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ARMANINO ^{LLP}

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD IN NEED OF DISTRIBUTION, INC. Doing business as FIND FOOD BANK Number and street (or P.O. box if mail is not delivered to street address) Room/suite 83775 CITRUS AVENUE City or town, state or province, country, and ZIP or foreign postal code INDIO, CA 92201 F Name and address of principal officer: DEBORAH S. ESPINOSA SAME AS C ABOVE	D Employer identification number 33-0006007 E Telephone number (760) 775-3663 G Gross receipts \$ 58,032,297. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.FINDFOODBANK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983
		M State of legal domicile: CA

Part I Summary

	1	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	59
	6	Total number of volunteers (estimate if necessary)	6	1181
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	42,308,700.	46,225,190.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,402.	200,119.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,760.	181,732.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,954.	14,809.
			42,371,816.	46,621,850.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,440,610.	40,557,063.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,048,706.	2,584,543.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	630,785.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,051,862.	2,701,404.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,541,178.	45,843,010.
	19	Revenue less expenses. Subtract line 18 from line 12	-169,362.	778,840.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	18,592,950.	19,398,211.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,237,932.	1,264,353.
		17,355,018.	18,133,858.	

Part II Signature Block

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

Sign Here	Signature of officer DEBORAH S. ESPINOSA, PRESIDENT & CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Firm's name ARMANINO LLP	Date 05/06/24
	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Check if self-employed <input type="checkbox"/> PTIN P00650274
		Firm's EIN 94-6214841
		Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOOD IN NEED OF DISTRIBUTION, INC. (FIND FOOD BANK) IS DEDICATED TO RELIEVING HUNGER, THE CAUSES OF HUNGER, AND THE PROBLEMS ASSOCIATED WITH HUNGER THROUGH AWARENESS, EDUCATION, AND MOBILIZATION OF RESOURCES AND COMMUNITY INVOLVEMENT.

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

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

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

4a (Code:) (Expenses \$ 44,394,468. including grants of \$ 40,557,063.) (Revenue \$ 200,119.) FIND RECEIVED FOOD PRODUCTS THROUGH DONATIONS OR DIRECT PROCUREMENT WITH DONATED FUNDS FOR NETWORK DISTRIBUTION TO THE NEEDY, INFIRM, AGED AND INFANTS. FOOD IS DONATED FROM LOCAL FOOD MARKETS, GROWERS, NATIONAL FOOD DISTRIBUTORS AND RESTAURANTS. FUNDS ARE ALSO DONATED BY THE GENERAL PUBLIC, GOVERNMENT AGENCIES AND OTHER CHARITABLE ORGANIZATIONS. FIND'S PRIMARY DISTRIBUTION NETWORK AREA IS EASTERN RIVERSIDE COUNTY, CALIFORNIA. FIND IS AN AFFILIATE MEMBER OF FEEDING AMERICA, THE NATION'S LARGEST HUNGER-RELIEF ORGANIZATION AND CALIFORNIA ASSOCIATION OF FOOD BANKS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 44,394,468.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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) available 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, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MATT DECOOK, CFO - (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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH S. ESPINOSA PRESIDENT & CEO	40.00			X			170,861.	0.	7,616.	
(2) PAUL MACKAY CHAIR	4.00	X		X			0.	0.	0.	
(3) LENA WADE PAST CHAIR	4.00	X		X			0.	0.	0.	
(4) ERIN LACOMBE SECRETARY	2.00	X		X			0.	0.	0.	
(5) GEORGE BATAVICK TREASURER	4.00	X		X			0.	0.	0.	
(6) DEBORAH MCGARREY VICE CHAIR	2.00	X		X			0.	0.	0.	
(7) KEITH FLAGLER MEMBER	2.00	X					0.	0.	0.	
(8) TRICIA PEARCE MEMBER	2.00	X					0.	0.	0.	
(9) TROY STRANGE MEMBER	2.00	X					0.	0.	0.	
(10) ELLEN WAY MEMBER (THRU 02/23)	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,200,639.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	32,024,551.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 40,123,947.				
	h Total. Add lines 1a-1f		46,225,190.				
Program Service Revenue	2 a SHARED MAINTENANCE FEE	Business Code					
		624210	144,594.	144,594.			
	b OTHER PROGRAM SERVICE	624210	55,525.	55,525.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		200,119.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		175,344.			175,344.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,416,835.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	11,410,447.				
	c Gain or (loss)	7c	6,388.				
	d Net gain or (loss)		6,388.			6,388.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	14,809.			14,809.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		14,809.					
12 Total revenue. See instructions		46,621,850.	200,119.	0.	196,541.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	26,100,933.	26,100,933.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,456,130.	14,456,130.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	197,217.	78,887.	59,165.	59,165.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,975,566.	1,439,951.	287,821.	247,794.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	276,440.	194,968.	51,399.	30,073.
10 Payroll taxes	135,320.	77,360.	32,806.	25,154.
11 Fees for services (nonemployees):				
a Management				
b Legal	19,355.		19,355.	
c Accounting	88,360.		88,360.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	147,976.	34,406.	105,199.	8,371.
12 Advertising and promotion	176,782.	245.	6,032.	170,505.
13 Office expenses	115,733.	87,105.	7,393.	21,235.
14 Information technology	95,519.	50,677.	33,827.	11,015.
15 Royalties				
16 Occupancy	497,282.	487,336.	9,946.	
17 Travel	210,333.	206,653.	3,630.	50.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	51,455.	25,091.	21,214.	5,150.
20 Interest	43,667.	7,533.	36,134.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	513,014.	410,412.	51,301.	51,301.
23 Insurance	65,489.	62,952.	2,537.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHIPPING AND FRIEHT	468,305.	468,305.		
b WAREHOUSE SUPPLIES	103,020.	102,357.	416.	247.
c EQUIPMENT REPAIRS/MAINT	86,276.	86,010.	122.	144.
d MEMBER FEES	18,838.	17,157.	1,100.	581.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	45,843,010.	44,394,468.	817,757.	630,785.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,740.	1	9,222.
	2 Savings and temporary cash investments	8,467,944.	2	9,379,544.
	3 Pledges and grants receivable, net	575,484.	3	405,278.
	4 Accounts receivable, net	21,208.	4	66,138.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,858,929.	8	2,047,430.
	9 Prepaid expenses and deferred charges	74,583.	9	196,463.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,675,929.		
	b Less: accumulated depreciation	10b 4,383,293.		
		7,584,562.	10c	7,292,636.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,500.	15	1,500.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,592,950.	16	19,398,211.	
Liabilities	17 Accounts payable and accrued expenses	218,587.	17	332,766.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	980,113.	23	906,071.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	39,232.	25	25,516.
	26 Total liabilities. Add lines 17 through 25	1,237,932.	26	1,264,353.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,738,251.	27	16,705,064.
	28 Net assets with donor restrictions	616,767.	28	1,428,794.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,355,018.	32	18,133,858.
33 Total liabilities and net assets/fund balances	18,592,950.	33	19,398,211.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,621,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,843,010.
3	Revenue less expenses. Subtract line 2 from line 1	3	778,840.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,355,018.
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	18,133,858.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,636,849.	31,741,565.	60,859,569.	42,308,700.	46,225,190.	203,771,873.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,636,849.	31,741,565.	60,859,569.	42,308,700.	46,225,190.	203,771,873.
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)						14,580,244.
6 Public support. Subtract line 5 from line 4.						189,191,629.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	22,636,849.	31,741,565.	60,859,569.	42,308,700.	46,225,190.	203,771,873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,725.	11,781.	2,276.	5,760.	175,344.	201,886.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		9,717.	8,439.	25,954.	14,809.	58,919.
11 Total support. Add lines 7 through 10						204,032,678.
12 Gross receipts from related activities, etc. (see instructions)					12	753,240.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	92.73 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.61 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number

33-0006007

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 12,304,463.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,905,409.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,017,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,850,249.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,712,858.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,585,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD IN NEED OF DISTRIBUTION, INC.	Employer identification number 33-0006007
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,051,541.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ 12,304,463.	06/30/23
2	FOOD _____ _____ _____	\$ 7,905,409.	06/30/23
3	FOOD _____ _____ _____	\$ 5,017,926.	06/30/23
4	FOOD _____ _____ _____	\$ 2,850,249.	06/30/23
5	FOOD _____ _____ _____	\$ 1,712,858.	06/30/23
7	FOOD _____ _____ _____	\$ 1,051,541.	06/30/23

Name of organization FOOD IN NEED OF DISTRIBUTION, INC.	Employer identification number 33-0006007
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, lines 2a-2d for conservation contributions, and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art collections and reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,531,970.		2,531,970.
b Buildings		4,681,893.	1,651,766.	3,030,127.
c Leasehold improvements		286,887.	90,476.	196,411.
d Equipment		1,866,468.	1,218,901.	647,567.
e Other		2,308,711.	1,422,150.	886,561.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,292,636.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	25,516.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	46,621,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	46,621,850.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	46,621,850.

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

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

1	Total expenses and losses per audited financial statements	1	45,843,010.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	45,843,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	45,843,010.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOOD IN NEED OF DISTRIBUTION, INC. IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME

TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE

ACCOMPANYING STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN

ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS

CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS 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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COACHELLA VALLEY HOUSING AUTHORITY 45701 MONROE STREET INDIO, CA 92201	95-3814898	501(C)(3)	0.	310,798.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
PALO VERDE COMMUNITY COLLEGE ONE COLLEGE DRIVE BLYTHE, CA 92225	33-0078920	501(C)(3)	0.	122,656.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ST. JOHN THE EVANGELIST EPISCOPAL CHURCH - 45319 DEGLET NOOR ST - INDIO, CA 92201	95-2861286	501(C)(3)	0.	211,245.	\$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 92234	95-3120851	501(C)(3)	0.	9,735.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ABC RECOVERY CENTER, INC. 44-359 PALM STREET INDIO, CA 92201	75-1006381	501(C)(3)	0.	91,870.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	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.	493,188.	\$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) and government organizations listed in the line 1 table **58.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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
APOSTOLIC ASSEMBLY 46601 VARGAS RD INDIO, CA 92201	33-0620880	501(C)(3)	0.	110,716.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ARMED SERVICES OF THE YMCA BLDG 192 MCAGCC TWENTY NINE PALMS, CA 92277	36-3274346	501(C)(3)	0.	67,829.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
BLYTHE EMERGENCY FOOD PANTRY 181 S MAIN ST BLYTHE, CA 92225	33-0150212	501(C)(3)	0.	471,219.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CALVARY CHRISTIAN CENTER 68-550 DINAH SHORE DRIVE CATHEDRAL CITY, CA 92234	23-7429337	501(C)(3)	0.	353,964.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CALVARY CHRISTIAN FELLOWSHIP-PAYING IT FORWARD - 288 OLD WOMAN SPRINGS ROAD - YUCCA VALLEY, CA 92284	20-3470325	501(C)(3)	0.	115,380.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CALVARY ROAD FELLOWSHIP 11518 ELBOW ROAD MORONGO VALLEY, CA 92256	33-0589525	501(C)(3)	0.	28,742.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CATHEDRAL CENTER 37-171 W BUDDY ROGERS AVE CATHEDRAL CITY, CA 92234	95-3618489	501(C)(3)	0.	100,188.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CATHEDRAL CITY SALVATION ARMY 30400 LANDAU BLVD CATHEDRAL CITY, CA 92234	94-1156347	501(C)(3)	0.	635,768.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
CATHOLIC CHARTIES 65-150 COAHUILLA ST. MECCA, CA 92254	95-3516461	501(C)(3)	0.	1,674,134.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
CENTRO LIBRE CRISTIANO 83246 AVE 50 COACHELLA, CA 92236	95-6057790	501(C)(3)	0.	466,649.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
COACHELLA VALLEY RESCUE MISSION 47-470 VAN BUREN INDIO, CA 92201	95-2684844	501(C)(3)	0.	1,813,111.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
COMMUNITY LEARNING & EQUIPPNG PROJECT, INC. - 4751 ADOBE ROAD - TWENTYNINE PALMS, CA 92277	47-1451072	501(C)(3)	0.	91,021.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
DESERT AIDS PROJECT (DAP) 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	114,653.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
DESERT CHAPEL 630 S SUNRISE WAY PALM SPRINGS, CA 92264	94-2923129	501(C)(3)	0.	135,903.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
DESTINY CHURCH 80250 HIGHWAY 111, BLDG A INDIO, CA 92201	20-1530892	501(C)(3)	0.	71,468.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FAMILY HEALTH & SUPPORT NETWORK 588 ROSA PARKS RD PALM SPRINGS, CA 92262	14-1880976	501(C)(3)	0.	34,404.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FAMILY WORSHIP CENTER 85-901 VISTA DEL NORTE AVE COACHELLA, CA 92236	58-0904463	501(C)(3)	0.	1,789,843.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FATHER'S HEART RANCH 71-175 AURORA RD DESERT HOT SPRINGS, CA 92241	33-0889638	501(C)(3)	0.	48,345.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
FIRST ASSEMBLY OF GOD CHURCH 46923 CALHOUN INDIO, CA 92202	44-0577787	501(C)(3)	0.	211,315.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FIRST BAPTIST CHURCH OF INDIO/ SERVANTS OF CHRIST MINISTRIES - 82490 DOCTOR CARREON BLVD - INDIO, CA 92201	33-0710605	501(C)(3)	0.	102,658.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FISH FOOD BANK 1612 1ST ST COACHELLA, CA 92236	95-3641184	501(C)(3)	0.	570,554.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FOOD FOR LIFE MINISTRY 72603 JUANITA DRIVE TWENTY NINE PALMS, CA 92277	75-3153282	501(C)(3)	0.	26,976.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
FOOD NOW 14080 PALM DRIVE STE E DESERT HOT SPRINGS, CA 92240	95-2549152	501(C)(3)	0.	1,662,132.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
GALILEE CENTER 66101 HAMMOND ROAD MECCA, CA 92254	27-3133601	501(C)(3)	0.	446,670.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
HIDDEN HARVEST PO BOX 266 COACHELLA, CA 92236	33-0821743	501(C)(3)	0.	266,456.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
HOPE THROUGH HOUSING 9421 HAVEN AVE RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	0.	159,562.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
IGELSIA UN MANANTIAL EN EL DESIERTO - 99241 ACCESS RD - NORTH SHORE, CA 92254	36-4556874	501(C)(3)	0.	51,069.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
IGLESIA BETHEL 43-907 JACKSON ST INDIO, CA 92201	20-5474591	501(C)(3)	0.	308,937.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
IGLESIA CHRISTIANA VISION ETERNA 35688 CATHEDRAL CANYON DRIVE #101 CATHEDRAL CITY, CA 92234	82-2524508	501(C)(3)	0.	215,716.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
JESUS CHRIST IS LORD MINISTRIES 62950 MONROE ST THERMAL, CA 92274	47-5636966	501(C)(3)	0.	82,451.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
JEWISH FAMILY SERVICES OF SAN DIEGO - 400 S FARRELL DR, STE B-205 - PALM SPRINGS, CA 92262	95-1644024	501(C)(3)	0.	209,546.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
JOSLYN CENTER 73-750 CATALINA WAY PALM DESERT, CA 92260	95-3622332	501(C)(3)	0.	70,890.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
LIFE STEPS 3247 RAMOS CIRCLE SACRAMENTO, CA 95827	33-0720982	501(C)(3)	0.	50,178.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
LOVE OF CHRIST COMMUNITY CHURCH 43-640 BURR ST INDIO, CA 92201	36-4767055	501(C)(3)	0.	249,338.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
MARTHA'S KITCHEN 83791 DATE AVE INDIO, CA 92201	33-0777892	501(C)(3)	0.	689,261.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
MIZELL SENIOR CENTER D.H.S 480 S. SUNRISE WAY PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	0.	188,213.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
MONTE DE LOS OLIVOS 83155 INDIO BLVD INDIO, CA 92201	33-0517319	501(C)(3)	0.	431,319.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
PACIFIC SOUTHWEST CDC-CESAR CHAVEZ VILLAS - 84851 BAGDAD AVE - COACHELLA, CA 92236	33-0673939	501(C)(3)	0.	187,453.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
PALM DESERT - OASIS CHURCH 74-200 COUNTRY CLUB DR. PALM DESERT, CA 92260	33-0495388	501(C)(3)	0.	261,970.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ST MARGARET'S EPISCOPAL CHURCH 47-535 HWY 74 PALM DESERT, CA 92260	95-2284938	501(C)(3)	0.	1,589,583.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ST. JOHN'S LUTHERAN 42695 WASHINGTON ST PALM DESERT, CA 92211	41-1568278	501(C)(3)	0.	333,196.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
ST. THERESA'S CHURCH 2800 EAST RAMON ROAD PALM SPRINGS, CA 92264-7929	95-3293901	501(C)(3)	0.	4,416,047.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
TEMPLE SINAI HOMEBOUND 73-251 HOVELY LANE WEST PALM DESERT, CA 92260	95-3015930	501(C)(3)	0.	99,167.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
THE 29 PALMS COMMUNITY FOOD PANTRY 6450 STARDUNE AVE TWENTY NINE PALMS, CA 92277	41-2137255	501(C)(3)	0.	25,744.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
THE CENTER 610 S BELARDO RD SUIT NO. 500 PALM SPRINGS, CA 92262	33-0937301	501(C)(3)	0.	658,324.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
THE NARROW DOOR 43052 MADISON ST, STE 101 INDIO, CA 92201	26-4514282	501(C)(3)	0.	366,868.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
THE WAY STATION 61722 COMMERCIAL ST JOSHUA TREE, CA 92252	20-0486391	501(C)(3)	0.	516,708.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
WELL IN THE DESERT 181 N INDIAN CANYON DR PALM SPRINGS, CA 92262	33-0694580	501(C)(3)	0.	1,272,678.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
YUCCA VALLEY CHURCH OF NAZARENE 56-248 BUENA VISTA DR YUCCA VALLEY, CA 92284	95-3120851	501(C)(3)	0.	235,164.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
BIRTH CHOICE OF THE DESERT 1 RIDGE GATE DRIVE, SUITE 220 TEMECULA, CA 92590	33-0302353	501(C)(3)	0.	18,557.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
BOYS & GIRLS CLUB INDIO 83100 DATE AVENUE INDIO, CA 92201	95-6122699	501(C)(3)	0.	7,564.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER AGENCY REGULATIONS.
IDYLLWILD FOREST HEALTH PROJECT PO BOX 4245 IDYLLWILD, CA 92549	82-2208987	501(C)(3)	0.	307,646.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA	FOOD	AGENCY DISTRIBUTION OF FOOD TO INDIVIDUALS PER 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
FOOD DISTRIBUTION	1800000	0.	14,456,130.	\$1.70/LBS FEEDING AMERICA COST STUDY, USDA PRICING, & ACTUAL PURCHASED COST	FOOD DISTRIBUTION BY MEANS OF MOBILE MARKETS AT DESIGNATED LOCATIONS.

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

PART I, LINE 2:

AGENCIES ARE MONITORED AT LEAST 2 TIMES PER YEAR TO CONFIRM USDA

REGULATIONS ARE ADHERED TO. AGENCY MEETINGS ARE HELD QUARTERLY TO REMIND

THE AGENCIES OF THE REGULATIONS AND TO DISCUSS THE CURRENT ENVIRONMENTS.

AGENCIES SIGN AGREEMENTS DEFINING THE RULES OF RECEIVING, SORTING, AND

DISTRIBUTING FOOD PRODUCT INCLUDING SAFE FOOD HANDING REQUIREMENTS. AGENTS

OF FIND FOOD BANK ARE AUTHORIZED TO INSPECT THE FACILITY AND DISTRIBUTION

TWICE A YEAR. REGULAR REPORTING IS REQUIRED TO ESTABLISH THE NUMBER OF

PEOPLE SERVED BY THE AGENCY DISTRIBUTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number

33-0006007

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH S. ESPINOSA PRESIDENT & CEO	(i)	160,861.	10,000.	0.	1,578.	6,038.	178,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 2022 BONUS WAS A PERFORMANCE-BASED AT THE DISCRETION OF THE BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	8,527.	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	X	20785191	40,115,420.	FEEDING AMERICA VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF FOOD INVENTORY REPRESENTS TOTAL WEIGHT OF PRODUCT

RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number

33-0006007

FORM 990, 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 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, THE
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.

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

Schedule O (Form 990) 2022

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