Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

November 14, 2023

Ms. Deborah Haynes Food for Others, Inc. 2938 Prosperity Avenue Fairfax, VA 22031-2209

Dear Ms. Haynes,

Enclosed is the organization's 2022 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2023.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

VERY TRULY YOURS,

MATTHEWS, CARTER & BOYCE

** 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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning JUL I, ZUZZ	and ending	<u>J</u> UN 30, 202.	3					
В	Check if applicable	C Name of organization		D Employer identif	fication number					
	Addres									
	Name change	Doing business as		54-1777	L57					
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 2938 PROSPERITY AVENUE Room/suite E Telephone number 703-207-9173								
	termin ated	City or town, state or province, country, and ZIP or foreign postal of	nodo.	G Gross receipts \$	12,602,122.					
	Ameno Ireturn		Lode	H(a) Is this a group						
	Applic tion	F Name and address of principal officer: DEBORAH HAYNES		for subordinate						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates						
$\overline{\mathbf{T}}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 49	947(a)(1) or 5		a list. See instructions					
	Websit		(/(/	H(c) Group exempti						
		organization: X Corporation Trust Association Other	L Ye		M State of legal domicile: VA					
	art I	Summary	1=	ar or formation,	IVI Otato or rogal dominono,					
	T	Briefly describe the organization's mission or most significant activities:	SEE SCHEI	OULE O						
& Governance	'	bheny describe the organization's mission of most significant activities.		7022 0						
nar	2	Check this box if the organization discontinued its operations	or disposed of m	oro than 25% of its not	pecote					
Ver	3	· · · · · · · · · · · · · · · · · · ·	· ·	3	1 4 6					
ၓ	4	Number of independent voting members of the governing body (Fart VI, line 1a)			 					
ళ	5	Total number of individuals employed in calendar year 2022 (Part V, line			 					
ij					1014					
Activities		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12								
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			· 					
_	+ -	Net unrelated business taxable income norm offin 990-1, Fart i, line 11		Prior Year	Current Year					
		Contributions and grants (Part VIII line 1h)	H	8,011,394						
ne	8	Contributions and grants (Part VIII, line 1h)	Г	797,971						
Revenue	9	Program service revenue (Part VIII, line 2g)		183,804						
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,993,169						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),		25,000	25,000.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		1,078,590						
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lin		0,070,330						
en	loa	Professional fundraising fees (Part IX, column (A), line 11e)	43,595.	0	0.					
ă	_ D			6,302,679	6,875,460.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,406,269						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,586,900						
<u> (</u>	19	Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year						
Net Assets or Find Ralances		Total access (Dart V. line 10)	-	7,441,575						
\SSE Rais	20	Total assets (Part X, line 16)		208,247	392,399.					
let /	21	Total liabilities (Part X, line 26)		7,233,328						
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,233,320	7,000,340.					
		Ities of perjury, I declare that I have examined this return, including accompanying	cohodulos and stat	amonts, and to the hest of r	ny knowladge and balief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all informa-		•	ily kilowieuge allu bellel, it is					
uu	, 601166	t, and complete. Declaration of preparer (other than officer) is based on an informa-	ation of which prepa	Ter rias arry knowledge.						
0:-		Signature of officer		I Date						
Sig		DEBORAH HAYNES, EXECUTIVE DIRECTOR		Duto						
He	re	Type or print name and title								
				Date Check	PTIN					
Da!	4	Print/Type preparer's name Preparer's signature		if						
Pai		KATHLEEN M. FLAHERTY		self-emplo	54-1487262					
	parer	Firm's name MATTHEWS, CARTER & BOYCE	ጣው ኃናላ	Firm's EIN	74-140/404					
US	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUI	15 70U	5. 7.	12 210 2600					
		FAIRFAX, VA 22033		Phone no. 7 C)3-218-3600 X Ves No					
n /1 o	v tha II				I A I VAC I I NA					

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	FOOD FOR OTHERS PROVIDES FREE GROCERIES TO COMMUNITY MEMBERS	_
	EXPERIENCING FOOD INSECURITY IN NORTHERN VIRGINIA. FOOD FOR OTHER	
	ALSO PARTNERS WITH OTHER NONPROFITS AND COMMUNITY-BASED ORGANIZ	ZATIONS
	TO DISTRIBUTE FOOD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ü	If "Yes," describe these changes on Schedule O.	103110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
4		•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organization 501(c)	penses, and
	revenue, if any, for each program service reported.	C10 21E
4a	, (618,315.
	FOOD FOR OTHERS DISTRIBUTED CLOSE TO 3.6 MILLION POUNDS OF FREE	
	DIRECTLY TO HOUSEHOLDS AND PARTNER ORGANIZATIONS TO HELP ALLEVI	
	HUNGER IN THE NORTHERN VIRGINIA AREA. INDIVIDUAL HOUSEHOLDS WEI	
	PROVIDED FOOD ON 137,162 OCCASIONS THROUGHOUT THE YEAR. FOOD FO	
	ALSO PROVIDED WEEKEND FOOD TO ROUGHLY 3,500 STUDENTS EXPERIENCE	
	INSECURITY IN FAIRFAX COUNTY PUBLIC SCHOOLS. IN JANUARY 2023, I	
	OTHERS OPENED A NEW CLIENT CHOICE MARKET FOR WAREHOUSE CLIENTS	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
	-	
40		
4c	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 7,460,553.	
		Form 990 (2022)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		x
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,"			37
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	41	<u> </u>

232003 12-13-22

Form 990 (2022) FOOD FOR OTHERS, INC. 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		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,,
	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,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		1
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l <u> </u>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contiduid C Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		. 55	1.10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

(22) FOOD FOR OTHERS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 21								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial		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 A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
С										
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•								
	to file Form 8282?	l I	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 , 3 , 1 , 1 ,									
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8							
_	sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.										
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a 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:	100								
	Gross income from members or shareholders	11a								
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
~	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		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
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 remune				Х					
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X 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, are	d finar	ncial	
	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			
	MS. DEBORAH HAYNES - 703-207-9173			
	2938 PROSPERITY AVENUE, FAIRFAX, VA 22031			

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.

oxdet 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)			((C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable	Reportable	Estimated
	hours per week							compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC/	from the
	related		rustee		a.	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional t		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNIE TURNER	40.00	=	=	0		上也	ш.			
EXECUTIVE DIRECTOR				Х				118,821.	0.	26,196.
(2) ROBERT FARRELL	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) JEFF MARIN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) HILLARY WEST	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) LINDA DANG	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(6) LEIGH BURKE	2.00								_	
DIRECTOR	0.00	Х						0.	0.	0.
(7) REBECCA CHANIN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) MARITEL DASCO	2.00	١								
DIRECTOR	2 00	Х						0.	0.	0.
(9) WILLIAM DALY JR.	2.00	,,						_	0	
DIRECTOR	2 00	Х						0.	0.	0.
(10) HEDY SADEGHEIN (START 10/19/22)	2.00	٠,,						_	0	_
DIRECTOR	2 00	Х						0.	0.	0.
(11) SHELLY O'NEILL STONEMAN	2.00	X						0.	0.	0
DIRECTOR COUNTY OF THE PROPERTY OF THE PROPERT	2.00	^						0.	0.	0.
(12) JANE SCHAPIRO BROWN DIRECTOR	2.00	X						0.	0.	0.
(13) ARNOLDO BORJA	2.00	^						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(14) JAHANGIR BOROUMAND	2.00							· ·	0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
(15) MATT SALTER	2.00							•	•	
DIRECTOR		x						0.	0.	0.
(16) SARAH SCAFIDI	2.00	 								
DIRECTOR		x						0.	0.	0.
(17) BEN SEMMES (START 10/19/22)	2.00		\Box					-		
DIRECTOR		х						0.	0.	0.
020007 10 12 00	•					_				Form 990 (2022)

232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)			(C	C)			(D)	(E)			(F)		
Name and title	Average	Position (do not check more than					one	Reportable	Reportable		Esti	mated	
	hours per week	box	, unle	ss per	rson	is bot	h an	1 '	compensation			ount of	
	(list any				a director/trustee)		,	from the	from related organizations			ther ensation	
	hours for	director				D.		organization	(W-2/1099-MISC/	.		m the	
	related	5	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orga	nization	
	organizations	al trus	nal tri		loyee	o mp		1099-NEC)				related	
	below line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizations	
(18) BOBBY BHATNAGAR(UNTIL 10/19/22)	2.00	드	드	5	ş.	王占	Я.			$^{+}$			
FORMER CHAIRMAN		Х						0.	O	•		0.	
										+			
										+			
										+			
										_			
										\top			
								110 001			2.0	100	
1b Subtotal								118,821.		•	26,196.		
d Total (add lines 1b and 1c)								118,821.			26,196.		
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable				
compensation from the organization											- 1,	1	
2 Did the appropriation list any former of officer		1					. - : -				,	Yes No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	x	
4 For any individual listed on line 1a, is the su								her compensation from		٠			
and related organizations greater than \$15										. [4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch _l	pers	son .				.	5	X	
Section B. Independent Contractors	mnonostod in	don		nt o	ont	vo ota		that received more than	\$100,000 of compa		tion fr		
Complete this table for your five highest countries the organization. Report compensation for										iisa	LIOII II	וווכ	
(A)	J	-		<u>g</u>		<u> </u>		(B)	,		(C)		
Name and business	address							Description of s	ervices	Cc	mpen	sation	
THURSTON COMPANIES, INC. 8140 ASHTON AVE STE 206,	MANACC	א פי	7	77	2 (n 1 <i>(</i>	ام	CONCUDITON			200	000	
OTTO ASHION AVE SIE 200,	MANASSA	10	, \	/A	۷ (010	7 3	CONSTRUCTION			403	,988.	
							\dashv						
2 Total number of independent contractors (including but n	ot li	mite	d to	the	مو انم	ster	d ahove) who received n	ore than				
\$100,000 of compensation from the organi	•	JC III		u 10	0	1		a above, who received h	ioro triair				

Form 990 (2022) FOOD FO FOOD FOR OTHERS, INC.

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part VIII			
		Orice in Ochedule O Contains a resp	orise or riote to ar	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tariotion Tovorido	Buomiese revenue	sections 512 - 514
nts nts	1 a	Federated campaigns1a	122,3	26.			
Gra	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events1c	115,3	27.			
뺼		Related organizations 1d					
Sim,		Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants, and	T 246 0	c=			
흥히		similar amounts not included above 1f	7,346,8				
la Si	•	Noncash contributions included in lines 1a-1f	\$ 5,248,2	7,584,520.			
- "	n	Total. Add lines 1a-1f	Business Co				
o l	2 a	FOOD PROGRAMS	900099	618,315.	618,315.		
Š		·	_ 300033	010,313.	010,313.		
Ser	b b						
E S	d		_				
Program Service Revenue	e						
P	f	All other program service revenue					
	g			618,315.			
	3	Investment income (including dividends,					
		other similar amounts)		168,433.			168,433.
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties					
		(i) Rea	l (ii) Person	al			
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		· · · · · · · · · · · · · · · · · · ·	tian (ii) Other				
	7 a	Gross amount from sales of (i) Securi					
		assets other than inventory 7a 4,191,	229.				
<u>o</u>	D	Less: cost or other basis and sales expenses	275				
enr	•	and sales expenses		_			
Re		Net gain or (loss)		-92,046.			-92,046.
her Revenue		Gross income from fundraising events (not					, , , , ,
₹	•	including \$ 115,327. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 39,6	25.			
	b	Less: direct expenses	8b 39,6	25.			
	С	Net income or (loss) from fundraising even	nts	0.			
	9 a	Gross income from gaming activities. See	e				
		Part IV, line 19	9a				
		Less: direct expenses	9b				
		Net income or (loss) from gaming activities	es				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
		Less: cost of goods sold	10b				
\rightarrow	С	Net income or (loss) from sales of inventor					
snc	11 a		Business Co	oue			
Miscellaneous Revenue	ii a b						
ella ella	C		_				
Aisc R		All other revenue					
≥		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,279,222.	618,315.	0.	76,387.

232009 12-13-22

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	25 000	25 000		
	and domestic governments. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,	148,304.	96,398.	37,076.	14,830
_	trustees, and key employees	140,304.	30,330.	31,010.	14,030
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	823,896.	534,113.	202,652.	87,131
7	Other salaries and wages	043,090.	334,113.	202,032.	07,131
8	Pension plan accruals and contributions (include	12 022	0 2/1	3,208.	1 202
_	section 401(k) and 403(b) employer contributions)	12,832. 113,610.	8,341. 73,846.	28,403.	1,283 11,361
9	Other employee benefits	65,384.	42,500.	16,346.	6,538
10	Payroll taxes	05,304.	42,500.	10,340.	0,556
11	Fees for services (nonemployees):				
а					
b		58,500.		E0 E00	
C	5 · · · · · · · · · · · · · · · · · · ·	30,300.		58,500.	
	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	, -	1 500		1 500	
	column (A), amount, list line 11g expenses on Sch 0.)	1,589.		1,589.	
12	Advertising and promotion	98,735.	72,903.	23,773.	2 050
13	Office expenses	102,480.	66,017.	25,620.	2,059 10,843
14	Information technology	102,480.	00,01/.	25,620.	10,843
15	Royalties	44 425	20 422	15 002	
16	Occupancy	44,425.	28,432.	15,993.	
17	Travel	22,182.	22,182.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	144,120.	144 120		
22	Depreciation, depletion, and amortization	32,647.	144,120. 21,036.	0 161	3 150
23	Insurance	34,04/.	ZI,U30.	8,161.	3,450
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	6 202 021	6 202 021		
a		6,202,931.	6,202,931.		
b	REPAIRS AND MAINTENANCE	39,710.	39,710.	14 700	
С	BANK SERVICE CHARGE AND	36,976.	22,186.	14,790.	
d	DUES AND SUBSCRIPTIONS	35,310.	14,124.	21,186.	C 100
е	All other expenses	55,855.	46,714.	3,041.	6,100
25	Total functional expenses. Add lines 1 through 24e	8,064,486.	7,460,553.	460,338.	143,595
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

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or r	note to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	1,461,490.	1	1,827,421.			
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net	76,874.	3	76,409.			
	4	Accounts receivable, net	32,244.	4	80,638.			
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sul						
		controlled entity or family member of any of the	nese perso	ons		5		
	6	Loans and other receivables from other disqu	alified per	rsons (as defined				
		under section 4958(f)(1)), and persons describ		6				
ţ	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use			265,429.	8	384,909.	
Ä	9	Prepaid expenses and deferred charges			28,768.	9	36,617.	
	10a	Land, buildings, and equipment: cost or other	r					
		basis. Complete Part VI of Schedule D	. 10a	1,479,506.				
	b		. 10b	685,630.	361,993.	10c	793,876.	
	11	Investments - publicly traded securities	5,204,691.	11	5,067,789.			
	12	Investments - other securities. See Part IV, lin		12				
	13	Investments - program-related. See Part IV, lir		13				
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		10,086.	15	5,086.		
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	7,441,575.	16	8,272,745.	
	17	Accounts payable and accrued expenses			147,440.	17	371,266.	
	18	Grants payable		18				
	19	Deferred revenue			19,500.	19	21,133.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21		
es	22	Loans and other payables to any current or fo	ormer offic	er, director,				
Liabilities		trustee, key employee, creator or founder, sul	bstantial c	contributor, or 35%				
jab		controlled entity or family member of any of the				22		
_	23	Secured mortgages and notes payable to unr				23		
	24	Unsecured notes and loans payable to unrela				24		
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X	44 205		0	
		of Schedule D			41,307.		0.	
	26	Total liabilities. Add lines 17 through 25			208,247.	26	392,399.	
S		Organizations that follow FASB ASC 958, c	heck her	e X				
ä		and complete lines 27, 28, 32, and 33.			7 056 000		7 750 067	
ala	27	Net assets without donor restrictions			7,056,002.	27	7,758,267.	
В	28	Net assets with donor restrictions			177,326.	28	122,079.	
Ë		Organizations that do not follow FASB ASC	958, che	eck here				
P		and complete lines 29 through 33.						
)ts	29	Capital stock or trust principal, or current fund			29 30			
SSE	30		Paid-in or capital surplus, or land, building, or equipment fund					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			7 722 220	31	7 000 216	
ž	32	Total net assets or fund balances			7,233,328.	32	7,880,346.	
	33	Total liabilities and net assets/fund balances			7,441,575.	33	8,272,745.	

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,27					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,06					
3	Revenue less expenses. Subtract line 2 from line 1		21 7,23		36.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		43	2,2	82.			
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	-	7,88	0,3	346.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII									
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	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	3,						
	consolidated basis, or both:								
	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	e audit	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	Ο.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOOD FOR OTHERS, INC.

Employer identification number

54-1777157 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.)

Se	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.")	3,880,210.	5,921,949.	8,403,716.	8,011,394.	7,584,520.	33,801,789.
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	250,964.	258,493.	266,247.	274,235.	472,805.	1,522,744.
4	Total. Add lines 1 through 3	4,131,174.	6,180,442.	8,669,963.	8,285,629.	8,057,325.	35,324,533.
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)						284,151.
6	Public support. Subtract line 5 from line 4.						35,040,382.
Se	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	4,131,174.	6,180,442.	8,669,963.	8,285,629.	8,057,325.	35,324,533.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	38,175.	25,227.	144,283.	183,803.	76,387.	467,875.
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.)		29.				29.
11	Total support. Add lines 7 through 10						35,792,437.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						07.00
14	Public support percentage for 2022 (I					14	97.90 %
15	Public support percentage from 2021					15	97.60 %
16a	33 1/3% support test - 2022. If the o	•		•		•	
	stop here. The organization qualifies						X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		Form 990) 2022

232022 12-09-22

FO58___1

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.)

Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	Section A. Public Support	, , , , , , , , , , , , , , , , , , ,	,				
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the amount on line 13 for the year companies of the companies of the companies of the year companies	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 1 for the year c Add lines 7a and 7b 8 Public support. Subtractine 7c from line 5 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sininer sources	1 Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b 8 Public support. (Sightsutline 7 & from line §) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 mounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from the than disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 13 for the year c Add lines 7 and 7b	include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b 8 Public support. (Subheat line 7,6 from line 8) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2 Gross receipts from admissions,						
any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons bhamounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Spithactline 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 103 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	•						
organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtactline 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	•						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3 Gross receipts from activities that						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	are not an unrelated trade or bus-						
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 8 Public support. (Subtact line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	iness under section 513						
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4 Tax revenues levied for the organ-						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	or expended on its behalf						
the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5 The value of services or facilities						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	furnished by a governmental unit to						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	the organization without charge						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	• •						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	•						
c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (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	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9 Amounts from line 6						
securities loans, rents, royalties, and income from similar sources	10a Gross income from interest,						
and income from similar sources							
	and income from similar sources						
(less section 511 taxes) from businesses	(less section 511 taxes) from businesses						
acquired after June 30, 1975	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.)							
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,		he organization's fi	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organizat	ion.
check this box and stop here		-			•		
Section C. Computation of Public Support Percentage							
15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15	15 Public support percentage for 2022 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
						16	%
Section D. Computation of Investment Income Percentage							
17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17	17 Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
						18	%
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•			•	•	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
10		
4c		
5a		
5b 5c		
5 C		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10h		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	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			110
•	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		
	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		
	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		
	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		
	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		
Sect	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 yea(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	structio	ns).	
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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in I	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-function	ally integrate	ed Type III supporting org	anization (see
	instructions).			·

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

FOOD FOR OTHERS, INC. 54-1777157 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

FOOD	FOR OTHERS, INC.	54	1-1777157
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,809,262</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 309,797.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 192,283.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 242,390.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 280,354.	Person Payroll Noncash (Complete Part II for

FO58____1

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 233,514.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DONATED FOOD						
1							
		\$_	1,809,262.	06/30/23			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
Faiti	DONATED FOOD	+					
2							
		\$_	309,797.	06/30/23			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DONATED FOOD						
3							
		\$_	192,283.	06/30/23			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DONATED FOOD						
5							
		\$_	242,390.	06/30/23			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DONATED FOOD						
6							
		\$_	280,354.	06/30/23			
(a)			(c)				
No. from	(b) Description of noncash property given		FMV (or estimate)	(d) Date received			
Part I	peson phone of noncestrap operty given		(See instructions.)	Date i eceiveu			
	DONATED FOOD						
9							
		\$_	233,514.	06/30/23			

FO58____1

Name of organization **Employer identification number** 54-1777157 FOOD FOR OTHERS, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FO58___1

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 FOR OTHERS, INC.

Employer identification number 54-1777157

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds
	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	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat		ı	
	Preservation of land for public use (for example, recrea	ation or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·		
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation ea		dana dana alliana a f	
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		nd opforoing concorret	
6	Stair and volunteer riodis devoted to monitoring, inspecting,	, nandling of violations, at	id emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation e	asements during the year
•	7 thount of expenses mounted in monitoring, inspecting, hark	aming of violations, and on	rorolling dorinocrvation of	acomenia danng the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requiremen	ts of section 170(h)(4)(f	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		<u> </u>	
	organization's accounting for conservation easements.	· ·		
Par	t III Organizations Maintaining Collections o	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e 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 tree	easures, or other similar a	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining (Collections of A	rt, Histor	ical Tr	easures, d	or Other	Similar A	\ssets (continued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	⊢ ☐ Loa	an or exc	hange progra	am			
b	Scholarly research	е	Oth	ner					
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	n how they	further t	he organizati	on's exem	pt purpose i	n Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, histo	rical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be m	naintained as part of t	he organiza	ation's co	ollection?			Yes No	
Pai	rt IV Escrow and Custodial Arrar	ngements. Comple	ete if the or	ganizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	art X, line 21.							
1a	Is the organization an agent, trustee, custoo	dian or other intermed	diary for cor	ntribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	• • • • • • • • • • • • • • • • • • • •						1f		
	Did the organization include an amount on F					-	/?	L Yes	
	If "Yes," explain the arrangement in Part XIII							<u></u>	
Pai	rt V Endowment Funds. Complete							hard A S Farmana hards	
		(a) Current year	(b) Prior	r year	(c) Two year	rs dack (d) Three years	back (e) Four years back	
1a	o o ,								
b									
С	Net investment earnings, gains, and losses								
d	1								
е	Other expenditures for facilities								
	and programs								
f	1								
g									
2	Provide the estimated percentage of the cu			column (a	a)) held as:				
а			_%						
b		%							
С		_%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the poss	ession of the organiz	ation that a	re held a	nd administe	ered for the)	Yes No	
	organization by:								
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
	If "Yes" on line 3a(ii), are the related organiz							3b	
4 Dai	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equipr		wment tun	as.					
ı aı	Complete if the organization answere) Part IV li	ne 11a S	See Form 990) Part X lii	ne 10		
	Description of property	(a) Cost or o			or other		umulated	(d) Book value	
	Description of property	basis (investr			(other)		eciation	(u) book value	
10	Land	- · · · ·	,	24010	(24101)	аорі	231411011		
ia b	Land Buildings								
D	Leasehold improvements		-	47	1,250.	•	21,599	449,651.	
d									
					2,313.		34,550		
	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FOOD FOR OTH	HERS, INC.	54	l-1777157 Page
Part VII Investments - Other Securities.			<u>g-</u>
Complete if the organization answered "Yes" (al af
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-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 X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part Y line 2	5
(a) Description of liability	5/11 O/111 930, 1 art 1V, iiile	Tre or Tri. Gee Form 330, Fart X, line 2	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

11311114 758571 F058

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

54	<u>l – 1</u>	17	77	1	57	Page 4

	TXI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		i nevellue pei n	Cluiii	•
1	Total revenue, gains, and other support per audited financial statements			1	9,189,970.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	-,,
– a	Net unrealized gains (losses) on investments	2a	432,282.		
b	Donated services and use of facilities		478,466.		
c	Recoveries of prior year grants		·		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	910,748.
3	Subtract line 2e from line 1			3	8,279,222.
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.)				
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	8,279,222.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	8,542,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	478,466.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	478,466.
3	Subtract line 2e from line 1			3	8,064,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information.)		5	8,064,486.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

FOOD FO	R OTHERS, INC.				54-1777	ntification number
	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization rais a	sed funds through any of the following e Solicitary Solicitary Solicitary Solicitary Special S	tion of tion of fundra I (include profess	non-g gover aising ding o ional t	overnment grants rnment grants events officers, directors, tru fundraising services	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	and the leaders tions for Forms	000	000		Calacalista	G (Form 990) 2022

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

		of fundraising event contributions and gr			<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			_	GOLF	NONE	(add col. (a) through
			FFO 5K	TOURNAMENT		col. (c))
Ф			(event type)	(event type)	(total number)	001. (0)
Revenue			94,297.	60,655.		154 052
Re	1	Gross receipts	94,297.	00,055.		154,952.
	2	Less: Contributions	80,590.	34,737.		115,327.
	3	Gross income (line 1 minus line 2)	13,707.	25,918.		39,625.
	4	Cash prizes				
"	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,707.	25,918.		39,625.
	10	Direct expense summary. Add lines 4 through				39,625.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c))
Re	4	Grace revenue				
	•	Gross revenue				
w	2	Cash prizes				
Jse						
Expel	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended orto	erminated during the tax	vear?	Yes No
		Yes," explain:	•	-	•	03 140
_						
	_					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	FOOD	FOR	OTHERS,	INC.		54-1	777	157	Page 3
11	Does the organization conduct g	aming activit	ties with	n nonmembers?					/es	☐ No
	Is the organization a grantor, ber	neficiary or tr	ustee o	of a trust, or a mo	ember of a	a partnership or other entity form	med		′ es	□ No
10	to administer charitable gaming? Indicate the percentage of gamir							<u></u> П	res	L NO
								420		0/
	The organization's facility							13a 13b		<u>%</u>
	An outside facility							ISD		70
14	Name	ne person w	no prep	ares the organiz	ation's ga	ariing/special events books and	records.			
	Address									
15	a Does the organization have a co	ntract with a	third pa	arty from whom	the organ	ization receives gaming revenue	e?		′ es	☐ No
ı	o If "Yes," enter the amount of gan	ning revenue	e receive	ed by the organi	zation	\$ and t	he amount			
	of gaming revenue retained by the	ne third party	/ \$ _							
(If "Yes," enter name and address	s of the third	party:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	Emplo	oyee		ndepende	ent contractor				
17	Mandatory distributions:									
	Is the organization required unde	er state law t	o make	charitable distri	butions fr	om the gaming proceeds to				
	retain the state gaming license?								′ es	☐ No
ı	Enter the amount of distributions									
	organization's own exempt activi	ties during tl	he tax y	ear \$						
Pa				•	•	by Part I, line 2b, columns (iii) a mation. See instructions.	and (v); and Par	t III, lin	es 9,	9b, 10b,
			<u>-</u>	, , , , , , , , , , , , , , , , , , , ,						

Schedule G (Form 990)	FOOD FOR OTHERS, INC.	54-1777157 Page 4
Schedule G (Form 990) Part IV Supplemental In	formation (continued)	<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

FOOD FOR	OTHERS, I	INC.					54-1777157
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Par	: IV, line 21, for any
(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
FAIRFAX DIAPERS 1731 KILLARNEY CT VIENNA, VA 22182	83-4337298	501(C)(3)	25,000.	0.	FMV		TO HELP FAIRFAX DIAPERS SUPPLY DIAPERS FOR THE CLIENTS SERVED BY FOOD FOR OTHERS
			·				
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization		1 table					······

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. ART I, LINE 2: DOD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE SE OF THE GRANT.	(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
ART I, LINE 2:						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
OOD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE						
RT I, LINE 2: OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE	art IV Supplemental Information Provide the informa	tion required in Part I lin	e 2: Part III. colum	n (h): and any other a	dditional information	
OD FOR OTHERS RECEIVED A REPORT FROM THE ORGANIZATION THAT DETAILED THE	<u>'</u>	alorrioquilou irri arci, iiri	o z, r arr m, colam	ir (b), and any other at	aditional mornation.	
		ODE EDOM MILE	ODGANTGAG			
SE OF THE GRANT.		ORT FROM THE	ORGANIZA'	TION THAT D	ETAILED THE	
	SE OF THE GRANT.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

	FOOD FOR OTH	IERS, I	INC.		54-	1777	157	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of c noncash contrib	letermir	•	is
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	2	32,900.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		500 460	5 04 5 000				
19	Food inventory	X	2,522,463	5,215,308.	AVG WHOLES	ALE	cos	Т
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()		<u> </u>					
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	283, Part V, I	Donee Acknowledg	gement 29				·
	B ·						Yes	No
30a	During the year, did the organization receive b	-	*		-			
	must hold for at least 3 years from the date of					20-		Х
	exempt purposes for the entire holding period	?				30a		Α.
	If "Yes," describe the arrangement in Part II.	naliay that r	aguiras tha raviou	of any population days contribu	utions?	0.4		Х
31	Does the organization have a gift acceptance				itions?	31		
s∠a	Does the organization hire or use third parties contributions?		_			20-		х
L						32a		42
	If "Yes," describe in Part II. If the organization didn't report an amount in o	column (a) fa	or a tuno of avacant	y for which column (a) is she	ckod			
33	describe in Part II.	Joiuinin (C) IC	n a type of propert	y for writeri coluitiit (a) is che	oneu,			

Schedule M (Form 990) 2022

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD FOR OTHERS, INC.

Employer identification number 54-1777157

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF FOOD FOR OTHERS IS TO DISTRIBUTE FOOD TO OUR NEIGHBORS
IN NEED BY MOBILIZING OUR GIVING COMMUNITY AND VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE FOUR OFFICERS
ON THE BOARD OF DIRECTORS. BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,
ON-GOING OVERSIGHT OF THE AFFAIRS OF THE ORGANIZATION MAY BE CONDUCTED BY
THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS PRESENTED TO THE BOARD OF DIRECTORS ELECTRONICALLY FOR REVIEW PRIOR TO THE FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY BOARD MEMBER MUST SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS.

IF POTENTIAL CONFLICTS ARISE, THE ENTIRE BOARD REVIEWS THE SITUATION AND

DETERMINES WHETHER A CONFLICT EXISTS. IF SO, THE MEMBER WITH THE CONFLICT

IS BARRED FROM VOTING ON MATTERS PERTAINING TO THE SUBJECT OF THE CONFLICT.

THE MINUTES OF THE MEETING SHALL INCLUDE THE NAME OF THE PERSON WHO

DISCLOSED OR OTHERWISE WAS FOUND TO HAVE FINANCIAL INTERST IN CONNECTION

WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE

FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF

INTEREST IN FACT EXISTED, THE NAMES OF THOSE PRESENT FOR DISCUSSIONS, THE

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** FOOD FOR OTHERS, INC. 54-1777157 NATURE OF THE DISCUSSIONS, AND THE VOTE CONCERNING WHETHER THE CONFLICT EXISTED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS INITIATES A REVIEW OF THE EXECUTIVE DIRECTOR. THE REVIEW INVOLVES GATHERING INPUT FROM ALL MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE THEN TAKES THE REVIEW INTO CONSIDERATION AS WELL AS A LISTING OF COMPARABLE PAY IN LOCAL NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE THE PAY FOR THE EXECUTIVE DIRECTOR. FOR KEY EMPLOYEES, THE DATA IS COMPARED TO FAIRFAX COUNTY'S PAY SCALE. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ANOTHER ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION. HOWEVER, THE FORM 1023 IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: AN AUDITOR WAS SELECTED BY THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS.

FO58___1