PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

AF	or the	2022 calendar year, or tax year beginning	L 1, 2022 and	ending 0	UN 30, 2023			
B c	heck if pplicabl	C Name of organization			D Employer i	dentific	cation number	
	Addre chang	FOOD IN NEED OF DISTRIBUTION, INC	•					
	Name chang	Doing business as FIND FOOD BANK			33-00	06007		
	Initial return Final	Number and street (or P.O. box if mail is not del 83775 CITRUS AVENUE	vered to street address)	Room/suite	E Telephone			
	return∟ termir							
_	ated □Amen	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts		58,032,297.	
	return Applic	INDIO, CA 92201			H(a) Is this a g			
	tion pendi	F Name and address of principal officer: DEBON	AH S. ESPINOSA		for subor			
		SAME AS C ABOVE			H(b) Are all subor	dinates in	cluded? Yes No	
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," a	ttach a	list. See instructions	
_	Vebsi				H(c) Group ex	emptio	n number	
		organization,	sociation Other	L Year	of formation: 19	83 N	1 State of legal domicile; CA	
Pa	rt I	Summary						
ø.	1	Briefly describe the organization's mission or most	significant activities: FIND (1	FOOD IN 1	NEED OF			
ű		DISTRIBUTION) FOOD BANK, IS DEDICATED	TO MOBILIZING THE RESO	URCES OF				
r	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its	net ass	ets.	
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)			. 3	8	
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			4	8	
Š		Total number of individuals employed in calendar y					59	
Activities & Governance		Total number of volunteers (estimate if necessary)					1181	
çi		Total unrelated business revenue from Part VIII, col					0.	
Ă		Net unrelated business taxable income from Form 9					0.	
			, , , , , , , , , , , , , , , , , , , ,		Prior Year		Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)			42,308	,700.	46,225,190.	
	l	D ' '/D ' \			•	,402.	200,119.	
Ş.	ı	Investment income (Part VIII, column (A), lines 3, 4,				,760.	181,732.	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				,954.	14,809.	
	l	Total revenue - add lines 8 through 11 (must equal			42,371	_	46,621,850.	
		Grants and similar amounts paid (Part IX, column (A			38,440		40,557,063.	
	l	Benefits paid to or for members (Part IX, column (A			,	0.	0.	
	l .	Salaries, other compensation, employee benefits (F			2,048		2,584,543.	
Expenses		Professional fundraising fees (Part IX, column (A), li			_,	0.	0.	
en		Total fundraising expenses (Part IX, column (D), line			••		0.	
Ä	ı	- · · · · · · · · · · · · · · · · · · ·	· —		2 051	862	2,701,404.	
_		Other expenses (Part IX, column (A), lines 11a-11d,			2,051,862. 42,541,178.		45,843,010.	
	l	Total expenses. Add lines 13-17 (must equal Part I)				,362.	778,840.	
_ v	19	Revenue less expenses. Subtract line 18 from line			ginning of Curren	End of Year		
ts o		Tatal accets (Dart V. line 10)		- DC	18,592		19,398,211.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			1,237		1,264,353.	
let /	21	Total liabilities (Part X, line 26)			17,355	_	18,133,858.	
Pa	ırt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		17,555	,010.	10,133,030.	
			including accompanying achedulas	and statem	anta and to the he	ot of my	knowledge and helief it is	
		Ities of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office				-	Knowledge and Deller, it is	
uue,	COLLEC	t, and complete. Declaration of preparer (other than office) is based on an information of wi	iicii preparei	ilas ally kilowieug	JC.		
O:	_	Signature of officer			I Date			
Sigr		DEBORAH S. ESPINOSA, PRESIDENT & CEO			Duto			
Her	е	Type or print name and title						
			Dona and a dance	Ti	Date	Check	T PTIN	
n - · ·	ı	Print/Type preparer's name	Preparer's signature		- 106 104	if 🗀		
Paid			KATY BROWN	μ		self-employ		
	arer	Firm's name ARMANINO LLP	.0		Firm's	LIN	94-6214841	
use	Only	Firm's address 2700 CAMINO RAMON, STE. 35	U			005	700 2000	
		SAN RAMON, CA 94583-5004			Phone	no.925	-790-2600	
May	the If	RS discuss this return with the preparer shown above	re? See instructions				X Yes No	

44,394,468.

including grants of \$

Total program service expenses

Form 990 (2022)

) (Revenue \$

33-0006007

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democre government on Fartix, column (-y, interier in Fes. Complete Schedule I, Parts Fand II	<u> </u>		L

Form 990 (2022) FOOD IN NEED OF DISTRIBUTION Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Country (A), line 2° !! "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensation amount of more than \$100,000 as of the last day of the eyer, that was issued after December 31, 2002? !! "Yes," answer lines 2.2th through 24d and complete Schedule K !! "No." for to line 25a. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the eyer, that was issued after December 31, 2002? !! "Yes," answer lines 2.2th through 24d and complete Schedule K !! "No." for to line 25a. 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization area and an escorum account other than a refunding secrors at any time during the year to defease any tax-exempt bonds? 24c Did the organization area as an 'on behalf of "issuer for bonds outstanding at any time during the year? 24d display the organization and a secror and a secror and a secror and a secror and a secret a		i (continued)		Yes	No
Part IX. column (A), line 2" // "yes," complete Schedule I, Parts I and III 2D III the organization answer "yes" or Part IVI Sciencia A, line 3, 4 or 5, about compensation of the organization is current and former officers, directors, frustees, key employees, and highest compensated employees? // "Yes," complete Schedule // "Yes," as the service of the reparts of the reparts of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, hit was sexued becember 31, 2002? // "Yes," arraws rises 24th through 24d and complete Schedule // "Yes," organization amount of more than \$100,000 as of the list day of the year, hit was sexued for the service of the organization meet any proceeds of fax exempt bonds beyond a temporary period exception?" 24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and hiphest compensated employees? ""Yes," complete Schedule J and the Vision of the last day of the year, that was issued after December 31, 2002? "If "Yes," answer lines 24b through 24d and complete Schedule K if "No." go to line 25a." 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization may be a temporary to the organization beyond a temporary period exception? 24d Did the organization as any to a temporary to the organization by the organization was the tax the reagaged in an excess benefit transaction with a disqualified person during the year? 25d Section 50 (15g, 59) (15g, 16g, 16g, 16g, 16g, 16g, 16g, 16g, 16			22	х	ı
and former officers, directors, fustees, key employees, and highest compensated employees? # "Yes," complete Schedule # # # # # # # # # # # # # # # # # # #	23				
Schedule J Was a severe public to severe the set of the					ı
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixed after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." go to line 25a.		, ,	23	Х	ı
Schedule K. If 'No.' go to line Zia Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 241 252 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? '' * Yes, 'romprise Schedule L, Part I' 25a D is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? b is the organization and person during the year? '' * Yes, 'romprise Schedule L, Part I' 25b D is the organization and sont been reported on any of the organization prior Forms 990 or 990 E27 ' * Yes, 'complete Schedule L, Part I' D id the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% or or other officer, director, fustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? '' * '''.* * '''.* * '''.* * '''.* * '''.* * ''''.* * '''.* * '''''.* * '''''.* * '''''.* * '''''.* * ''''.* * ''''.* * ''''.* * ''''.* * '''''.*	24a				
Schedule K. If 'No.' go to line Zia Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 241 252 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? '' * Yes, 'romprise Schedule L, Part I' 25a D is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? b is the organization and person during the year? '' * Yes, 'romprise Schedule L, Part I' 25b D is the organization and sont been reported on any of the organization prior Forms 990 or 990 E27 ' * Yes, 'complete Schedule L, Part I' D id the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% or or other officer, director, fustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? '' * '''.* * '''.* * '''.* * '''.* * '''.* * ''''.* * '''.* * '''''.* * '''''.* * '''''.* * '''''.* * ''''.* * ''''.* * ''''.* * ''''.* * '''''.*					ı
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Old the organization maintain an estrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 246 Did the organization account an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 258 Section 501c(X)s, 501c(4)s, and 501(c)(X9) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 256 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 256 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 256 Zhould the organization inport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officers, director, trustee, key employee, creator or formed frees, director, furstee, key employee, creator or formed entitive, or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 27 Did the organization party to a business transaction with one of the following parties (see the Schedule I, Part IV 28 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28 A SW set the organization excessive more than 425,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV 28 Was the organization receive or more than 425,000 in non-cash contributions? If "Y			24a		Х
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit is an excess benefit transaction with a disqualified person during the year? #'Yes,' complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? #'Yes,' complete Schedule L, Part I 26 X Ubit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? #'Yes,' complete Schedule L, Part I 27 X Was the organization or party to a business transaction with one of the following parties (see the Schedule L, Part I 28 X X X X X X X X X	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25s Section 501(G)8, 501(G)4, and 501(g)20 yearpizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s X X X X X X X X X	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be forganization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I 25b X 26b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27c Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28c Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27c X 28d Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27c X 28c X	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "yes," complete Schedule I., Part II 25b Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II	25a				ı
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainly immebre of any of these persons? "I "Yes," complete Schedule L, Part II Z6		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	b				ı
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 x x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 x x 32% was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a x x b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 x 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 x 30 Did the organization osel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 x x 31 Did the organization with 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and 301,7701.3" If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization ha		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27		·	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 20 Did the organization will 10% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 32 Did the organization have a controlled entity within the meaning of section 501(b)(13)? If "Yes," complete	26				ı
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "Yes," complete Schedule L, Part III		, , ,	26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	27				ı
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 288		· · · · · · · · · · · · · · · · · · ·			17
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b			27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	28				
"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b	_				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 x 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	а		00-		v
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 X 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 Teles No 1a Enter the number of Forms W-2G included on line 1a. Enter -0 if not applicable C Did the organization comply with backup withholding rules for reportable pa					
"Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Uses the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O			200		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	20			х	
contributions? If "Yes," complete Schedule M 30		, ,	23		
Did the organization liquidate, terminate, or dissolve and cease operations? f "Yes," complete Schedule N, Part I 31	00		30		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	31				
Schedule N, Part II 32			<u> </u>		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	-		32		Х
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I I I I I I I I I I I I I I I I I I	34				
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Jud the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 Jud 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	35a		35a		Х
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 12 13 14 15 16 16 17 17 16 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners?			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37	36				
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Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 11 12 13 14 15 16 X	37				
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Telephone The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
Check if Schedule O contains a response or note to any line in this Part V Yes No. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X Section 1.15			38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Te No Yes No 10 11 12 13 17 16 18 19 10 10 10 10 10 10 10 10 10	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Eliter the Hamber reported in box 6 or 1 offin 1000. Eliter 6 in 110t deplicable			
(gambling) winnings to prize winners?		Enter the number of Forms w-2d included of line 1a. Enter-0- if not applicable			
(9	С			,,	
92004 12-13-22 Form 990 (202)					(2.5

33-0006007

Form 990 (2022) FOOD IN NEED OF DISTRIBUTION, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					Х
	to file Form 8282?	7d	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the or			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I			
_	organization is licensed to issue qualified health plans	13b 13c				
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			עדי		
.0	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		_
	If "Yes," complete Form 6069.					
					000	

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pei	rson i	s bot	n an	compensation	compensation	amount of
	week	-	Cei ai		II ecto	I I us	100)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	n be		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	Je .	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DEBORAH S. ESPINOSA	40.00									
PRESIDENT & CEO				Х				170,861.	0.	7,616.
(2) PAUL MACKEY	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) LENA WADE	4.00									
PAST CHAIR		Х		Х				0.	0.	0.
(4) ERIN LACOMBE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GEORGE BATAVICK	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) DEBORAH MCGARREY	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) KEITH FLAGLER	2.00									
MEMBER		Х						0.	0.	0.
(8) TRICIA PEARCE	2.00									
MEMBER		Х						0.	0.	0.
(9) TROY STRANGE	2.00									
MEMBER		Х						0.	0.	0.
(10) ELLEN WAY	2.00									
MEMBER (THRU 02/23)		Х						0.	0.	0.
		1								
		<u> </u>	_				<u> </u>			
		1								
			_							
		4								
										000

Form 990 (2022)	FOOD IN NEED	OF DISIKID	011	ОΝ,	TIA	٠.				33-000600	rage o
Part VII Sect	tion A. Officers, Directors, Trus	tees, Key Emr	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	box	not cl , unles cer an	ss per	more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal									170,861.	0.	7,616.
c Total from	n continuation sheets to Part VI								0.	0.	0.
	l lines 1b and 1c)								170,861.	0.	7,616.
2 Total numl	ber of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MCGEE SHARON & ARCHITECTS INC.		
3479 KURTZ STREET, SAN DIEGO, CA 92110	ARCHITECTURAL SERVICES	322,169.
CDS TECHNOLOGY LLC, 3130 BALFOUR ROAD, STE		
D#199, BRENTWOOD, CA 94513	TECHNOLOGY SERVICES	162,677.
RKD GROUP, LLC, 7130 S. 29TH STREET, SUITE		
B, LINCOLN, NE 68516	MARKETING	126,241.
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	
\$100,000 of compensation from the organization	3	

33-0006007

Form 990 (2022) FOOD IN NE

		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ي ق		Fundraising events						
ffs, Ar		Related organizations						
ig ig				14,200,639.				
ons,		Government grants (contribution		14,200,033.				
utio er	T	All other contributions, gifts, grant		22 024 551				
ë		similar amounts not included abov		32,024,551.				
ont	_	Noncash contributions included in lines 1	la-1f 1g \$	40,123,947.	46 225 100			
O g	n	Total. Add lines 1a-1f		B	46,225,190.			
		au. Deb. v		Business Code	144 504	144 504		
<u>c</u>	2 a	SHARED MAINTENANCE FEE		624210	144,594.	144,594.		
erv	b	OTHER PROGRAM SERVICE		624210	55,525.	55,525.		
ı S.	С							
ran 3ev	d							
Program Service Revenue	е							
<u>م</u>	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			200,119.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)			175,344.			175,344.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	11,416,835.					
	b	Less: cost or other basis						
ē		and sales expenses 7b	11,410,447.					
Revenue	С	Gain or (loss) 7c						
ev.		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·		6,388.			6,388.
her F		Gross income from fundraising ev			,			
Ð.	-	including \$	of					
Ŭ		contributions reported on line						
		Part IV, line 18	· · · · · · · · · · · · · · · · · · ·					
	h	Less: direct expenses						
		Net income or (loss) from fund						
		Gross income from gaming ac						
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less i						
	10 a		I					
		and allowances	I					
		Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·					
$\overline{}$	С	Net income or (loss) from sales	s of inventory	Rueinage Cada				
2		MISCELLANEOUS REVENUE		Business Code 900099	1/ 000			14 000
le e	11 a	-		300033	14,809.			14,809.
Miscellaneous Revenue	b							
Sce.	С.							
Σ̈́		All other revenue			1 # 000			
		Total. Add lines 11a-11d			14,809.	200 110	2	100 541
	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) (rganizations must complet	te all columns. All other org	ganizations must complete column (A).
-----------------------------------	---------------------------	-------------------------------	---------------------------------------

Check if Schedule O contains a respons 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
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	407.000	407.226	2 245	
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	F1 4FF	05.001	01 014	F 150
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	F12 014	410 410	F1 201	F1 201
22 Depreciation, depletion, and amortization	513,014.	410,412.	51,301.	51,301
23 Insurance	65,489.	62,952.	2,537.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a SHIPPING AND FRIEGHT	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,740.	1	9,222		
	2	Savings and temporary cash investments		8,467,944.	2	9,379,54	
;	3	Pledges and grants receivable, net			575,484.	3	405,27
	4	Accounts receivable, net			21,208.	4	66,13
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,858,929.	8	2,047,43
¥ 9	9	Down and all access are all all affective at all access at			74,583.	9	196,46
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	11,675,929.			
	b	Less: accumulated depreciation	7,584,562.	10c	7,292,63		
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, line			12		
1:	3	Investments - program-related. See Part IV, line		13			
1.	4	Intangible assets			14		
1:	5	Other assets. See Part IV, line 11	1,500.	15	1,50		
10	6	Total assets. Add lines 1 through 15 (must ed			18,592,950.	16	19,398,21
1	7	Accounts payable and accrued expenses		218,587.	17	332,76	
1	8	Grants payable		18			
19	9	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
တ္က 2	2	Loans and other payables to any current or for	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
<mark>-</mark> 2	3	Secured mortgages and notes payable to unre	elated thir	d parties	980,113.	23	906,07
2	4	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	:5	Other liabilities (including federal income tax, p	payables t	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			39,232.	25	25,510
2	:6				1,237,932.	26	1,264,35
,,		Organizations that follow FASB ASC 958, cl	neck here	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
트 2 ⁻	27	Net assets without donor restrictions			16,738,251.	27	16,705,06
2	8	Net assets with donor restrictions			616,767.	28	1,428,79
<u> </u>		Organizations that do not follow FASB ASC	eck here				
<u> </u>		and complete lines 29 through 33.					
ဋ 2	9	Capital stock or trust principal, or current fund				29	
3 3	0	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			48 055 010	31	40 400 00
		Total net assets or fund balances	17,355,018.	32	18,133,858		
3	3	Total liabilities and net assets/fund balances			18,592,950.	33	19,398,211 Form 990 (202

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

	FOOD IN NEED OF DISTRIBUTION, INC.							33-0006007	
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e general i	public described in
		section 170(b)(1)(A)(vi). (C	-		· ·				
8		A community trust describe	•	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org			•	ed in conju	unction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:		,					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 5	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
á	a 🗌	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
ŀ	, [Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
(Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
(t	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
•	• 🗌	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.			
1	f Ent	er the number of supported o	organizations						
		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tot	al						<u> </u>		

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

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

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.
	ction B. Total Support						
Cale	ndar 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.
	Gross receipts from related activities,	etc. (see instruction	ns)	•		12	753,240.
	First 5 years. If the Form 990 is for the	•				D1(c)(3)	
	organization, check this box and stor		······				
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	92.73 %
15	Public support percentage from 2021	Schedule A, Part	I, line 14			15	94.61 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
_18	Private foundation. If the organization				•		s
			,	. , ,			(Form 990) 2022

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar 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	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar 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	ļ					
	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	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
le A (Forn	n 990)	2022

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
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	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in Part VI). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			\neg	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in Part VI. See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
•	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o _j				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021 Excess from 2022					
е	EAUGOO HUHI ZUZZ					

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.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

F	OOD IN NEED OF DISTRIBUTION, INC.	33-0006007			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	•			
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Name of organization

Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,304,463.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 7,905,409.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$5,017,926.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$\$ 2,850,249.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Hame, audi 655, and £IF + +	\$1,712,858.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 6	Name, address, and ZIP + 4	\$1,585,048.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4	* 1,051,541.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOOD IN NEED OF DISTRIBUTION, INC.

33-0006007

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
1			
		\$ 12,304,463.	06/30/23
a) lo.	(b)	(c) FMV (or estimate)	(d)
om art I	Description of noncash property given	(See instructions.)	Date received
irt i	FOOD		
2	1002		
		\$ 7,905,409.	06/30/23
$\overline{}$			
a) lo.	(b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
ırt I		(See Instructions.)	
ا ر	FOOD		
3			
		 \$ 5,017,926.	06/30/23
(a)		(c)	
No. om	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
art I	Description of noncastr property given	(See instructions.)	Date received
	FOOD		
4			
			06/30/23
		\$ 2,850,249.	00/30/23
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
om art I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
5			
		\$ 1,712,858.	06/30/23
(a)			
lo.	(b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
art I	TOOR	(222 // 104 dot.or.io.)	
7	FOOD		
	-		
		\$ 1,051,541.	06/30/23

arrie or or	ganization			Employer identification number
	NEED OF DISTRIBUTION, INC.			33-0006007
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	hrough (e) and the following line entr	v. For organizations	
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc., contributions of \$1,000 or leace is needed.	ess for the year. (Enter this	s info. once.) \$
a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of gift		
	Turneferrale name address on	4 7 ID . 4	Dalatianahin	-f twof to two
F	Transferee's name, address, an	<u>a zip + 4</u>	Helationship (of transferor to transferee
	-			
a) No. from	#NB 6.55	()))	()	
Part I	(b) Purpose of gift	(c) Use of gift	(a)	Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, an	d 7 ID + 4	Polationship	of transferor to transferee
F	Transieree 3 name, address, an	u Zir + +	nelationship t	of transfer of to transfer ee
/a\ NIa			T	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I				
		-		
			_	
Γ		(e) Transfer of gift	:	
-	Transferee's name, address, an	d Z IP + 4	Relationship of	of transferor to transferee
	-			
a) No.	T		T	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-				
		(e) Transfer of gift		
	Transferes's name address are	d 7 ID + 4	Dolotionahin i	of transferor to transferor
-	Transferee's name, address, an	u	neiauonsnip (of transferor to transferee
	-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number 33 - 0006007

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpe	ose conferring
Day			
Par	001112101111110115		90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
b			
C	Number of conservation easements on a certified historic stru	()	2c
d	Number of conservation easements included in (c) acquired a		04
_			
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by	the organization during the tax
4	Number of states where property subject to concernation and	annest is leasted	
4	Number of states where property subject to conservation eas		u of
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and volunteer nours devoted to memoring, inspecting,	rialiting of violations, and officing t	sonsorvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation easements during the year
•	, ancan a c c, por coo moan ca m mo mo mg, mopocim g, mana	imig or trocations, and omeromig cons	arraner eaconierite asimig and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
		, , ,	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	[·] Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar			asures, or	Other S	Similar Ass	ets (ontinue	Page 2
3	Using the organization's acquisition, accession								ontinac	<i>,</i> ω,
_	collection items (check all that apply):	,	-,	,						
а	Public exhibition	d	ı 🗀 ı	oan or exc	hange progran	n				
b	Scholarly research	e								
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organization	's exempt	t purpose in F	art XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Y	es	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line	9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontributions	s or other asse	ts not inc	luded			
	on Form 990, Part X?							Y	es	No
b	If "Yes," explain the arrangement in Part XIII									
								An	nount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial accour	nt liability?	?	Y	es	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Pi	ior year	(c) Two years	back (d)	Three years b	ack (e)	Four ye	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g	column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administere	d for the				
	organization by:							_		es No
	(i) Unrelated organizations							···· —	Ba(i)	
	(ii) Related organizations								a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							L	3b	
4 Do:	Describe in Part XIII the intended uses of the		wment fu	nds.						
Fai	t VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV	lino 11a C	oo Form 000 I	Dort V lin	o 10			
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation	(d)	Book v	alue
1a	Land			2	,531,970.				2,53	31,970.
	Buildings			4	,681,893.	1	,651,766.		3,03	30,127.
	Leasehold improvements				286,887.		90,476.		19	96,411.
	Equipment			1	,866,468.		,218,901.		64	47,567.
	Other			2	,308,711.	1	,422,150.			36,561.
Tota	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X. colum	n (B), line 1	0c.)				7,29	92,636.
								dule D (Form 9	90) 2022

Schedule D (Form 990) 2022 FOOD IN NEED OF D	ISTRIBUTION, INC.	3	3-0006007 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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" of	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tra. Gee Form 556, Fart X, line 15.	(b) Book value
	200011211011		(b) Book value
<u>(1)</u>			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.,		ı
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			25,516.
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			

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

25, 51

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

Schedule D (Form 990) 2022

25,516.

Sche	dule D (Form 990) 2022 FOOD IN NEED OF DISTRIBUTION, INC.		33-0006	007 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	46,621,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	46,621,850.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	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.
Pai	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2b; I	Part V, line 4; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional information.		
PART	YX, LINE 2:			
FOOD) IN NEED OF DISTRIBUTION, INC. IS EXEMPT FROM FEDERAL INCOME	TAXES		
UNDE	R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE IN	NCOME		
TAXE	S UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION (CODE.		
ACCC	ORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE			
ACCC	MPANYING STATEMENTS.			
ACCC	UNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF	AMERICA		
PROV	TIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN	BY AN		
ORGA	NIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEM	ENT HAS		
CONS	SIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITION	ONS TAKEN		
BY F	IND IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS	ARE		
			Calaadula	D (Farm 000) 0000

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.

2022
Open to Public

Inspection

Name of the organization	NT DIGEDIDIES	N TNG					Employer identification number
Part I General Information on Grants ar		on, inc.					33-0006007
		amount of the grants	or assistance the	grantoos' oligibility	for the grants or again	otanea, and the colocti	on.
Does the organization maintain records to pritoria used to award the grapts or assist		•	•	• • •	•	•	
criteria used to award the grants or assist Describe in Part IV the organization's pro	codures for monit	oring the use of grapt	funds in the United				res I No
Part II Grants and Other Assistance to D					anization answered "\	/es" on Form 990 Part	IV line 21 for any
recipient that received more than \$					anization anoworda	100 0111 01111 000, 1 a.i.	11, 1110 21, 101 411
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
COACHELLA VALLEY HOUSING AUTHORITY					FEEDING		AGENCY DISTRIBUTION OF
45701 MONROE STREET					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	95-3814898	501(C)(3)	0.	310,798.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
PALO VERDE COMMUNITY COLLEGE					FEEDING		AGENCY DISTRIBUTION OF
ONE COLLEGE DRIVE					AMERICA COST		FOOD TO INDIVIDUALS PER
BLYTHE, CA 92225	33-0078920	501(C)(3)	0.	122,656.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ST. JOHN THE EVANGELIST EPISCOPAL					FEEDING		AGENCY DISTRIBUTION OF
CHURCH - 45319 DEGLET NOOR ST -					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	95-2861286	501(C)(3)	0.	211,245.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
THE CHURCH OF THE NAZARENE / NEW					\$1.70/LBS		
HOPE NAZARENE - 33055 CATHEDRAL					FEEDING		AGENCY DISTRIBUTION OF
CANYON DR - CATHEDRAL CITY, CA					AMERICA COST		FOOD TO INDIVIDUALS PER
92234	95-3120851	501(C)(3)	0.	9,735.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ABC RECOVERY CENTER, INC.					FEEDING		AGENCY DISTRIBUTION OF
44-359 PALM STREET					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	75-1006381	501(C)(3)	0.	91,870.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
ABUNDANT LIFE CHURCH					FEEDING		AGENCY DISTRIBUTION OF
82-665 MILES AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	26-3383842	501(C)(3)	0.	493,188.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
2 Enter total number of section 501(c)(3) an	nd government or	ganizations listed in th	ne line 1 table				58,
3 Enter total number of other organizations	•	-					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 A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
					\$1.70/LBS				
APOSTOLIC ASSEMBLY					FEEDING		AGENCY DISTRIBUTION OF		
46601 VARGAS RD					AMERICA COST		FOOD TO INDIVIDUALS PER		
INDIO, CA 92201	33-0620880	501(C)(3)	0.	110,716.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
ARMED SERVICES OF THE YMCA					FEEDING		AGENCY DISTRIBUTION OF		
BLDG 192 MCAGCC					AMERICA COST		FOOD TO INDIVIDUALS PER		
TWENTY NINE PALMS, CA 92277	36-3274346	501(C)(3)	0.	67,829.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
BLYTHE EMERGENCY FOOD PANTRY					FEEDING		AGENCY DISTRIBUTION OF		
181 S MAIN ST					AMERICA COST		FOOD TO INDIVIDUALS PER		
BLYTHE, CA 92225	33-0150212	501(C)(3)	0.	471,219.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
CALVARY CHRISTIAN CENTER					FEEDING		AGENCY DISTRIBUTION OF		
68-550 DINAH SHORE DRIVE					AMERICA COST		FOOD TO INDIVIDUALS PER		
CATHEDRAL CITY, CA 92234	23-7429337	501(C)(3)	0.	353,964.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
CALVARY CHRISTIAN					\$1.70/LBS				
FELLOWSHIP-PAYING IT FORWARD - 288					FEEDING		AGENCY DISTRIBUTION OF		
OLD WOMAN SPRINGS ROAD - YUCCA					AMERICA COST		FOOD TO INDIVIDUALS PER		
VALLEY, CA 92284	20-3470325	501(C)(3)	0.	115,380.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
CALVARY ROAD FELLOWSHIP					FEEDING		AGENCY DISTRIBUTION OF		
11518 ELBOW ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER		
MORONGO VALLEY, CA 92256	33-0589525	501(C)(3)	0.	28,742.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
CATHEDRAL CENTER					FEEDING		AGENCY DISTRIBUTION OF		
37-171 W BUDDY ROGERS AVE					AMERICA COST		FOOD TO INDIVIDUALS PER		
CATHEDRAL CITY, CA 92234	95-3618489	501(C)(3)	0.	100,188.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
					\$1.70/LBS				
CATHEDRAL CITY SALVATION ARMY					FEEDING		AGENCY DISTRIBUTION OF		
30400 LANDAU BLVD					AMERICA COST		FOOD TO INDIVIDUALS PER		
CATHEDRAL CITY, CA 92234	94-1156347	501(C)(3)	0.	635,768.	STUDY, USDA	FOOD	AGENCY REGULATIONS.		
				•	\$1.70/LBS				
CATHOLIC CHARTIES					FEEDING		AGENCY DISTRIBUTION OF		
65-150 COAHUILLA ST.					AMERICA COST		FOOD TO INDIVIDUALS PER		
MECCA, CA 92254		i .	1		1	i .	1		

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
CENTRO LIBRE CRISTIANO					FEEDING		AGENCY DISTRIBUTION OF
83246 AVE 50					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	95-6057790	501(C)(3)	0.	466,649.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
COACHELLA VALLEY RESCUE MISSION					FEEDING		AGENCY DISTRIBUTION OF
47-470 VAN BUREN					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	95-2684844	501(C)(3)	0.	1,813,111.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
COMMUNITY LEARNING & EQUIPPNG					FEEDING		AGENCY DISTRIBUTION OF
PROJECT, INC 4751 ADOBE ROAD -					AMERICA COST		FOOD TO INDIVIDUALS PER
TWENTYNINE PALMS, CA 92277	47-1451072	501(C)(3)	0.	91,021.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
DESERT AIDS PROJECT (DAP)					FEEDING		AGENCY DISTRIBUTION OF
1695 NORTH SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	114,653.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
DESERT CHAPEL					FEEDING		AGENCY DISTRIBUTION OF
630 S SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92264	94-2923129	501(C)(3)	0.	135,903.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
DESTINY CHURCH					FEEDING		AGENCY DISTRIBUTION OF
80250 HIGHWAY 111, BLDG A					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	20-1530892	501(C)(3)	0.	71,468.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
FAMILY HEALTH & SUPPORT NETWORK					FEEDING		AGENCY DISTRIBUTION OF
588 ROSA PARKS RD					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92262	14-1880976	501(C)(3)	0.	34,404.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
·				,	\$1.70/LBS		
FAMILY WORSHIP CENTER					FEEDING		AGENCY DISTRIBUTION OF
85-901 VISTA DEL NORTE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	58-0904463	501(C)(3)	0.	1,789,843.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
·				, ,	\$1.70/LBS		-
FATHER'S HEART RANCH					FEEDING		AGENCY DISTRIBUTION OF
71-175 AURORA RD					AMERICA COST		FOOD TO INDIVIDUALS PER
DESERT HOT SPRINGS, CA 92241	33-0889638	501(C)(3)	0.	48,345.	STUDY, USDA	FOOD	AGENCY REGULATIONS.

(a) Name and address of organization or government	(b) EIN	(a) IDO a a ati a m					
		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
FIRST ASSEMBLY OF GOD CHURCH					FEEDING		AGENCY DISTRIBUTION OF
46923 CALHOUN					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92202	44-0577787	501(C)(3)	0.	211,315.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
FIRST BAPTIST CHURCH OF INDIO/					\$1.70/LBS		
SERVANTS OF CHRIST MINISTRIES -					FEEDING		AGENCY DISTRIBUTION OF
82490 DOCTOR CARREON BLVD - INDIO,					AMERICA COST		FOOD TO INDIVIDUALS PER
CA 92201	33-0710605	501(C)(3)	0.	102,658.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
FISH FOOD BANK					FEEDING		AGENCY DISTRIBUTION OF
1612 1ST ST					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	95-3641184	501(C)(3)	0.	570,554.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
FOOD FOR LIFE MINISTRY					FEEDING		AGENCY DISTRIBUTION OF
72603 JUANITA DRIVE					AMERICA COST		FOOD TO INDIVIDUALS PER
TWENTY NINE PALMS, CA 92277	75-3153282	501(C)(3)	0.	26,976.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
·				•	\$1.70/LBS		
FOOD NOW					FEEDING		AGENCY DISTRIBUTION OF
14080 PALM DRIVE STE E					AMERICA COST		FOOD TO INDIVIDUALS PER
DESERT HOT SPRINGS, CA 92240	95-2549152	501(C)(3)	0.	1,662,132.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				, ,	\$1.70/LBS		
GALILEE CENTER					FEEDING		AGENCY DISTRIBUTION OF
66101 HAMMOND ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER
MECCA, CA 92254	27-3133601	501(C)(3)	0.	446.670.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				, -	\$1.70/LBS		
HIDDEN HARVEST					FEEDING		AGENCY DISTRIBUTION OF
PO BOX 266					AMERICA COST		FOOD TO INDIVIDUALS PER
COACHELLA, CA 92236	33-0821743	501(C)(3)	0.	266 456.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				200,100.	\$1.70/LBS		
HOPE THROUGH HOUSING					FEEDING		AGENCY DISTRIBUTION OF
9421 HAVEN AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	0.	159 562	STUDY, USDA	FOOD	AGENCY REGULATIONS.
Tantono Cocimonon, CA 31730	33 0002334		1	133,302.	\$1.70/LBS	1 502	TOURCE RECOURTIONS,
IGELSIA UN MANANTIAL EN EL					FEEDING		AGENCY DISTRIBUTION OF
DESIERTO - 99241 ACCESS RD - NORTH					AMERICA COST		FOOD TO INDIVIDUALS PER
SHORE CA 92254	36-4556874	E01/G\/3\	0.	F1 060	STUDY, USDA	FOOD	AGENCY REGULATIONS.

Part II Continuation of Grants and Other	Assistance to Doı ⊺	mestic Organizations l	and Domestic Go	overnments (Sch I	iedule I (Form 990), Pa T	rt II.) T	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
IGLESIA BETHEL					FEEDING		AGENCY DISTRIBUTION OF
43-907 JACKSON ST					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	20-5474591	501(C)(3)	0.	308,937.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
IGLESIA CHRISTIANA VISION ETERNA					FEEDING		AGENCY DISTRIBUTION OF
35688 CATHEDRAL CANYON DRIVE #101					AMERICA COST		FOOD TO INDIVIDUALS PER
CATHEDRAL CITY, CA 92234	82-2524508	501(C)(3)	0.	215,716.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JESUS CHRIST IS LORD MINISTRIES					FEEDING		AGENCY DISTRIBUTION OF
62950 MONROE ST					AMERICA COST		FOOD TO INDIVIDUALS PER
THERMAL, CA 92274	47-5636966	501(C)(3)	0.	82,451.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JEWISH FAMILY SERVICES OF SAN					FEEDING		AGENCY DISTRIBUTION OF
DIEGO - 400 S FARRELL DR, STE					AMERICA COST		FOOD TO INDIVIDUALS PER
B-205 - PALM SPRINGS, CA 92262	95-1644024	501(C)(3)	0.	209,546.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
JOSLYN CENTER					FEEDING		AGENCY DISTRIBUTION OF
73-750 CATALINA WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM DESERT, CA 92260	95-3622332	501(C)(3)	0.	70,890.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
LIFE STEPS					FEEDING		AGENCY DISTRIBUTION OF
3247 RAMOS CIRCLE					AMERICA COST		FOOD TO INDIVIDUALS PER
SACRAMENTO, CA 95827	33-0720982	501(C)(3)	0.	50,178.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
LOVE OF CHRIST COMMUNITY CHURCH					FEEDING		AGENCY DISTRIBUTION OF
43-640 BURR ST					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	36-4767055	501(C)(3)	0.	249,338.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
MARTHA'S KITCHEN					FEEDING		AGENCY DISTRIBUTION OF
83791 DATE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	33-0777892	501(C)(3)	0.	689,261.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				, , , , , , , , , , , , , , , , , , , ,	\$1.70/LBS		
MIZELL SENIOR CENTER D.H.S					FEEDING		AGENCY DISTRIBUTION OF
480 S. SUNRISE WAY					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	0.	188 213	STUDY, USDA	FOOD	AGENCY REGULATIONS.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
					\$1.70/LBS			
MONTE DE LOS OLIVOS					FEEDING		AGENCY DISTRIBUTION OF	
83155 INDIO BLVD					AMERICA COST		FOOD TO INDIVIDUALS PER	
INDIO, CA 92201	33-0517319	501(C)(3)	0.	431,319.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
					\$1.70/LBS			
PACIFIC SOUTHWEST CDC-CESAR CHAVEZ					FEEDING		AGENCY DISTRIBUTION OF	
VILLAS - 84851 BAGDAD AVE -					AMERICA COST		FOOD TO INDIVIDUALS PER	
COACHELLA, CA 92236	33-0673939	501(C)(3)	0.	187,453.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
					\$1.70/LBS			
PALM DESERT - OASIS CHURCH					FEEDING		AGENCY DISTRIBUTION OF	
74-200 COUNTRY CLUB DR.					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM DESERT, CA 92260	33-0495388	501(C)(3)	0.	261,970.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
					\$1.70/LBS			
ST MARGARET'S EPISCOPAL CHURCH					FEEDING		AGENCY DISTRIBUTION OF	
47-535 HWY 74					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM DESERT, CA 92260	95-2284938	501(C)(3)	0.	1,589,583.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
					\$1.70/LBS			
ST. JOHN'S LUTHERAN					FEEDING		AGENCY DISTRIBUTION OF	
42695 WASHINGTON ST					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM DESERT, CA 92211	41-1568278	501(C)(3)	0.	333,196.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
·				•	\$1.70/LBS			
ST. THERESA'S CHURCH					FEEDING		AGENCY DISTRIBUTION OF	
2800 EAST RAMON ROAD					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM SPRINGS, CA 92264-7929	95-3293901	501(C)(3)	0.	4,416,047.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
,				, ,	\$1.70/LBS			
TEMPLE SINAI HOMEBOUND					FEEDING		AGENCY DISTRIBUTION OF	
73-251 HOVELY LANE WEST					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM DESERT, CA 92260	95-3015930	501(C)(3)	0.	99 167.	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
				ν ν γ = ν ν ν	\$1.70/LBS			
THE 29 PALMS COMMUNITY FOOD PANTRY					FEEDING		AGENCY DISTRIBUTION OF	
6450 STARDUNE AVE					AMERICA COST		FOOD TO INDIVIDUALS PER	
TWENTY NINE PALMS, CA 92277	41-2137255	501(C)(3)	0.	25 744	STUDY, USDA	FOOD	AGENCY REGULATIONS.	
	11 210,233		ļ	20,,41.	\$1.70/LBS	1	TODAY TODAY	
THE CENTER					FEEDING		AGENCY DISTRIBUTION OF	
610 S BELARDO RD SUIT NO. 500					AMERICA COST		FOOD TO INDIVIDUALS PER	
PALM SPRINGS, CA 92262	33-0937301	501 (C) (3)	0.	658 324	STUDY, USDA	FOOD	AGENCY REGULATIONS.	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					\$1.70/LBS		
THE NARROW DOOR					FEEDING		AGENCY DISTRIBUTION OF
43052 MADISON ST, STE 101					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	26-4514282	501(C)(3)	0.	366,868.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
THE WAY STATION					FEEDING		AGENCY DISTRIBUTION OF
61722 COMMERCIAL ST					AMERICA COST		FOOD TO INDIVIDUALS PER
JOSHUA TREE, CA 92252	20-0486391	501(C)(3)	0.	516,708.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
WELL IN THE DESERT					FEEDING		AGENCY DISTRIBUTION OF
181 N INDIAN CANYON DR					AMERICA COST		FOOD TO INDIVIDUALS PER
PALM SPRINGS, CA 92262	33-0694580	501(C)(3)	0.	1,272,678.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
YUCCA VALLEY CHURCH OF NAZARENE					FEEDING		AGENCY DISTRIBUTION OF
56-248 BUENA VISTA DR					AMERICA COST		FOOD TO INDIVIDUALS PER
YUCCA VALLEY, CA 92284	95-3120851	501(C)(3)	0.	235,164.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
					\$1.70/LBS		
BIRTH CHOICE OF THE DESERT					FEEDING		AGENCY DISTRIBUTION OF
1 RIDGE GATE DRIVE, SUITE 220					AMERICA COST		FOOD TO INDIVIDUALS PER
TEMECULA, CA 92590	33-0302353	501(C)(3)	0.	18,557.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
				,	\$1.70/LBS		
BOYS & GIRLS CLUB INDIO					FEEDING		AGENCY DISTRIBUTION OF
83100 DATE AVENUE					AMERICA COST		FOOD TO INDIVIDUALS PER
INDIO, CA 92201	95-6122699	501(C)(3)	0.	7,564.	STUDY, USDA	FOOD	AGENCY REGULATIONS.
•				, -	\$1.70/LBS		
IDYLLWILD FOREST HEALTH PROJECT					FEEDING		AGENCY DISTRIBUTION OF
PO BOX 4245					AMERICA COST		FOOD TO INDIVIDUALS PER
IDYLLWILD, CA 92549	82-2208987	501(C)(3)	0.	307 646	STUDY, USDA	FOOD	AGENCY REGULATIONS.
IDIDANIDA, ON SECTO	02 2200307	301(0)(3)		307,010.	51051, 05511	2002	indiret kilotimitoki.

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

Part III can be duplicated if additional space is needed.	•	_			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				\$1.70/LBS FEEDING	
				AMERICA COST STUDY,	FOOD DISTRIBUTION BY MEANS OF
				USDA PRICING, & ACTUAL	MOBILE MARKETS AT DESIGNATED
FOOD DISTRIBUTION	1800000	0.	14,456,130.	PURCHASED COST	LOCATIONS.
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
DADM T ITHE 2.					
PART I, LINE 2:					
AGENCIES ARE MONITORED AT LEAST 2 TIMES PER YEAR TO	CONFIRM HSD	Δ			
	, , , , , , , , , , , , , , , , , , , ,				
REGULATIONS ARE ADHERED TO. AGENCY MEETINGS ARE HI	ELD QUARTERLY	TO REMIND			
THE AGENCIES OF THE REGULATIONS AND TO DISCUSS THE	CURRENT EVNI	RONMENTS.			
AGENCIES SIGN AGREEMENTS DEFINING THE RULES OF RECE	EIVING, SOTRI	NG, AND			
DISTIRBUTING FOOD PRODUCT INCLUDING SAFE FOOD HAND	ING REQUIREME	NTS. AGENTS			
OF THE TOOL DAW AND AMENODISED TO THE THE THE		amp thumtou			
OF FIND FOOD BANK ARE AUTHORIZED TO INSPECT THE FAC	TLITY AND DI	STRIBUTION			
TWICE A YEAR. REGULAR REPORTING IS REQUIRED TO EST	PART.TSH THE N	TIMBER OF			
THICK IN TERM. REGULAR REPORTING TO REQUIRED TO ES.	THE N	CHDER OF			
PEOPLE SERVED BYT THE AGENCY DISTRIBUTIONS.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number 33-0006007

Pa	art I Questions Regarding Compensation					
	·			Yes	No	
1 a	Check the appropriate box(es) if the organization provided	d any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organiz	ration follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses describe	ed above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbu	rsing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Direct	or, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization use	ed to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not chec	ck any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but	ut explain in Part III.				
	X Compensation committee	X Written employment contract				
	Independent compensation consultant	X Compensation survey or study				
	X Form 990 of other organizations	X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part V	/II, Section A, line 1a, with respect to the filing				
	organization or a related organization:					
а	Receive a severance payment or change-of-control payme	ent?	4a		Х	
b	Participate in or receive payment from a supplemental nor	nqualified retirement plan?	4b		X	
С	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	he applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiz					
5	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation				
	contingent on the revenues of:					
			<u>5a</u>		X	
b			5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				v	
	The organization?		6a		X	
b			6b		Х	
-	If "Yes" on line 6a or 6b, describe in Part III.	a did the examination provide any manifest in a manufacture				
7	For persons listed on Form 990, Part VII, Section A, line 1a		7	х		
0		III	7	41		
8	Were any amounts reported on Form 990, Part VII, paid or		0		х	
0	initial contract exception described in Regulations section		8		-23	
9	If "Yes" on line 8, did the organization also follow the rebu					
	negulations section 55.4956-6(C)?		9		l	

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 33-0006007

	FOOD IN NEED OF DI		33-0006007						
Pai	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) nod of determin contribution ar	_	s	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	8,527.	FMV				
10	Securities - Closely held stock			, -					
11	Securities - Partnership, LLC, or								
••									
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
14									
15									
16	Real estate - Commercial								
17									
18	Collectibles								
19	Food inventory	Х	20785191	40,115,420.	FEEDING AM	ERICA VALUE			
20									
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29		zation durino	the tax vear for c	ontributions					
	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								
		oo,. a, _					Yes	No	
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it			110	
	must hold for at least 3 years from the date of	•		•					
						30a		х	
b									
31								х	
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
								x	
b	o 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.	()	,, , , , , , , , , , , , , , ,	() ()					

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Schedule M (Form 990) 2022 232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FOOD IN NEED OF DISTRIBUTION, INC.

Employer identification number

33-0006007 LINE 1 DESCRIPTION OF ORGANIZATION MISSION: OUR COMMUNITY THROUGH EDUCATION AND AWARENESS TO RELIEVE HUNGER. 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

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