 1a. column (a	i)) held as:			•			
а	Board designated or quasi-endowment	•	•	,,						
	Permanent endowment	%								
		<u></u> , : %								
•	The percentages on lines 2a, 2b, and 2c shou	· <del>-</del>								
За	Are there endowment funds not in the possess	•	n that are held a	nd administer	ed for the o	rganization				
-	by:	oolon or the organization	ir triat are riora a	na aanmineter	04 101 410 0	gamzanon		Γ,	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	tions listed as required	on Schedule R2					3b		
4	Describe in Part XIII the intended uses of the							SD		
Par			ient iunus.							
	Complete if the organization answered		art IV line 11a S	See Form 990	Part X line	10				
	<u> </u>			I			,	d) Book	vel	
	Description of property	(a) Cost or othe basis (investmer		t or other (other)	(c) Accu depre		"	а) воок	value	
	Land	`	,	` '	depre	JIALIUI I		2 1	31 0	70
	Land	II		,531,970.		E21 717			31,9	
	Buildings		4	,681,893.	1	,531,717			150,1	
	Leasehold improvements			195,870.		52,498			143,3	
	Equipment			,788,107.		,046,831			741,2	
	Other			,245,993.		,228,225			17,7	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, o	column (B), line 1	Oc.)		<b>)</b>			84,5	
							–	· -	0001	

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 FOOD IN NEED OF	DISTRIBUTION, INC.		33-0006007	Page 3
Part VI					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Desc	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Finan	cial derivatives				
	ly held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VI	III Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(4)	(a) Besonption of investment	(b) Book value	(e) Metrica of Valuation. Cost of	ond or your market	Value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
<u>(9)</u>	(h)				
Part IX	. (b) must equal Form 990, Part X, col. (B) line 13.)				
I dit ix	Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Coo Form 000 Port V line 15		
		Description	Tru. See Form 990, Fart A, line 13.	(b) Book	valuo
	(a)	Description		(b) DOOK	value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
<u>(7)</u>					
(8)					
<u>(9)</u>					
Part X	olumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
FaitA	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Coo Form 000 Dort V line	25	
	(a) Description of liability	on Form 990, Part IV, line	TTE OF THE See FORTH 990, Part A, line	(b) Book	voluo
<u>1.</u>	***			(b) BOOK	value
	ederal income taxes				20 222
(=)	APITAL LEASE OBLIGATIONS				39,232.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) lin	e 25 )			39,232.

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) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2021 FOOD IN NEED OF DISTRIBUTION, INC.		33-0006	007 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	42,371,816
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	42,371,816.
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	42,371,816
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	42,541,178
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	42,541,178.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			42,541,178.
	t XIII Supplemental Information.	<del>,</del>		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•	Part V, line 4; Part X, line	e 2; Part XI,
PART	X, LINE 2:			
FOOD	IN NEED OF DISTRIBUTION, INC. IS EXEMPT FROM FEDERAL INCO	OME TAXES		
UNDE	R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE	E INCOME		
TAXE	S UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION	ON CODE.		
ACCC	RDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN T	HE		
ACCC	MPANYING STATEMENTS.			
	•			
7,000	INMING DELNGTRIEG CENERALLY ACCERMENTAL MUE INTMER CMAMEC	OF AMEDICA		
	UNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES			
PROV	IDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAI	KEN BY AN		
ORGA	NIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAG	GEMENT HAS		
CONS	IDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POS	ITIONS TAKEN		

BY FIND IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

2021
Open to Public

Inspection

FOOD IN NEED C		33-0006007					
Part I General Information on Grants ar	nd Assistance					•	
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?				y for the grants or assi		Yes No
Part II Grants and Other Assistance to Descripient that received more than \$					ganization answered "\	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
COACHELLA VALLEY HOUSING AUTHORITY 45701 MONROE STREET					\$1.70/LBS FEEDING AMERICA COST		AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER
INDIO, CA 92201	95-3814898	501(C)(3)	0.	384,807.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
PALO VERDE COMMUNITY COLLEGE ONE COLLEGE DRIVE					\$1.70/LBS FEEDING AMERICA COST		AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER
BLYTHE, CA 92225	33-0078920	501(C)(3)	0.	115,640.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
ST. JOHN THE EVANGELIST EPISCOPAL CHURCH - 45319 DEGLET NOOR ST - INDIO, CA 92201	95-2861286	501(C)(3)	0.	201,741.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
THE CHURCH OF THE NAZARENE / NEW HOPE NAZARENE - 33055 CATHEDRAL CANYON DR - CATHEDRAL CITY, CA					\$1.70/LBS FEEDING AMERICA COST		AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER
92234  ABC RECOVERY CENTER, INC. 44-359 PALM STREET INDIO, CA 92201	95-3120851 75-1006381		0.		\$1.70/LBS  FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY REGULATIONS.  AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ABUNDANT LIFE CHURCH 82-665 MILES AVE INDIO, CA 92201	26-3383842	501(C)(3)	0.	790,821.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				60.
3 Enter total number of other organizations	listed in the line	I table					<b>)</b> 0.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

132101 10-26-21

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
APOSTOLIC ASSEMBLY					FEEDING		AGENCY DISTRIBUTION OF
46601 VARGAS RD					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	33-0620880	501(C)(3)	0.	125,761.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ARMED SERVICES OF THE YMCA					FEEDING		AGENCY DISTRIBUTION OF
BLDG 192 MCAGCC					AMERICA COST		FOOD TO INDIVIDUALS PER
TWENTY NINE PALMS, CA 92277	36-3274346	501(C)(3)	0.	41,799.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
BLYTHE EMERGENCY FOOD PANTRY					FEEDING		AGENCY DISTRIBUTION OF
181 S MAIN ST					AMERICA COST		FOOD TO INDIVIDUALS PER
BLYTHE, CA 92225	33-0150212	501(C)(3)	0.	554,183.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
CALVARY CHRISTIAN CENTER					FEEDING		AGENCY DISTRIBUTION OF
68-550 DINAH SHORE DRIVE					AMERICA COST		FOOD TO INDIVIDUALS PER
CATHEDRAL CITY, CA 92234	23-7429337	501(C)(3)	0.	618,002.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
CALVARY CHRISTIAN				,	\$1.70/LBS		
FELLOWSHIP-PAYING IT FORWARD - 288					FEEDING		AGENCY DISTRIBUTION OF
OLD WOMAN SPRINGS ROAD - YUCCA					AMERICA COST		FOOD TO INDIVIDUALS PER
VALLEY, CA 92284	20-3470325	501(C)(3)	0.	73,637.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
CALVARY ROAD FELLOWSHIP					FEEDING		AGENCY DISTRIBUTION OF
11518 ELBOW ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER
MORONGO VALLEY, CA 92256	33-0589525	501(C)(3)	0.	21,584.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
CATHEDRAL CENTER					FEEDING		AGENCY DISTRIBUTION OF
37-171 W BUDDY ROGERS AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
CATHEDRAL CITY, CA 92234	95-3618489	501(C)(3)	0.	25,613.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
,				,	\$1.70/LBS		
CATHEDRAL CITY SALVATION ARMY					FEEDING		AGENCY DISTRIBUTION OF
30400 LANDAU BLVD					AMERICA COST		FOOD TO INDIVIDUALS PER
CATHEDRAL CITY, CA 92234	94-1156347	501(C)(3)	0.	802 534.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
			†		\$1.70/LBS		
CATHOLIC CHARTIES					FEEDING		AGENCY DISTRIBUTION OF
65-150 COAHUILLA ST.					AMERICA COST		FOOD TO INDIVIDUALS PER
MECCA, CA 92254	95-3516461	E01/C\/3\	0.	1 412 125	STUDY, USDA	FOOD	AGENCY REGULATIONS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
					\$1.70/LBS				
CENTRO LIBRE CRISTIANO					FEEDING		AGENCY DISTRIBUTION OF		
83246 AVE 50					AMERICA COST		FOOD TO INDIVIDUALS PER		
COACHELLA, CA 92236	95-6057790	501(C)(3)	0.	418,025.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
COACHELLA VALLEY RESCUE MISSION					FEEDING		AGENCY DISTRIBUTION OF		
47-470 VAN BUREN					AMERICA COST		FOOD TO INDIVIDUALS PER		
INDIO, CA 92201	95-2684844	501(C)(3)	0.	1,530,004.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
COMMUNITY LEARNING & EQUIPPNG					FEEDING		AGENCY DISTRIBUTION OF		
PROJECT, INC 4751 ADOBE ROAD -					AMERICA COST		FOOD TO INDIVIDUALS PER		
TWENTYNINE PALMS, CA 92277	47-1451072	501(C)(3)	0.	27,844.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
·				,	\$1.70/LBS				
CSFP-CATHEDRAL CITY SENIOR CENTER					FEEDING		AGENCY DISTRIBUTION OF		
37171 W BUDDY ROGERS AVE					AMERICA COST		FOOD TO INDIVIDUALS PER		
CATHEDRAL CITY, CA 92234	95-3618489	501(C)(3)	0.	6,613.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
				,	\$1.70/LBS				
DESERT AIDS PROJECT (DAP)					FEEDING		AGENCY DISTRIBUTION OF		
1695 NORTH SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER		
PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	70,893.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
,				, -	\$1.70/LBS		-		
DESERT CHAPEL					FEEDING		AGENCY DISTRIBUTION OF		
630 S SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER		
PALM SPRINGS, CA 92264	94-2923129	501(C)(3)	0.	136 460.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
DESTINY CHURCH					FEEDING		AGENCY DISTRIBUTION OF		
80250 HIGHWAY 111, BLDG A					AMERICA COST		FOOD TO INDIVIDUALS PER		
INDIO, CA 92201	20-1530892	501(C)(3)	0.	60 355	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
INDIO, CII 72201	20 1330032	501(0)(3)		00,333.	\$1.70/LBS	1 000	REGENET REGULATIONS.		
FAMILY HEALTH & SUPPORT NETWORK					FEEDING		AGENCY DISTRIBUTION OF		
588 ROSA PARKS RD					AMERICA COST		FOOD TO INDIVIDUALS PER		
PALM SPRINGS, CA 92262	14-1880976	501 (C) (3)	0.	9 979	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
IMM DIRINGO, CA 92202	14 10009/0	501(0)(3)	1	9,313.	\$1.70/LBS	1 200	AND REGULATIONS.		
FAMILY WORSHIP CENTER					FEEDING		AGENCY DISTRIBUTION OF		
85-901 VISTA DEL NORTE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER		
	58_0004463	501/C\/3\	0.	1 654 225		FOOD			
COACHELLA, CA 92236	58-0904463	DOT(C)(2)	1 0.	1,004,225.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
FATHER'S HEART RANCH					FEEDING		AGENCY DISTRIBUTION OF
71-175 AURORA RD					AMERICA COST		FOOD TO INDIVIDUALS PER
DESERT HOT SPRINGS, CA 92241	33-0889638	501(C)(3)	0.	90,958.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
FIRST ASSEMBLY OF GOD CHURCH					FEEDING		AGENCY DISTRIBUTION OF
46923 CALHOUN					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92202	44-0577787	501(C)(3)	0.	112,997.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
FIRST BAPTIST CHURCH OF INDIO/					\$1.70/LBS		
SERVANTS OF CHRIST MINISTRIES -					FEEDING		AGENCY DISTRIBUTION OF
82490 DOCTOR CARREON BLVD - INDIO,					AMERICA COST		FOOD TO INDIVIDUALS PER
CA 92201	33-0710605	501(C)(3)	0.	92,092.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
FISH FOOD BANK					FEEDING		AGENCY DISTRIBUTION OF
1612 1ST ST					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	95-3641184	501(C)(3)	0.	668,698.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
FOOD FOR LIFE MINISTRY					FEEDING		AGENCY DISTRIBUTION OF
72603 JUANITA DRIVE					AMERICA COST		FOOD TO INDIVIDUALS PER
TWENTY NINE PALMS, CA 92277	75-3153282	501(C)(3)	0.	27,540.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
FOOD NOW					FEEDING		AGENCY DISTRIBUTION OF
14080 PALM DRIVE STE E					AMERICA COST		FOOD TO INDIVIDUALS PER
DESERT HOT SPRINGS, CA 92240	95-2549152	501(C)(3)	0.	1,297,499.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
GALILEE CENTER					FEEDING		AGENCY DISTRIBUTION OF
66101 HAMMOND ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER
MECCA, CA 92254	27-3133601	501(C)(3)	0.	340,834.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				, -	\$1.70/LBS		
HELP AKA HUMANITARIAN EMERGENCY					FEEDING		AGENCY DISTRIBUTION OF
LIFELINE PROJECT - 7222 CHURCH ST					AMERICA COST		FOOD TO INDIVIDUALS PER
- YUCCA VALLEY, CA 92284	85-3739274	501(C)(3)	0.	62 726.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
	,,-		†	22,.20.	\$1.70/LBS		
HIDDEN HARVEST					FEEDING		AGENCY DISTRIBUTION OF
PO BOX 266					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	33-0821743	E01/G\/3\	0.	425 210	STUDY, USDA	FOOD	AGENCY REGULATIONS.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
HOPE THROUGH HOUSING					FEEDING		AGENCY DISTRIBUTION OF
9421 HAVEN AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	0.	82,989.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
IGELSIA UN MANANTIAL EN EL					FEEDING		AGENCY DISTRIBUTION OF
DESIERTO - 99241 ACCESS RD - NORTH					AMERICA COST		FOOD TO INDIVIDUALS PER
SHORE, CA 92254	36-4556874	501(C)(3)	0.	83,774.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
IGLESIA BETHEL					FEEDING		AGENCY DISTRIBUTION OF
43-907 JACKSON ST					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	20-5474591	501(C)(3)	0.	284,770.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
IGLESIA CHRISTIANA VISION ETERNA					FEEDING		AGENCY DISTRIBUTION OF
35688 CATHEDRAL CANYON DRIVE #101					AMERICA COST		FOOD TO INDIVIDUALS PER
CATHEDRAL CITY, CA 92234	82-2524508	501(C)(3)	0.	189,764.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
IMPERIAL VALLEY FOOD BANK					FEEDING		AGENCY DISTRIBUTION OF
P.O. BOX 4406					AMERICA COST		FOOD TO INDIVIDUALS PER
EL CENTRO, CA 92243	33-0633364	501(C)(3)	0.	17,568.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JESUS CHRIST IS LORD MINISTRIES					FEEDING		AGENCY DISTRIBUTION OF
62950 MONROE ST					AMERICA COST		FOOD TO INDIVIDUALS PER
THERMAL, CA 92274	47-5636966	501(C)(3)	0.	12,049.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JEWISH FAMILY SERVICES OF SAN					FEEDING		AGENCY DISTRIBUTION OF
DIEGO - 400 S FARRELL DR, STE					AMERICA COST		FOOD TO INDIVIDUALS PER
B-205 - PALM SPRINGS, CA 92262	95-1644024	501(C)(3)	0.	228,415.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JOSLYN CENTER					FEEDING		AGENCY DISTRIBUTION OF
73-750 CATALINA WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM DESERT, CA 92260	95-3622332	501(C)(3)	0.	24,989.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
LIFE STEPS					FEEDING		AGENCY DISTRIBUTION OF
3247 RAMOS CIRCLE					AMERICA COST		FOOD TO INDIVIDUALS PER
SACRAMENTO, CA 95827	33-0720982	501(C)(3)	0.	35,951.	STUDY, USDA	FOOD	AGENCY REGULATIONS.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	appraisal, other)		
					\$1.70/LBS		
LOVE OF CHRIST COMMUNITY CHURCH					FEEDING		AGENCY DISTRIBUTION OF
43-640 BURR ST					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	36-4767055	501(C)(3)	0.	156,298.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
MARTHA'S KITCHEN					FEEDING		AGENCY DISTRIBUTION OF
83791 DATE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	33-0777892	501(C)(3)	0.	783,805.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
MINISTERIOS UN MANANTIAL					FEEDING		AGENCY DISTRIBUTION OF
45-835 TOWNE ST					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	27-0994392	501(C)(3)	0.	15,693.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
MIZELL SENIOR CENTER D.H.S					FEEDING		AGENCY DISTRIBUTION OF
480 S. SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	0.	160,427.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
MONTE DE LOS OLIVOS					FEEDING		AGENCY DISTRIBUTION OF
83155 INDIO BLVD					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	33-0517319	501(C)(3)	0.	87,172.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
PACIFIC SOUTHWEST CDC-CESAR CHAVEZ					FEEDING		AGENCY DISTRIBUTION OF
VILLAS - 84851 BAGDAD AVE -					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	33-0673939	501(C)(3)	0.	150,217.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
PALM DESERT - OASIS CHURCH					FEEDING		AGENCY DISTRIBUTION OF
74-200 COUNTRY CLUB DR.					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM DESERT, CA 92260	33-0495388	501(C)(3)	0.	180,442.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ST MARGARET'S EPISCOPAL CHURCH					FEEDING		AGENCY DISTRIBUTION OF
47-535 HWY 74					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM DESERT, CA 92260	95-2284938	501(C)(3)	0.	1,261,516.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ST. ELIZABETH FOOD PANTRY					FEEDING		AGENCY DISTRIBUTION OF
66-700 PIERSON BLVD					AMERICA COST		FOOD TO INDIVIDUALS PER
DESERT HOT SPRINGS, CA 92240	95-3293901	501(C)(3)	0.	1,436,008.	STUDY, USDA	FOOD	AGENCY REGULATIONS.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
					\$1.70/LBS					
ST. JOHN'S LUTHERAN					FEEDING		AGENCY DISTRIBUTION OF			
42695 WASHINGTON ST					AMERICA COST		FOOD TO INDIVIDUALS PER			
PALM DESERT, CA 92211	41-1568278	501(C)(3)	0.	380,675.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
					\$1.70/LBS					
ST. THERESA'S CHURCH					FEEDING		AGENCY DISTRIBUTION OF			
2800 EAST RAMON ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER			
PALM SPRINGS, CA 92264-7929	95-3293901	501(C)(3)	0.	695,660.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
					\$1.70/LBS					
TEMPLE SINAI HOMEBOUND					FEEDING		AGENCY DISTRIBUTION OF			
73-251 HOVELY LANE WEST					AMERICA COST		FOOD TO INDIVIDUALS PER			
PALM DESERT, CA 92260	95-3015930	501(C)(3)	0.	112,478.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
					\$1.70/LBS					
THE 29 PALMS COMMUNITY FOOD PANTRY					FEEDING		AGENCY DISTRIBUTION OF			
6450 STARDUNE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER			
TWENTY NINE PALMS, CA 92277	41-2137255	501(C)(3)	0.	9,049.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
					\$1.70/LBS					
THE CENTER					FEEDING		AGENCY DISTRIBUTION OF			
610 S BELARDO RD SUIT NO. 500					AMERICA COST		FOOD TO INDIVIDUALS PER			
PALM SPRINGS, CA 92262	33-0937301	501(C)(3)	0.	545,931.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
					\$1.70/LBS					
THE NARROW DOOR					FEEDING		AGENCY DISTRIBUTION OF			
43052 MADISON ST, STE 101					AMERICA COST		FOOD TO INDIVIDUALS PER			
INDIO, CA 92201	26-4514282	501(C)(3)	0.	532,869.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
				,	\$1.70/LBS					
THE WAY STATION					FEEDING		AGENCY DISTRIBUTION OF			
61722 COMMERCIAL ST					AMERICA COST		FOOD TO INDIVIDUALS PER			
JOSHUA TREE, CA 92252	20-0486391	501(C)(3)	0.	253,700.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
· · ·				,	\$1.70/LBS					
WELL IN THE DESERT					FEEDING		AGENCY DISTRIBUTION OF			
181 N INDIAN CANYON DR					AMERICA COST		FOOD TO INDIVIDUALS PER			
PALM SPRINGS, CA 92262	33-0694580	501(C)(3)	0.	1,161,719.	STUDY, USDA	FOOD	AGENCY REGULATIONS.			
,				, , , , , , , , , , ,	\$1.70/LBS					
YUCCA VALLEY CHURCH OF NAZARENE					FEEDING		AGENCY DISTRIBUTION OF			
56-248 BUENA VISTA DR					AMERICA COST		FOOD TO INDIVIDUALS PER			
YUCCA VALLEY, CA 92284	95-3120851	501(C)(3)	0.	180 088	STUDY, USDA	FOOD	AGENCY REGULATIONS.			

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

Part III can be duplicated if additional space is needed.	•	-			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				\$1.53/LBS FEEDING	
				AMERICA COST STUDY,	FOOD DISTRIBUTION BY MEANS OF
				USDA PRICING, & ACTUAL	MOBILE MARKETS AT DESIGNATED
FOOD DISTRIBUTION	1846245	0.	10,956,650.	PURCHASED COST	LOCATIONS.
Part IV Supplemental Information. Provide the information req	uired in Part Llin	e 2: Part III. column	(b): and any other a	dditional information	
Fait IV   Supplemental information. Provide the information req	ulled III Fait I, IIII	e z, Fait III, Column	(b), and any other at	dutional information.	
PART I, LINE 2:					
AGENCIES ARE MONITORED AT LEAST 2 TIMES PER YEAR TO	CONFIRM USD	)A			
REGULATIONS ARE ADHERED TO. AGENCY MEETINGS ARE HE	LD QUARTERLY	TO REMIND			
THE AGENCIES OF THE REGULATIONS AND TO DISCUSS THE	CURRENT EVNI	RONMENTS.			
AGENCIES SIGN AGREEMENTS DEFINING THE RULES OF RECI	EIVING, SOTRI	NG, AND			
DISTIRBUTING FOOD PRODUCT INCLUDING SAFE FOOD HAND:	ING REOUIREME	NTS. AGENTS			
		•			
OF FIND FOOD BANK ARE AUTHORIZED TO INSPECT THE FAC	CILITY AND DI	STRIBUTION			
	. D. T.G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TWICE A YEAR. REGULAR REPORTING IS REQUIRED TO ESTA	ABLISH THE NU	MREK OF			
PEOPLE SERVED BYT THE AGENCY DISTRIBUTIONS.					

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number FOOD IN NEED OF DISTRIBUTION, INC. 33-0006007 **Questions Regarding Compensation** 

			Yes	No			
<b>1</b> a	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?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
	Independent compensation consultant  X Compensation survey or study						
	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		х			
	b Participate in or receive payment from a supplemental nonqualified retirement plan?						
	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		х			
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		х			
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	Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBORAH S. ESPINOSA	DEBORAH S. ESPINOSA (i) 136,026. 16,420.		1,463.	0.	2,994.	156,903.	0.	
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 7:
THE PRESIDENT'S 2021 BONUS WAS A PERFORMANCE-BASED AT THE DISCRETION OF THE
BOARD.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization FOOD IN NEED OF DISTRIBUTION, INC. Employer identification number 33-0006007

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut	•	<b>t</b> o
		applicable		Form 990, Part VIII, line 1g	Horicasii continuu	.ioii aiiiouii	
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	Х	5	15,417.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	18419162	35,879,490.	FEEDING AMERICA V	'ALUE	
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	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>		0	Т
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for		1,7
_	exempt purposes for the entire holding period?					30a	X
	<b>b</b> If "Yes," describe the arrangement in Part II.						77
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31	X
32a			•			00-	•
	contributions?					32a	X
	If "Yes," describe in Part II.	L		formulately and many (a)	de el		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Inspection **Employer identification number** 

33-0006007 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR COMMUNITY THROUGH EDUCATION AND AWARENESS TO RELIEVE HUNGER. THE CAUSES OF HUNGER AND THE PROBLEMS ASSOCIATED WITH HUNGER. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION MADE CHANGES TO IT'S BYLAWS DURING THE FISCAL YEAR, INCLUDE THE FOLLOWING: -DIRECTORS MAY NOW SERVE FOR 3 CONSECUTIVE 3 YEAR TERMS -THE ORGANIZATION REPLACED THE AUXILIARY COMMITTEE WITH THE STRATEGIC INVESTMENT COMMITTEE, FORM 990, PART VI, SECTION B, LINE 11B: THE FULL BOARD OF DIRECTORS HAVE THE OPPORTUNITY TO REVIEW AND ARE REQUIRED TO VOTE ON THE APPROVAL OF THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF DIRECTORS REGULARLY AND ANNUALLY REVIEWS COMPLIANCE ISSUES IN REGARDS TO CONFLICT OF INTEREST POLICY. ANNUALLY EACH SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH S/HE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. ANY SUCH INFORMATION REGARDING THE BUSINESS INTERESTS OF A DIRECTOR OR OFFICER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, PRESIDENT AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization FOOD IN NEED OF DISTRIBUTION, INC.	Employer identification number 33-0006007
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE CEO WITH DIRECT	
COMPARISON OF THAT POSITION TO OTHERS IN SIMILAR CAPACITIES.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS AVAILABLE TO THE PUBLIC AND CAN BE OBTAINED BY GOING TO THE	
ORGANIZATION'S WEBSITE OR BY DIRECT REQUEST TO THE PRESIDENT/CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL	
STATEMENTS ARE AVAILABLE TO THE PUBLIC AND CAN BE OBTAINED BY GOING TO THE	
ORGANIZATION'S WEBSITE OR BY DIRECT REQUEST TO THE PRESIDENT/CEO.	