| 1 Onn | | | Under section 501(c). | 527, or 4947(a)(1) of the Inte | rnal Revenue (| Code (except | private found | ations) | 2021 |
|---|-------------|----------------------------|------------------------------|--|-----------------|-------------------|------------------|--------------------|--------------------------|
| ▶ Do not enter social security numbers on this form as it may be made public. | | | | | | | | | Open to Public |
| • | | the Treasury ue Service | | www.irs.gov/Form990 for ins | | - | | | Inspection |
| | | | ar year, or tax year begi | | 07-01 | , 2021, and | | 06- | |
| _ | | applicable: | | ood Bank of Northern | | Inc. | | | er identification number |
| | ddress o | | Doing business as | | / | | | | 94-2924979 |
| F | lame cha | 0 | | P.O. box if mail is not delivered to street a | address) | Roo | om/suite | E Telepho | |
| F | nitial retu | • | 550 Italy Dr | | , | | | · · | |
| ΠF | inal retu | rn/terminated | | ovince, country, and ZIP or foreign posta | al code | · | | G Gross r | eceipts |
| F | mended | | Sparks, NV 89 | | | | | \$ | 45,419,775 |
| Π | pplicatio | on pending | | rincipal officer: Nicole Lambo | lev | | H(a) Is this a | a group return for | |
| _ | | 1 5 | Same as C abo | | 1 | | | subordinates | |
| 1 1 | ax-exem | npt status: X | 501(c)(3) 501(c) (|) < (insert no.) 4947(a)(1 |) or 527 | | If "No, | " attach a list. | See instructions |
| JV | Vebsite: | | .fbnn.org | | · <u> </u> | | H(c) Group | exemption nu | imber 🕨 |
| K F | orm of o | organization: 🗴 | Corporation Trust As | ssociation 🗌 Other 🕨 | LYe | ear of formation: | 1981 M | State of legal | domicile: NV |
| Pa | rt I | Summar | y | | | | | | |
| | 1 | Briefly descri | be the organization's miss | sion or most significant activities | S: The Fo | ood Bank o | of Norther | n Nevad | la, Inc.'s (Food |
| | | Bank's) | nission is "Feed: | ing the hungry today | and solvi | ing hunger | for tomo | orrow th | rough community |
| nce | | partners | nip." The Food Ba | ank's vision is "Hea | lthy Food. | . Every Pe | erson, Eve | ery Day. | , " |
| Governance | | - | | | | | | | |
| ove | 2 | Check this be | ox 🕨 🔲 if the organizatio | n discontinued its operations o | r disposed of m | ore than 25% | of its net asset | s. | |
| ğ | 3 | Number of vo | oting members of the gove | erning body (Part VI, line 1a) | | | | . 3 | 16 |
| s S | 4 | Number of in | dependent voting membe | rs of the governing body (Part V | VI, line 1b) | | | . 4 | 16 |
| Activities & | 5 | Total number | of individuals employed i | n calendar year 2021 (Part V, li | ne 2a) 🔹 🔒 | | | . 5 | 157 |
| cti | 6 | Total number | of volunteers (estimate if | necessary) | | | | . 6 | 2,989 |
| ∢ | 7a | Total unrelate | d business revenue from | Part VIII, column (C), line 12 | | | | . 7a | 0 |
| | b | Net unrelated | l business taxable income | e from Form 990-T, Part I, line 1 | 1 | | | . 7b | 0 |
| | | | | | | | Prior Year | r | Current Year |
| | 8 | Contributions | and grants (Part VIII, line | e 1h) | | [| 53,37 | 9,100 | 45,007,731 |
| iue | 9 | Program service | vice revenue (Part VIII, lin | e 2g) | | [| 8 | 1,452 | 224,635 |
| Revenue | 10 | Investment ir | icome (Part VIII, column (| A), lines 3, 4, and 7d) • • • | | [| | 8,030 | 44,725 |
| Re | 11 | Other revenu | e (Part VIII, column (A), li | nes 5, 6d, 8c, 9c, 10c, and 11e |) | [| 15 | 5,318 | 142,684 |
| | 12 | Total revenue | e - add lines 8 through 11 | (must equal Part VIII, column (/ | A), line 12) | [| 53,62 | 3,900 | 45,419,775 |
| | 13 | Grants and s | imilar amounts paid (Part | IX, column (A), lines 1-3) | | [| | | 0 |
| | 14 | Benefits paid | to or for members (Part I | | 0 | | | | |
| Ś | 15 | Salaries, oth | er compensation, employe | ee benefits (Part IX, column (A) | , lines 5-10) | | 3,82 | 4,956 | 4,015,915 |
| ses | 16a | Professional | fundraising fees (Part IX, | column (A), line 11e) | | · · · · · L | 50 | 0,758 | 499,214 |
| Expen | b | Total fundrais | ing expenses (Part IX, co | lumn (D), line 25) 🕨 📃 | 1,0 | 94,988 | | | |
| ŭ | 17 | | ses (Part IX, column (A), I | | | · · · · · L | 40,97 | 5,283 | 37,187,305 |
| | 18 | | | t equal Part IX, column (A), line | | | 45,30 | 0,997 | 41,702,434 |
| | 19 | Revenue les | s expenses. Subtract line | 18 from line 12 | | | 8,32 | 2,903 | 3,717,341 |
| Net Assets or Fund Balances | | | | | | L | Beginning of Cur | rent Year | End of Year |
| sets | 20 | | Part X, line 16) • • • | | | · · · · · | 28,03 | 7,054 | 28,867,590 |
| tAs | 21 | | s (Part X, line 26) • • | • • • • • • • • • • • • • • • • | | · · · · · L | 2,48 | 2,138 | 1,609,838 |
| | _ | | fund balances. Subtract | line 21 from line 20 | | | 25,55 | 4,916 | 27,257,752 |
| | rt II | | re Block | | | | | | |
| | | | | urn, including accompanying schedules a fficer) is based on all information of whic | | | knowledge and be | lief, it is | |
| | | | | | | | | | |
| Sig | n | | n Edwards e of officer | | | | | Data | |
| - | | Signatur | e of officer | | | | | Date | |
| Her | e | | n Edwards, CFO | | | | | | |
| | | <u> </u> | print name and title | Bronoror's signatives | | lata | | | |
| Dai | 4 | Print/Type pre | | Preparer's signature | | ate | Check | | PTIN |
| Paie | | | Christiansen | Connie Christiansen | n 04 | 4-24-2023 | | nployed | XXXXXXXXX |
| | parer | | | Christiansen, CPA | | | Firm's EIN | • | |
| 056 | Only | Firm's address | | | | | Phone no. | | |
| | | | Reno NV | | | | | 775-4 | 13-4084 |
| May | the IRS | 5 discuss this | eturn with the preparer sl | nown above? See instructions | | | | | Yes 🛛 No |

Return of Organization Exempt From Income Tax

Form **990**

OMB No. 1545-0047

21

20

| - | 1990 (2021) Food Bank of Northern Nevada, Inc. | 94-2924979 | Page 2 |
|-----|--|-----------------|--------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | x |
| 1 | Briefly describe the organization's mission: | | |
| | The Food Bank of Northern Nevada, Inc.'s (Food Bank's) mission is "Feeding th | e hungry today | v and |
| | solving hunger for tomorrow through community partnership." The Food Bank's v | | |
| | Food. Every Person, Every Day." | 101011 10 11001 | |
| | Tood: Every reison, Every Day. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | prior Form 990 or 990-EZ? | | No |
| | • | | JNO |
| _ | 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 <u>x</u> | No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | d by | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ners, | |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| | | | |
| 4a | (Code:) (Expenses \$ 39,655,678 including grants of \$) (Revenue | \$ 367, | 319) |
| | The Food Bank of Northern Nevada is the primary regional food distribution an | · | |
| | supporting people experiencing food insecurity in 23 counties across northern | | |
| | eastern California Sierra. It delivers an array of programs and services which | | 16 |
| | | | |
| | constitute a multi-level effort to solve hunger, serving approximately 120,00 | | |
| | in FY22. Donated and purchased food is collected, sorted, and delivered to pe | | |
| | of 150 partner agencies and through direct-to-neighbor programs throughout ou | | |
| | service area. In FY22, the Food Bank and its partners distributed more than 1 | 9 million pour | nds of |
| | food-the equivalent of 17.1 million meals. (Continued on Schedule O) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| | | \$ |) |
| -4c | | \$ |) |
| -4c | | \$ |) |
| -4c | | \$ |) |
| 4c | | \$ |) |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| -4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| -4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| | | \$ |) |
| 4c | Other program services (Describe on Schedule O.) | \$ |) |
| | | \$ |) |

| Form 990 (2 | 2021 |
|-------------|------|
| Part IV | |

| 21) | Food | Bank | of | Northern | Nevada, | Inc. |
|--------------|------|--------|-----|----------|---------|------|
| Checklist of | Requ | ired S | che | edules | | |

Т

Т

| | | | Yes | No |
|------|--|-----|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, | _ | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 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 | | x |
| 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 | | <u>x</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | • | | ., |
| • | | 8 | | <u>x</u> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | v |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3 | | <u>x</u> |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | v | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | х | |
| | VII, VII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | | | |
| a | complete Schedule D, Part VI | 11a | x | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | 114 | <u> </u> | |
| - | 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 | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | <u>x</u> |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | x |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |

| Par | TIV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or 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 entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "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 |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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? Note: All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Form W-2G included in 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 | x | |

Food Bank of Northern Nevada, Inc.

94-2924979

Page 4

Form 990 (2021)

| | 990 (2021) Food Bank of Northern Nevada, Inc. 94-29249 | 79 | P | age 5 |
|----------|---|-----|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 157 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | 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 contributions 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 services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | _ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | - | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | 1.0 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the organization is licensed to issue qualified health plans | | | |
| ~ | Enter the amount of reserves on hand | - | | |
| с 14а | 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 Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | <u> </u> |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | • |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| | | | | |

| Forr | m 990 (2021) Food Bank of Northern Nevada, Inc. 94-2924 | 979 | F | Page 6 |
|------|--|----------------------|-----|----------|
| Pa | art 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 in Schedule O. See instructions | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part VI | | | . x |
| Se | ction A. Governing Body and Management | | | <u> </u> |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1 | 5 | | |
| | 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 in line 1a, above, who are independent | <u> </u> | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| 3 | any other officer, director, trustee, or key employee? | · 2 | | x |
| 3 | supervision of officers, directors, or trustees, or key employees to a management company or other person? | . 3 | | v |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | - | x x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | x |
| 6 | Did the organization have members or stockholders? | | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | . 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | <u> </u> |
| | 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 | x | |
| b | Each committee with authority to act on behalf of the governing body? | . 8b | x | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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 | | x |
| 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? | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | . <u>11a</u> | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 10- | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | X | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . <u>12b</u> | x | <u> </u> |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 120 | | |
| 13 | Did the organization have a written whistleblower policy? | · <u>12c</u> · 13 | X | <u> </u> |
| 13 | Did the organization have a written document retention and destruction policy? | · 13 · 14 | X | <u> </u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | . 14 | x | |
| | 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 California | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 4.6 | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| 20 | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | The Organization (775)331-3663, 550 Italy Dr, Sparks, NV 89437 | | | |

| Form 990 (202 | | 94-2924979 | Page 7 |
|-----------------------------------|--|-------------------|---------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors | pensated Employed | es, and |
| | 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 organization's | this table for all persons required to be listed. Report compensation for the calendar year ending with or within tax year. | the | |
| ● Listallo | f the organization's current officers, directors, trustees (whether individuals or organizations), regardless of a | mount of | |

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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | | | (C) | | | | | |
|--------------------------|----------------------|---|---------------|-------------------|---------------------------------|--------|----------------------------------|----------------------------------|------------------------------|
| (A) | (B) | Position | | | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one box, unless person is both an | | | | | Reportable | Reportable | Estimated amount |
| | hours | officer and a director/trustee) | | | | | compensation | compensation | of other |
| | per week | | | | | | from the | from related | compensation |
| | (list any | 9 J | - | 0 2 | e I | F | organization (W-2/ 1099-MISC/ | organizations W-2/ 1099-MISC/ | from the organization and |
| | hours for related | divid | stitu | Ney er Officer | nplo | Former | 1099-NEC) | 1099-NEC | related organizations |
| | organizations | ctor | Institutional | Officer | st co | | | | |
| | below | Individual trustee or director | l trustee | yee | mpe | | | | |
| | dotted line) | ŏ | stee | | Highest compensated employee | Ť | | | |
| | | | | | ă | | | | |
| | | | | | | | | | |
| (1) Nicole Lamboley | 40.00 | | | | | | | | |
| CEO/President | | | | x | | | 172,500 | 0 | 17,737 |
| (2) Brian Edwards | | | | | | | | | |
| Chief Financial Officer | 40.00 | | | х | | | 117,942 | 0 | 12,797 |
| (3) Rodger Stone | 1.00 | | | | | | | | |
| Director | | х | | | | | 0 | 0 | 0 |
| (4) Tony Wynn | <u>1.00</u> | | | | | | | | |
| Director | | х | | | | | 0 | 0 | 0 |
| (5) Mitchell Fong | | | | | | | | | |
| Director | | х | | | | | 0 | 0 | 0 |
| (6) Rich Jersey | | | | | | | | | |
| Director | | х | | | + | | 0 | 0 | 0 |
| (7) Parvaneh_Carter | | | | | | | | | |
| Director | 1.00 | | | | | | 0 | 0 | 0 |
| (8) Jasmine Dhindsa, MD | <u>1.00</u> | | | | | | | | |
| Director | | x | | | | | 0 | 0 | 0 |
| (9) Jeremiah Relaford | <u>1.00</u> | | | | | | | | |
| Director | | X | | | | | 0 | 0 | 0 |
| (10)Lynne Barker | <u>1.00</u> | | | | | | | | |
| Director | | X | | | | | 0 | 0 | 0 |
| (11)Craig_Etem | <u>1.00</u> | | | | | | | | |
| Director | | x | | | | | 0 | 0 | 0 |
| (12)Sherman_Baker | <u>1.00</u> | | | | | | | | |
| Director | | x | | | | | 0 | 0 | 0 |
| (13)Letitia Anderson, MD | <u>1.00</u> | | | | | | | | |
| Director | | x | | | + | | 0 | 0 | 0 |
| (14)Karen Munson | <u>1.00</u> | | | | | | | | |
| Director | | х | | | | | 0 | 0 | 0 |
| EEA | | | | | | | | | Form 990 (2021) |

Form 990 (2021)

Page 8

| Part VII Section A. Officers, Directors, Trustees | | | | | hest | t Com | pens | sated Employees | (continued) | | • | uge e |
|--|--------------------------|--|------------------|---------|--------------|---------------------------------|--------|----------------------------------|-----------------------------------|---------|---------------------|--------------|
| | | | | | C) | | | | , | | | |
| (A) | (B) | (B) Position (do not check more than one box, unless person is both an | | | | | | (D) | (E) | (F) | | |
| Name and title | | | | | | | | Reportable | Reportable | Estin | nated am | nount |
| | hours per week | | | | | | | compensation | compensation | Louin | of other | |
| | | | | | | , | | from the | from related | | mpensat | tion |
| | (list any | <u> </u> | = | 0 | 7 | ₫т | Ē | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | | rom the nization | and |
| | hours for | - divio | nstitutional | Officer | Key employee | nplo | Former | 1099-NEC) | 1099-NEC) | - | d organiz | |
| | related organizations | ector | tion | 7 | mplo | st co | e, | | | | | |
| | below | Individual trustee or director | al tr | | oyee | omp | | | | | | |
| | dotted line) | iee | trustee | | | Highest compensated employee | | | | | | |
| | | | | | | ted | | | | | | |
| | 2.00 | | | _ | | | | | | | | |
| Secretary | = | x | | x | | | | 0 | 0 | | | 0 |
| (46) = 1 = 1 = 1 = 1 | 2.00 | | | | | | | Ŭ | • | | | |
| | <u></u> | v | | v | | | | 0 | 0 | | | 0 |
| Board Chair | 2.00 | X | | X | | | | 0 | 0 | | | |
| (17)Heidi Foster | <u> </u> | | | ., | | | | 0 | • | | | ^ |
| Treasurer | | X | $\left \right $ | X | | | | 0 | 0 | | | 0 |
| (18)Dusty Casey | <u>2.00</u> | | | | | | | | | | | • |
| Vice Chair | | x | $\left \right $ | X | | | | 0 | 0 | | | 0 |
| <u>(19)</u> | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | • • | • • | | • • | | | | | |
| c Total from continuation sheets to Part VII, Sect | ion A 🛛 - | | | - | | | • | | | | | |
| d Total (add lines 1b and 1c) | | | | • • | ••• | | • • | 290,442 | 0 | | 30,5 | 534 |
| 2 Total number of individuals (including but not limite | ed to those lis | ted ab | ove) | who | o rec | eived | more | e than \$100,000 of | | | | |
| reportable compensation from the organization | | | | | | | | | | | | 2 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, directo | | | - | , or | high | est co | mpe | ensated | | | | |
| employee on line 1a? If "Yes," complete Schedule | | | | | | | | | | 3 | | x |
| 4 For any individual listed on line 1a, is the sum of re | eportable con | npensa | ation a | and | othe | er com | pen | sation from the | | | | |
| organization and related organizations greater that | n \$150,000? | lf "Yes | s," cor | mple | ete S | Schedu | ıle J | for such | | | | |
| individual | | | | • • | ••• | | • • | | | 4 | x | |
| 5 Did any person listed on line 1a receive or accrue | compensatio | n from | any | unre | elate | ed orga | niza | ation or individual | | | | |
| for services rendered to the organization? If "Yes," | ' complete Sc | hedul | e J foi | r su | ch p | erson | | | | 5 | | x |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest compensation | | | | | | | | | | | | |
| compensation from the organization. Report comp | ensation for t | he cal | enda | r ye | ar ei | nding \ | with | or within the organi | zation's tax year. | | | |
| (A) | | | | | | | | (B) | | (C) | | |
| Name and business addres | | | | | | | | Description of servic | es | Compens | ation | |
| One & All, 2 N Lake Suite 200 Pasaden | a CA 911(| 01 | | | | | Dir | ect mail/e-a | ppe | | 499,2 | 214 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including | - | | hose | liste | ed al | oove) v | who | | | | | |
| received more than \$100,000 of compensation fro | m the organiz | ation | • | • | | | | | 1 | | | |

| Form 99 | | | her | n Nevada, In | c | | 94-29249 | 79 Page 9 |
|---|-----|--|---------|------------------------|-----------------------------|--|--------------------------------------|---|
| Part \ | | Statement of Revenue | | | | | | |
| | | Check if Schedule O contains a response of | or no | te to any line in this | Part VIII | <u></u> | <u></u> | [|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns | 1a | | | | | |
| <i>"</i> | b | Membership dues | 1b | |] | | | |
| unts | c | Fundraising events | 1c | 63,919 |] | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | 1d | | | | | |
| arA | е | Government grants (contributions) | 1e | 12,659,982 | | | | |
| ï | f | All other contributions, gifts, grants, | | | | | | |
| er S | | and similar amounts not included above | 1f | 32,283,830 | | | | |
| Ğ | g | Noncash contributions included in | | | | | | |
| p u | | | 1g | | | | | |
| | h | Total. Add lines 1a-1f | • • | <u> </u> | 45,007,731 | | | |
| | | | | Business Code | | | | |
| | 2a | Agency Fees | | 493000 | 224,635 | 224,635 | | |
| Θ | b. | | | | | | | |
| nue | C | | | | | | | |
| e v | d | | | | | | | |
| Revenue | е | | | | | | | |
| | | All other program service revenue | | | | | | |
| | 1 | Total. Add lines 2a-2f | | | 224,635 | | | |
| | 3 | Investment income (including dividends, intere | est, a | nd | | | | |
| | | other similar amounts) | | | 44,725 | | | 44,725 |
| | | Income from investment of tax-exempt bond p | | | | | | |
| | 5 | Royalties | •• | | | | | |
| | 60 | Gross rents 6a | | (ii) Personal | | | | |
| | | Gross rents 6a Less: rental expenses 6b | | | | | | |
| | | Rental income or (loss) 6c | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | , , , , , , , , , , , , , , , , , , , | _ | (ii) Other | | | | |
| | - | Gross amount from (i) Securities sales of assets | | (ii) Other | | | | |
| | | other than inventory 7a | | | | | | |
| | | Less: cost or other basis | | | | | | |
| e | - | and sales expenses 7b | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| 5 | | Gross income from fundraising | | | | | | |
|) | | events (not including \$ 63,919 | | | | | | |
| | | of contributions reported on line | | | | | | |
| | | 1c). See Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | 8b | | | | | |
| | | Net income or (loss) from fundraising events | | 🕨 | | | | |
| | | Gross income from gaming | | | | | | |
| | | activities, See Part IV, line 19 • • • • • • | 9a | | | | | |
| | b | Less: direct expenses | 9b | | | | | |
| | c | Net income or (loss) from gaming activities | <u></u> | > | | | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | 10a | | | | | |
| | b | Less: cost of goods sold | 10b | | | | | |
| | c | Net income or (loss) from sales of inventory | | <u></u> • | | | | |
| | | | | Business Code | | | | |
| , | | Reimbursements/Other | | 493000 | 142,684 | 142,684 | | ļ |
| | b | | | | | | | |
| 2 | C | | | | | | | |
| Kevenue | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 142,684 | | | |
| | 40 | Total revenue. See instructions | | | 15 110 775 | 367 310 | 0 | 11 725 |

Form 990 (2021) Food Bank of Northern Nevada, Inc.

| | Check if Schedule O contains a response or note to a | | • | | |
|------|--|----------------|-----------------------------|------------------------------------|-------------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| Ũ | 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, | | | | |
| Ũ | trustees, and key employees | 320,976 | 95,119 | 179,565 | 46,292 |
| 6 | Compensation not included above, to disqualified | 520,970 | 33,119 | 179,505 | 30,232 |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,997,020 | 2,217,914 | 444,862 | 334,244 |
| 8 | Pension plan accruals and contributions (include | 2,337,020 | 2,217,514 | 444,002 | |
| Ū | section 401(k) and 403(b) employer contributions) | 121,879 | 91,290 | 17,088 | 13,501 |
| 9 | Other employee benefits | 306,545 | 231,470 | 34,207 | 40,868 |
| 10 | Payroll taxes | 269,495 | 189,801 | 48,360 | 31,334 |
| 11 | Fees for services (nonemployees): | 205,455 | 105,001 | 40,500 | 51,554 |
| a | Management | | | | |
| b | | | | | |
| c | | 22,250 | | 22,250 | |
| d | | | | | |
| e | Professional fundraising services. See Part IV, line 17 • | 499,214 | | | 499,214 |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| Ū | (A) amount, list line 11g expenses on Schedule O.) | 330,238 | 295,239 | 34,999 | |
| 12 | Advertising and promotion | 8,207 | , | 3,707 | 4,500 |
| 13 | Office expenses | 204,707 | 38,376 | 45,163 | 121,168 |
| 14 | Information technology | 71,457 | 16,185 | 55,272 | , |
| 15 | Royalties | | | | |
| 16 | Occupancy | 90,461 | 76,721 | 13,740 | |
| 17 | Travel | r | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 57,439 | 36,168 | 20,747 | 524 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 690,149 | 670,604 | 19,545 | |
| 23 | Insurance | 112,044 | 110,654 | 695 | 695 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Food purchase & distribution | 34,615,356 | 34,615,356 | | |
| b | Vehicle expense | 420,925 | 420,925 | | |
| С | Supplies & equipment | 374,731 | 361,209 | 10,961 | 2,561 |
| d | Contract labor | 111,072 | 111,072 | | |
| е | All other expenses | 78,269 | 77,575 | 607 | 87 |
| 25 | Total functional expenses. Add lines 1 through 24e | 41,702,434 | 39,655,678 | 951,768 | 1,094,988 |
| 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 000 (2021) |

Form **990** (2021)

| Part IX | St | atemei | nt of Fr | unctior | al Exp | enses | | | | | | | | |
|-------------|---------|----------|-----------|-----------|-----------|-------------|---------|-----------|-----------|-----------|--------|---------|--------|------|
| Section 501 | 1(c)(3) | and 501(| c)(4) org | anization | s must co | omplete all | columns | . All oth | er organi | zations r | nust c | omplete | column | (A). |

| Form 990 (| (2021) | Food | Bank | of | Northern | Nevada |
|------------|---------|-------|------|----|----------|--------|
| Dart X | Balance | Shoot | | | | |

EEA

ern Nevada, Inc.

94-2924979

Page 11

| Pari | . ^ | Balance Sneet | | | _ |
|-----------------------------|----------------------|---|-------------------|-----|-------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 419,145 | 1 | 412,806 |
| | 2 | Savings and temporary cash investments | 749,546 | 2 | 1,176,339 |
| | 3 | Pledges and grants receivable, net | 2,161,014 | 3 | 2,107,647 |
| | 4 | Accounts receivable, net | 92,073 | 4 | 100,423 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 3,176,730 | 8 | 1,883,200 |
| Ä | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | _ | basis. Complete Part VI of Schedule D 10a 14,495,795 | | | |
| | b | Less: accumulated depreciation 10b 6,443,764 | 8,407,915 | 10c | 8,052,031 |
| | 11 | Investments - publicly traded securities | 13,030,631 | 11 | 15,135,144 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 28,037,054 | 16 | 28,867,590 |
| | 17 | Accounts payable and accrued expenses | 779,991 | 17 | 610,268 |
| | 18 | | 1 500 4 45 | 18 | |
| | 19 00 | | 1,702,147 | 19 | 999,570 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 22 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | | | |
| bili | | trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Lia | 23 | controlled entity or family member of any of these persons | | 22 | |
| | 23 24 | Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 2 4 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| | 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,482,138 | 26 | 1,609,838 |
| | | Organizations that follow FASB ASC 958, check here | 2,402,130 | | 1,005,050 |
| s | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | Net assets without donor restrictions | 19,015,747 | 27 | 21,390,923 |
| ala | 28 | Net assets with donor restrictions | 6,539,169 | 28 | 5,866,829 |
| dВ | | Organizations that do not follow FASB ASC 958, check here | .,, | - | |
| -un | | and complete lines 29 through 33. | | | |
| orl | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Asse | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 25,554,916 | 32 | 27,257,752 |
| z | 33 | Total liabilities and net assets/fund balances | 28,037,054 | 33 | 28,867,590 |
| | | | | | |

Form **990** (2021)

| Form | 990 (2021) Food Bank of Northern Nevada, Inc. | 94-292 | 24979 | | Pa | age 12 |
|------|---|--------|----------|--------|--------|---|
| 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 | | 45,4 | 119, | 775 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 41,7 | 702, | 434 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | . 3 | | з, | 717, | 341 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | . 4 | | 25,5 | 554, | 916 |
| 5 | Net unrealized gains (losses) on investments | . 5 | | (2,0 | 014, | 505) |
| 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 | | 27,2 | 257, | 752 |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | <u>. </u> |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | 1 |
| | 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? | | · · · L | 2a | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | · · · L | 2b | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | 1 |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | · · · L | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | ł |
| | Single Audit Act and OMB Circular A-133? | | <u>L</u> | 3a | х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | ł |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | х | |
| EEA | | | F | Form § | 990 (2 | 2021) |

| . 05 |
|------|
| |
| |
| |

| SCHEDULE | A |
|------------|---|
| (Form 990) | |

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.

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

| D IT ot charitable trust. | 2021 |
|-------------------------------------|------------------------------|
| ation. | Open to Public Inspection |
| Employer identification | on number |
| 04 00040 | 70 |

OMB No. 1545-0047

| Food | в | ank of Northern Nevada, | | | | | 94-292497 | |
|--------------|-------|---|------------------------------|--|---------------------------------|---------------|--|--------------------------------------|
| Par | : I | Reason for Public Cha | rity Status. (Al | l organizations mus | t comple | ete this p | art.) See instructio | ons. |
| The o | ga | nization is not a private foundation be | | • | - | , | | |
| 1 | | A church, convention of churches, c | r association of chu | urches described in secti | on 170(b)(| 1)(A)(i). | | |
| 2 | | A school described in section 170(I | b)(1)(A)(ii). (Attach | Schedule E (Form 990).) | | | | |
| 3 | | A hospital or a cooperative hospital | service organizatio | n described in section 17 | 70(b)(1)(A) | (iii). | | |
| 4 | | A medical research organization op | erated in conjunctio | on with a hospital describe | ed in sectio | on 170(b)(| 1)(A)(iii). Enter the | |
| | _ | hospital's name, city, and state: | | | | | | |
| 5 | | An organization operated for the be | nefit of a college or | university owned or oper | ated by a g | jovernmen | tal unit described in | |
| | _ | section 170(b)(1)(A)(iv). (Complete | Part II.) | | | | | |
| 6 | | A federal, state, or local governmen | - | | | | | |
| 7 | х | • • | | | vernmenta | l unit or fro | m the general public | |
| | _ | described in section 170(b)(1)(A)(v | | | | | | |
| 8 | F | A community trust described in sect | | | | | | |
| 9 | | An agricultural research organizatio | | | | <u></u> | | |
| | | or university or a non-land-grant col | ege of agriculture (| see instructions). Enter the | he name, c | ity, and sta | ite of the college or | |
| 40 | | university: | | 2 4 /20/ af its an and from | a a such the st | | | |
| 10 | | An organization that normally receiv receipts from activities related to its | exempt functions, s | subject to certain exception | ons; and (2 |) no more | than 33 1/3% of its | |
| | | support from gross investment incom | | | | | from businesses | |
| 11 | | acquired by the organization after Ju An organization organized and oper | | | | | | |
| 12 | F | An organization organized and oper | • | | | | o carry out the nurnose | sof |
| | | one or more publicly supported orga | | | | | | |
| | | the box in lines 12a through 12d tha | | | | | | |
| а | | Type I. A supporting organization | | | | | - | |
| | | the supported organization(s) the | e power to regularl | y appoint or elect a major | rity of the d | irectors or | trustees of the | |
| | | supporting organization. You m | ust complete Part | IV, Sections A and B. | | | | |
| b | | Type II. A supporting organizati | on supervised or co | ontrolled in connection wit | th its suppo | orted organ | ization(s), by having | |
| | | control or management of the s | upporting organizat | ion vested in the same pe | ersons that | control or | manage the supported | |
| | | organization(s). You must com | plete Part IV, Sect | ions A and C. | | | | |
| С | | Type III functionally integrated | d. A supporting orga | anization operated in con | nection wit | h, and fund | ctionally integrated with | , |
| | | its supported organization(s) (se | ee instructions). Yo | u must complete Part IV | /, Sections | A, D, and | E. | |
| d | | U Type III non-functionally integ | rated. A supporting | g organization operated ir | n connectio | on with its s | upported organization(| s) |
| | | that is not functionally integrated | | | | | ent and an attentiveness | 3 |
| | | requirement (see instructions). | | | | | | |
| е | | Check this box if the organization | | | | is a Type I, | Type II, Type III | |
| | _ | functionally integrated, or Type | | integrated supporting org | anization. | | | |
| T | | inter the number of supported organiz | | · · · · · · · · · · · · · · · · · · · | | | | •••• |
| <u> </u> | | Provide the following information about | | | (1-2) | | () A | (al) Amount of |
| | (I) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the or listed in you | • | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | docum | ent? | instructions) | instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| (A) | | | | | | | | |
| (D) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (U) | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| Total | | weark Reduction Act Nation and H | - In a fam. a fi a na fam | | | | | |

| | e A (Form 990) 2021 Food Bank of | of Northern | Nevada, In | ic. | | 94-292497 | |
|-------|--|-------------------|------------------|---------------------------|------------------------------|------------------|-------------|
| Part | II Support Schedule for Organiza | ations Descr | ribed in Sect | ions 170(b)(⁻ | 1)(A)(iv) and | 170(b)(1)(A) | (vi) |
| | (Complete only if you checked th | e box on line | 5, 7, or 8 of | Part I or if the | e organizatior | failed to qua | llify under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | ted below, pl | ease complet | e Part III.) | - |
| Secti | on A. Public Support | . , | | · • | • | , | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | () = = = = | (, | (0) = 0.00 | (, | (0) = 0 = 0 | (.) |
| - | membership fees received. (Do not | | | | | | |
| | | 2 070 007 2 | 0 207 455 | | 2 270 100 | E 007 721 | 220,523,299 |
| 2 | Tax revenues levied for the | 3,870,987 3 | 9,391,455 4 | 0,000,020 3 | 3,379,100 4 | 5,007,731 | 220,525,299 |
| - | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | | | | | | | |
| 4 | organization without charge | | | | | | |
| 4 | • | 3,870,987 3 | 9,397,455 4 | 8,868,026 | 3,379,100 4 | 5,007,731 | 220,523,299 |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 220,523,299 |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | | 3,870,987 3 | 9,397,455 | 8,868,026 5 | 3,379,100 4 | 5,007,731 | 220,523,299 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | 98,471 | 9,827 | 8,262 | 8,030 | 44,725 | 169,315 |
| 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.) | 69,519 | 95,100 | 86,884 | 155,318 | 142,684 | 549,505 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 221,242,119 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | | | | | | |
| | organization, check this box and stop her | e | | | | | <u> ► </u> |
| Secti | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2021 (line 6 | i, column (f), di | vided by line 1 | 1, column (f)) | | 14 | 99.68 % |
| 15 | Public support percentage from 2020 Sch | | | | | 15 | 99.66 % |
| 16a | 33 1/3% support test - 2021. If the organ | zation did not | check the box | on line 13, and | line 14 is 33 1 | /3% or more, c | heck this |
| | box and stop here. The organization qual | ifies as a publi | cly supported of | organization . | | | 🕨 🗴 |
| b | 33 1/3% support test - 2020. If the organi | zation did not | check a box or | n line 13 or 16a | a, and line 15 is | s 33 1/3% or m | ore, check |
| | this box and stop here . The organization | qualifies as a p | oublicly suppor | ted organizatio | n | | 🕨 🗌 |
| 17a | 10%-facts-and-circumstances test - 202 | 1. If the organ | ization did not | check a box or | n line 13, 16a, o | or 16b, and line | e 14 is |
| | 10% or more, and if the organization meet | ts the facts-and | d-circumstance | es test, check th | nis box and sto | op here. Explai | n in |
| | Part VI how the organization meets the fa | cts-and-circum | stances test. 7 | he organizatio | n qualifies as a | a publicly supp | orted |
| | organization | | | | | | ► 🔲 |
| b | 10%-facts-and-circumstances test - 202 | 0. If the organ | ization did not | check a box or | n line 13, 16a, ⁻ | 16b, or 17a, an | d line |
| | 15 is 10% or more, and if the organization | • | | | | | |
| | in Part VI how the organization meets the | | | | | • | |
| | organization | | | | | | ⊳ ⊓ |
| 18 | Private foundation. If the organization die | | | | | | e |
| - | instructions | | | | | | |
| | | | - | - | - | | |

| Schedu | le A (Form 990) 2021 Food Bank of | of Northern | Nevada, In | c. | | 94-292497 | 9 Page 3 |
|-----------|--|-----------------|------------------|-----------------|----------------|---------------|---|
| Part | III Support Schedule for Organiza | ations Desc | ribed in Sect | ion 509(a)(2) | | | |
| | (Complete only if you checked th | e box on line | e 10 of Part I o | or if the organ | ization failed | to qualify un | der Part II. |
| | If the organization fails to qualify | under the te | sts listed belo | w, please co | mplete Part II | .) | |
| Secti | on A. Public Support | | | - | - | - | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | <u> </u> | | | | |
| 14 | First 5 years. If the Form 990 is for the or | • | | | • | • | ·· / |
| 0 | organization, check this box and stop her | | <u></u> | | | | · · · · · ► 📋 |
| | on C. Computation of Public Support | | | <u> </u> | | | |
| 15 | Public support percentage for 2021 (line 8 | | • | | | 15 | % |
| <u>16</u> | Public support percentage from 2020 Sch | | | | | 16 | % |
| | on D. Computation of Investment In | | | | (f)) | | ~ |
| 17 | Investment income percentage for 2021 (I | | | | | 17 | % |
| 18 | Investment income percentage from 2020 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2021. If the organ | | | | | | |
| Ŀ | 17 is not more than 33 1/3%, check this be | - | - | - | | ••••• | anization 🕨 📋 |
| b | 33 1/3% support tests - 2020. If the organizatio | | | | | | L D |
| 20 | line 18 is not more than 33 1/3%, check this box | • | - | • • | • • • • | - | |
| 20 | Private foundation. If the organization die | и пот спеск а І | Jux on line 14, | 198, OF 190, C | IECK INS DOX A | iu see mstruc | iuns 🕨 📋 |

94-2924979

Page 3

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 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.)

| Part | v.) | |
|------|-----|----|
| | Yes | No |
| | | |
| | | |
| 1 | | |
| | | |
| | | |
| 2 | | |
| 3a | | |
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| 1 Has the organization accepted a gift or contribution from any of the following persons? A a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11b below? Image: State of the state | Part I | V Supporting Organizations (continued) | | | |
|--|----------|--|--------|--------|-----|
| a A person who directly or indirectly controls, either alowe? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, person described in line 11a above? c A 35% controlled entity of person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, person described or ganizations above? c Did the governing body, members of the governing body, officers acting in their official capacity or membership of one or more supported organization advectible. If <i>A</i> wagnitis is the sequent of the organization advectible of constraints are set of the support of organization advectible. If <i>A</i> wagnitis is the sequent advectible or controlled the support of organization advectible. If <i>A</i> wagnitis is the sequent of the support of organization of support provided organization of the support of organization of th | | | | Yes | No |
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Food Bank of Northern Nevada, Inc.

94-2924979

Page 5

| Schedule A (Form 990) 2021 Food Bank of Northern Nevada, Inc. | <u> </u> | 94-292 | 2 4979 Page |
|---|------------|-------------------------|-------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (1 Check here if the organization satisfied the Integral Part Test as a qualifying the set of the s | | | lain in Dart VII) Caa |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyi instructions. All other Type III non-functionally integrated supporting orga | 0 | | , |
| | | | (B) Current Yea |
| Section A - Adjusted Net Income | | (A) Prior Year | (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | |
| of gross income or for management, conservation, or maintenance of | | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (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 amour | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functio | onally int | egrated Type III suppor | rting organization |
| (see instructions). | | | |

EEA

| - | e A (Form 990) 2021 Food Bank of Northern Nev | | | | 4979 Page 7 |
|----------|--|----------------------------------|---------------------------------------|-----|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | B) Supporting Organ | zations (continue | ed) | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of supporte | ed | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organi | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | - provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from | | | | |
| | Section D, line 7: \$ | | | | |
| - | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| <u>a</u> | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| <u> </u> | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |
| EEA | | | | | Schedule A (Form 990) 2021 |

| Schedule A (Form 990) 2021 | | Food B | ank of Northern Nevad | a, Inc. | 94-2924979 | Page 8 |
|----------------------------|-----------------|------------------|-------------------------------|---------------|---|---------------|
| Part V | Supplemen | tal Informatio | n. Provide the explanation | s required | by Part II, line 10; Part II, line 17a or 1 | 7b; Part |
| | III, line 12; F | art IV, Section | A, lines 1, 2, 3b, 3c, 4b, 4 | c, 5a, 6, 9a | a, 9b, 9c, 11a, 11b, and 11c; Part IV, S | ection |
| | B, lines 1 an | d 2; Part IV, Se | ection C, line 1; Part IV, Se | ection D, lir | nes 2 and 3; Part IV, Section E, lines 1 | c, 2a, 2b, |
| | , | | | | tion D, lines 5, 6, and 8; and Part V, S | |
| | | , , | | , | mation. (See instructions.) | , |
| 01 0 | then incom | | T line 10 on D | | · 1: 12) | |
| $\underline{01.}$ | ther incom | le (Part 1 | II, line 10 or Pa | ITT III | , 11ne 12) | |
| | | | | | | |
| Agency | revenue and : | eimbursement | ts received each year | | | |
| | | | | | | |

| SCHE | DULE D |
|-------|--------|
| (Form | 990) |

Department of the Treasury

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.

2021 **Open to Public**

OMB No. 1545-0047

| | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | |
|--------|--|---|--|--------------------------------|-----------------------|----------|--|
| Name o | f the organization | - | | Employer identification number | | | |
| Food | | thern Nevada, Inc. | | 94-2924 | 979 | | |
| Pa | | zations Maintaining Donor Advised F | | ounts. | | | |
| | Comple | te if the organization answered "Yes" o | n Form 990, Part IV, line 6. | | | | |
| | | | (a) Donor advised funds | (b) Fur | nds and other account | S | |
| 1 | | end of year • • • • • • • • • • • • • • • • • • • | | | | | |
| 2 | | e of contributions to (during year) • • • • | | | | | |
| 3 | | e of grants from (during year) • • • • • | | | | | |
| 4 | 00 0 | e at end of year | | | | | |
| 5 | - | tion inform all donors and donor advisors in v | - | | _ | _ | |
| _ | | ganization's property, subject to the organizat | • | | · · · 🏼 Yes | ∐ No | |
| 6 | - | ition inform all grantees, donors, and donor a | | | | | |
| | | le purposes and not for the benefit of the dom | | | | | |
| Par | | missible private benefit? | | | · · · 🏼 Yes | ∐ No | |
| ιαι | | te if the organization answered "Yes" o | n Form 990 Part IV line 7 | | | | |
| 1 | · · · · · | onservation easements held by the organization | | | | | |
| | | of land for public use (for example, recreation | | historically import | ant land area | | |
| | — | natural habitat | Preservation of a | | | | |
| | = | of open space | | | | | |
| 2 | — | 2a through 2d if the organization held a qualifi | ied conservation contribution in the form of a | conservation | | | |
| - | | e last day of the tax year. | | | d at the End of the | Tax Year | |
| а | | conservation easements | | | | | |
| b | | stricted by conservation easements | | | | | |
| C | - | ervation easements on a certified historic stru | | | | | |
| d | | ervation easements included in (c) acquired a | | | | | |
| | | e listed in the National Register | | 2d | | | |
| 3 | | ervation easements modified, transferred, rel | | | the | | |
| | tax year 🕨 🔄 | | | | | | |
| 4 | Number of states | s where property subject to conservation eas | ement is located | | | | |
| 5 | Does the organiz | zation have a written policy regarding the per | iodic monitoring, inspection, handling of | | _ | _ | |
| | | nforcement of the conservation easements it | | | | 🗌 No | |
| 6 | Staff and volunte | eer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing conserva | ation easements | during the year | | |
| | <u>ه</u> | _ | | | | | |
| 7 | | nses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conservation | easements durin | g the year | | |
| | ▶\$ | _ | | | | | |
| 8 | | ervation easement reported on line 2(d) abov | | | Π | Π | |
| - | and section 170 | | | | · · · 🏼 Yes | 🗌 No | |
| 9 | | cribe how the organization reports conservation | | | | | |
| | | and include, if applicable, the text of the footnot | ote to the organization's financial statements | that describes the | e | | |
| Par | | ccounting for conservation easements. izations Maintaining Collections | of Art Historical Treasures or (|)ther Similar | Assats | | |
| 1 01 | | te if the organization answered "Yes" o | | | A33013. | | |
| 1a | | on elected, as permitted under FASB ASC 958 | | halance sheet wo | rks | | |
| | | treasures, or other similar assets held for pub | | | | | |
| | | in Part XIII the text of the footnote to its finan | | | | | |
| b | | on elected, as permitted under FASB ASC 958 | | nce sheet works | of | | |
| | - | asures, or other similar assets held for public | - | | | | |
| | | wing amounts relating to these items: | | • | | | |
| | • | cluded on Form 990, Part VIII, line 1 | | 🕨 🤘 | \$ | | |
| | | ded in Form 990, Part X | | | \$ | | |
| 2 | | on received or held works of art, historical trea | | | | | |
| | 0 | ts required to be reported under FASB ASC 9 | • | | | | |
| а | Revenue include | ed on Form 990, Part VIII, line 1 • • • • • | | 🕨 | \$ | | |
| b | | in Form 990, Part X • • • • • • • • • • • • | | | \$ | | |

| | D (Form 990) 2021 Food Bank of North | | | _ | | 94-292 | | Page 2 |
|-----------|---|-----------------------|-------------------------|--------------------|-----------|----------------------|-------------|------------|
| Par | t III Organizations Maintaining Co | llections of <i>l</i> | Art, Historical 1 | Freasures , | or Ot | her Similar A | ssets (co | ntinued) |
| 3 | Using the organization's acquisition, accession, a | and other records | , check any of the fo | llowing that m | nake sigi | nificant use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | | d 🗌 Loan o | r exchange p | rograms | | | |
| b | Scholarly research | | e Other | | - 3 | | | |
| c | Preservation for future generations | | | | | | | |
| | | | | | | | | |
| 4 | · · · · · · · · · · · · · · · · · · · | ions and explain | now they further the | organization | s exemp | ot purpose in Part | | |
| _ | XIII. | | | | | | | |
| 5 | | | | | | | | |
| | | | art of the organization | n's collection? | · · · · | | · Ves | ∐ No |
| Par | | | | | • | | | _ |
| | Complete if the organization ans | swered "Yes" | on Form 990, P | art IV, line | 9, or r | eported an an | nount on F | orm |
| | 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian o | | | | | | | |
| | included on Form 990, Part X? | | | | | | 🗌 Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII and | complete the foll | owing table: | | | | | |
| | | | | | | A | mount | |
| с | Beginning balance | | | | . 10 | : | | |
| d | Additions during the year | | | | | | | |
| e | Distributions during the year | | | | | | | |
| f | Ending balance | | | | | | | |
| | Did the organization include an amount on Form | | | | | | · Yes | No |
| 2a | - | | | | - | | | |
| b Part | If "Yes," explain the arrangement in Part XIII. Che t V Endowment Funds. | eck here if the ex | planation has been p | provided on P | | | | |
| Fai | | word "Voo" | on Form 000 D | ort IV/ line | 10 | | | |
| | Complete if the organization ans | weled tes | | 1 | | | | |
| | | a) Current year | (b) Prior year | (c) Two years | back | (d) Three years back | (e) Four | years back |
| 1a | | 2,959,917 | 2,077,419 | 2,040 | ,303 | 2,074,49 | 3 2,0 | 36,419 |
| b | Contributions | 463,261 | 350,000 | 94 | ,635 | | | |
| С | Net investment earnings, gains, and | | | | | | | |
| | losses | (501,397) | 564,154 | (20 | ,719) | 117,22 | 2 1 | 21,948 |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | 31,656 | 36 | ,800 | 151,41 | 2 | 83,874 |
| f | Administrative expenses | | | | , | | - | |
| g | | 2,921,781 | 2,959,917 | 2,077 | 110 | 2,040,30 | 3 2 0 | 74,493 |
| 2 | Provide the estimated percentage of the current y | | | • • • | ,415 | 2,040,50 | 5 2,0 | 11,100 |
| - | · · · · · · · · · · · · · · · · · · · | 27.60 | | / 1010 00. | | | | |
| a 5 | | | | | | | | |
| b | | % | | | | | | |
| С | Term endowment | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c should e | | | | | | | |
| 3a | Are there endowment funds not in the possession | n of the organizat | tion that are held and | a administered | a for the | | г | |
| | organization by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | . 3a(i) | х |
| | (ii) Related organizations | | | | | | - 3a(ii) | х |
| b | If "Yes" on line 3a(ii), are the related organization | s listed as requir | ed on Schedule R? | | | | . 3b | |
| 4 | Describe in Part XIII the intended uses of the organized | anization's endo | wment funds. | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. | | | | | | |
| | Complete if the organization ans | wered "Yes" | on Form 990, P | art IV, line | 11a. S | ee Form 990, | Part X, lir | าe 10. |
| | Description of property | (a) Cost or othe | erbasis (b) Cost o | or other basis | (c) | Accumulated | (d) Book | value |
| | | (investme | | other) | • • | epreciation | | |
| 1a | Land | | | 682,145 | | | 6 | 82,145 |
| - | | | | | | 4 265 100 | | |
| b | • | | | 585,017 | | 4,265,182 | ۵,3 | 19,835 |
| C | Leasehold improvements | | | | | 0.450.555 | | |
| d | | | 3, | 228,633 | | 2,178,582 | 1,0 | 50,051 |
| е | Other | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) must equal F | orm 990, Part X | , column (B), line 100 | <u>.)</u> . | | 🕨 | 8,0 | 52,031 |

Schedule D (Form 990) 2021

| | Complete if the organization answer | ed "Yes" on For | m 990, Part IV, lir | ne 11b. See Form | 990, Part X, line 12. |
|------------------------|--|----------------------------|--------------------------|----------------------------|--|
| | (a) Description of security or category (including name of security) | | (b) Book value | |) Method of valuation: end-of-year market value |
| (1) Financial of | lerivatives | | | | |
| (2) Closely-he | ld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12 | <u>?)</u> | | | |
| Part VIII | Investments - Program Related. | | | 11. O. F. | |
| | Complete if the organization answer | red "Yes" on Fori | m 990, Part IV, IIr | ne 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | |) Method of valuation: end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | - | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13 | <u>)</u> . . | | | |
| Part IX | Other Assets. Complete if the organization answer | ed "Yes" on For | m 990, Part IV, lir | ne 11d. See Form | 990, Part X, line 15. |
| | (a) | Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15 | 5 <u>.</u>) | | | |
| Part X | Other Liabilities. Complete if the organization answer line 25. | ed "Yes" on For | m 990, Part IV, lir | ne 11e or 11f. See | Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book v | | | |
| (1) Federal in | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) (5) | | | | | |
| | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) Total (Column (| b) must equal Form 990. Part X. col. (B) line 25.) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) • • • • • • • • • • • • • • • • • • • | I avt of the footnote to t | the organization's fina | ncial statements that ro | norts the |
| | | | and organization o iilid | noiai otatornonto trial 16 | 2010 010 |

Food Bank of Northern Nevada, Inc. Investments - Other Securities.

Schedule D (Form 990) 2021

Part VII

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

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94-2924979

Page 3

| | | 4-292 | |
|--------------|--|------------|-----------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Retur | n. |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 43,405,270 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | - | 10,100,2,0 |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | (2,014,505) |
| 3 | Subtract line 2e from line 1 | 3 | 45,419,775 |
| 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 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 45,419,775 |
| Part | | er Ret | urn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 41,702,434 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 41,702,434 |
| 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.) •••••••••••••••••••••••••••••••••• | | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) | 5 | 41,702,434 |
| | XIII Supplemental Information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa | rt X, line | 9 |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | |
| <u>01. E</u> | Endowment funds intended uses (Part V, line 4) | | |
| The H | Food Bank has established an endowment fund to provide for the future capita | l mai | ntenance and |
| | | | |
| repai | irs of the Donald W. Reynolds Food Distribution Center as required by the Do | nald | W. Reynolds |
| Found | lation. The fund was originally established with donor restricted funds. | | |
| | | | |
| | | | |
| | | | |
| <u>In ac</u> | ddition, the Food Bank has establised a board-designated endowment fund to s | uppor | t operating |
| activ | vities. Unbudgeted revenue derived from sources without donor restrictions m | ay be | included in |
| this | board-designated endowment fund at the Food Bank's discretion. Revenue spec | ifica | lly assigned to |
| this | fund by the donor will be recorded as endowment funds with donor restrictio | ns. | |
| | | | |
| Funds | s without donor restrictions are available to support the Food Bank's operat | ions | at the |
| desig | mation of management. Endowment funds with donor restrictions can be access | ed qu | arterly at up |
| to 38 | of the account's value. | | |

| Schedule D (Form 990) 2021 Food Bank of Northern Nevada, Inc. | 94-2924979 | Page 5 |
|---|------------------|---------------|
| Part XIII Supplemental Information (continued) | | |
| 02. Footnote for uncertain tax position under FIN 48 (Part X) | | |
| | | |
| Management believes that it has appropriate support for any tax positions take | n affecting its | annual |
| filing requirements, and as such, does not have any uncertain tax positions the | at are material | to the |
| financial statements. The Food Bank would recognize future accrued interest ar | d penalties rela | ated to |
| unrecognized tax benefits and liabilities in income tax expense if such intere | st and penalties | s are |
| incurred. | | |
| | | |
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| SCHEDULE G | Supplemental Information Regarding Fundraising or Gaming Activities | | | | | OMB No. 1545-0047 | |
|--|---|---|-----------------|-------------------------|--|--|----------------------------------|
| (Form 990) | Complete if | the organization and organization entered | r 19, or if the | 2021 | | | |
| Department of the Treasury | | At | | Open to Public | | | |
| Internal Revenue Service Name of the organization | | Go to www.irs.gov/Fo | orm990 for ins | structions and | d the latest informatio | n. Employer identifica | Inspection tion number |
| Food Bank of Nor | thern Nevada, | Inc. | | | | 94-292 | |
| Part I Fundrais | sing Activities. | Complete if the | - | | ered "Yes" on F | orm 990, Part IV, li | ne 17. |
| | EZ filers are not r | | | | 0 | | |
| 1 Indicate whether a x Mail solicitatio | the organization rais | ed funds through a | - | | es. Check all that ap of non-government | | |
| b x Internet and e | | | | - | of government gran | - | |
| c x Phone solicita | | | | | draising events | | |
| d 🗴 In-person soli | citations | | | | | | |
| | tion have a written or | - | - | | - | | |
| | s listed in Form 990, 0 bigbest paid individ | | | | - | /ices? h the fundraiser is to be | 🗙 Yes 🗌 No |
| | least \$5,000 by the c | | laraiooro) pa | iouuni to ugi | | | |
| | | - | | | | | |
| (i) Name and addres | s of individual | | | draiser have | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid to |
| or entity (fun | | (ii) Activity | | r control of utions? | from activity | fundraiser listed in | (or retained by) organization |
| | | | Yes | No | | col. (i) | |
| 1 One & All | | Direct mail | | | | | |
| 2 N Lake Suite 7 | 00 CA | and e-appeal | | x | 1,414,693 | 499,214 | 915,479 |
| 2 | | | | | | | |
| 3 | | | | | | | |
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| 10 | | | | | | | |
| | • 7 | | | L | 1 414 602 | 400.014 | 015 470 |
| Total | which the organizatio | | | | 0ns or has been not | 499,214 ified it is exempt from | 915,479 |
| registration or lice | | Ū | | | | | |
| All States | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| | | (Form 990) 2021 Foc | od Bank of Norther | n Nevada, Inc. | ç | 94-2924979 | Page 2 |
|--|---------------|--|-----------------------------------|------------------------------|-----------------------|----------------------|---------------|
| Pa | art II | Fundraising Events. Com | | | | | |
| | | than \$15,000 of fundraising | | d gross income on Form | 990-EZ, lines 1 and | 6b. List events with | 1 |
| | | gross receipts greater than | | | | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total ever | |
| | | | Canstruction | (avent type) | (total number) | (add col. (a) thro | ougn |
| | | | (event type) | (event type) | (lotal humber) | | |
| Revenue | | | | | | | |
| eve | 1 | Gross receipts | 63,919 | | | 63 | ,919 |
| Ŕ | | | | | | | |
| | 2 | | 63,919 | | | 63 | ,919 |
| | 3 | Gross income (line 1 minus | | | | | |
| | | line 2) • • • • • • • • • • • • • • • • • • | | | | | |
| | 4 | Cash prizes | | | | | |
| | | | | | | | |
| | 5 | Noncash prizes | | | | | |
| | | · | | | | | |
| s | 6 | Rent/facility costs | | | | | |
| snse | | - | | | | | |
| , and the second | 7 | Food and beverages • • • • • | | | | | |
| Direct Expenses | | | | | | | |
| Dire | 8 | Entertainment | | | | | |
| | | | | | | | |
| | 9 | Other direct expenses | | | | | |
| | | | | | | | |
| | 10 | Direct expense summary. Add line | | | | | |
| Pa | 11 art III | Net income summary. Subtract lin Gaming. Complete if the or | | | V line 19 or reported | more than | |
| | | \$15,000 on Form 990-EZ, I | - | C3 011 0111 000, 1 art 1 | | | |
| | | ¢:0,000 0 0 000 <u></u> ,. | | (b) Pull tabs/instant | | (d) Total gamin | n (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through c | |
| eve | | | | | | | |
| Ř | 1 | Gross revenue | | | | | |
| - | | | | | | | |
| í | 2 | Cash prizes | | | | | |
| Jse | | | | | | | |
| kpei | 3 | Noncash prizes | | | | | |
| Direct Expenses | | | | | | | |
| Direc | 4 | Rent/facility costs | | | | | |
| | L _ | | | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | | % | |
| | 6 | Volunteer labor | No % | | │ | 70 | |
| | 0 | | | | | | |
| | 7 | Direct expense summary. Add line | es 2 through 5 in column (d) | | | • | |
| | - | | 2 a.i. o agii o iii oolaliiii (a) | | | | |
| | 8 | Net gaming income summary. Sul | btract line 7 from line 1, colu | umn (d) | | • | |
| | • | | , | | | | |
| g |) En | nter the state(s) in which the organiz | ation conducts gaming activ | vities: | | | |
| a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | 🗌 No |
| | b lf" | "No," explain: | | | | | |
| | _ | | | | | | |
| _ | | * | | | | | |
| 10 | | ere any of the organization's gaming | g licenses revoked, suspend | ded, or terminated during th | e tax year? | ···· 📙 Yes | ∐ No |
| | b If" | "Yes," explain: | | | | | |

Page 2

| SCHEDULE J | | | OMB No. 1545-0047 | | | |
|--|---|----------------|-------------------|---|--|--|
| (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | 20 | 21 | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | Open to Public | | | | |
| epartment of the Treasunternal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Inspe | | • | | |
| lame of the organization | Employer identification | | | | | |
| Part I Que | Northern Nevada, Inc. 94-292497 Stions Regarding Compensation | /9 | | | | |
| | | | Yes | N | | |
| | ppropriate box(es) if the organization provided any of the following to or for a person listed on Fo | | | | | |
| | I, Section A, line 1a. Complete Part III to provide any relevant information regarding these items | | | | | |
| | ss or charter travel | | | | | |
| = | r companions Payments for business use of personal residence | | | | | |
| = | mnification and gross-up payments Health or social club dues or initiation fees | | | | | |
| | nary spending account Personal services (such as maid, chauffeur, chef) | | | | | |
| b If any of the | boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | | | |
| | ement or provision of all of the expenses described above? If "No," complete Part III to | | | | | |
| explain | | . 1b | | | | |
| 2 Did the orga | nization require substantiation prior to reimbursing or allowing expenses incurred by all | | | | | |
| - | istees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | | | |
| | | . 2 | | | | |
| | | | | | | |
| 3 Indicate wh | ch, if any, of the following the organization used to establish the compensation of the | | | | | |
| - | 's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a | | | | | |
| | nization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | sation committee | | | | | |
| = . | dent compensation consultant | | | | | |
| E Form 99 | 0 of other organizations | | | | | |
| | ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization: | | | | | |
| - | everance payment or change-of-control payment? | . 4a | | x | | |
| | n or receive payment from a supplemental nonqualified retirement plan? | | | x | | |
| | n or receive payment from an equity-based compensation arrangement? | | | x | | |
| | ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| Only agatis | p = E(1/p)/2 = E(1/p)/4) and E(1/p)/20) argumizations must complete lines E (| | | | | |
| | n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | | | |
| • | on contingent on the revenues of: | | | | | |
| a The organiz | ation? | . 5a | | x | | |
| | organization? | | | X | | |
| If "Yes" on I | ne 5a or 5b, describe in Part III. | | | | | |
| • - | | | | | | |
| | listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | | | |
| | on contingent on the net earnings of: ation? | 6- | | | | |
| | ation? | | | X | | |
| | ne 6a or 6b, describe in Part III. | | | X | | |
| | | | | | | |
| | listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | | | |
| | ot described on lines 5 and 6? If "Yes," describe in Part III | . 7 | | X | | |
| | nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | | | |
| | contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | . 8 | | | | |
| III Fail III . | | . 0 | | X | | |
| 9 If "Yes" on I | ne 8, did the organization also follow the rebuttable presumption procedure described in | | | | | |
| | section 53.4958-6(c)? | . 9 | | | | |

EEA

Schedule J (Form 990) 2021 Food Bank of Northern Nevada, Inc.

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

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

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

| | | (B)Breakdown of W-2 an | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-------------|---------------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| Nicole Lamboley | (i) | 172,500 | 0 | 0 | 8,625 | 9,112 | 190,237 | 0 |
| 1 CEO/President | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| 13 | | | | | | | | |
| | | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| 16 | (i) (ii) | | | | | | | |
| 16 FEA | (11) | | | | | | 0 - 11 | ule J (Form 990) 2021 |

Schedule J (Form 990) 2021

EEA

94-2924979

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

| 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

| Name of the organization | |
|--------------------------|--|
|--------------------------|--|

| • | |
|-----|---------|
| | |
| Q1_ | 2924979 |
| 71 | 2523515 |

| | Bank of Northern Nevada, 1 | inc. | | | 94-2924 | 979 | | | | |
|-------------|--|--------------------------------------|---|--|---------|------|----------------------|-------|-------|----------|
| Par | t I Types of Property | | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts report Form 990, Part V | ted on | | Method o cash cor | | | |
| 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 | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | | | |
| | or trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | | |
| | contribution - Historic | | | | | | | | | |
| | structures | | | | | | | | | |
| 14 | Qualified conservation | | | | | | | | | |
| | contribution - Other | | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | x | 17,569,377 | 30, | 931,170 | Feed | ding A | Ameri | .ca f | :mv |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other (Grocery store g) | X | 2,733 | | 53,065 | | | | | |
| 26 | Other (Information tec) | x | 1 | | 53,270 | who | lesale | e val | ue | |
| 27 | Other ► () | | | | | | | | | |
| 28 | Other ►(| · · · | | | | | 1 | | | |
| 29 | Number of Forms 8283 received by the o | 0 | 0 , | ons for | | 20 | | | | |
| | which the organization completed Form 8 | 203, Fait V, | Donee Acknowledgement | | | 29 | | | Yes | No |
| 30a | During the year, did the organization rece | ivo by contri | bution any property reported in I | Part L lines 1 throug | ub. | | | | 165 | NO |
| J Ua | 28, that it must hold for at least three yea | • | ••••• | - | | | | | | |
| | to be used for exempt purposes for the el | | | | | | | 30a | | x |
| b | If "Yes," describe the arrangement in Par | - | | | | | | 000 | | |
| 31 | Does the organization have a gift accepta | | at requires the review of any no | nstandard | | | | | | |
| 51 | | | | | | | | 31 | x | |
| 32a | Does the organization hire or use third pa | | | | | | | | л | <u> </u> |
| 01u | | | | | | | | 32a | | x |
| b | If "Yes," describe in Part II. | | | | | | | | | A |
| 33 | If the organization didn't report an amoun | t in column (| c) for a type of property for which | h column (a) is che | cked. | | | | | |
| | describe in Part II | | , | | , | | | | | |

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
2021
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Food Bank of Northern Nevada, Inc.

Employer identification number 94-2924979

01. Form 990 governing body review (Part VI, line 11)

An electronic copy of the Form 990 is provided to the governing body for review and

approval prior to filing. The Board is encouraged to ask questions and request changes

prior to submission to the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

The written conflict of interest policy is provided to all employees and Board members,

who are required to disclose any potential conflicts of interest and refrain from voting

on related action items. Compliance with the policy is monitored by the Board and

management during onboarding. Non-compliance with the policies is subject to disciplinary

action, including termination or removal from the Board

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation for the CEO/President is reviewed and approved by the Executive Committee and then brought to the full Board. This review is based upon comparison with local non-profit organizations and business experience.

04. Other officer or key employee compensation (Part VI, line 15b

Compensation for top management is reviewed and approved by the Executive Committee and

then brought to the full Board. This review is based upon comparison with local non-profit

organizations and business experience.

05. Governing documents, etc, available to public (Part VI, line 19)

The Food Bank's governing documents, conflict of interest policy, and financial statements

are available to the public upon request. The most recent audited financial statements and

| Schedule O (Form 990) 2021 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| Food Bank of Northern Nevada, Inc. | 94-2924979 |
| Form 990 are also available on the Food Bank's website and the Form 990 is | also available |
| at www.guidestar.org. | |
| | |
| 06. Part III, response or note to any other line in Part III | |
| STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (Continued): | |
| Feeding Children: | |
| Children experiencing food insecurity are among our most vulnerable neighbo | rs. With 1 in 6 |
| children not getting enough food to eat in our region, the Food Bank provid | es several |
| programs aimed at getting wholesome food to nourish children and support he | althy physical |
| growth and cognitive development. Food pantries at schools, Back-Pack Kids | program, Kids |
| Café after-school meals and the Summer Child Feeding program provide access | to food |
| year-round for students and their families. | |
| Feeding Families: | |
| Mobile Harvest delivers produce, dairy, bread and other fresh foods to high | -need |
| neighborhoods and communities. Nutrition education is also included at seve | ral Mobile |
| Harvest sites. The Food Bank has been selected by the Nevada Department of | Agriculture and |
| California Department of Social Services to administer the USDA's Federal E | mergency Food |
| Assistance Program (TEFAP) in 13 Nevada counties and in select rural counti | es in |
| California respectively. The Food Bank, with Trusted Partner status granted | by USDA/Nevada |
| Division of Welfare and Supportive Services, conducts SNAP application assi | stance and |
| eligibility interviews, which eliminates a significant barrier to participa | tion and |
| facilitates approval for benefits. In FY22, 1,886 families were connected w | ith more than |
| 870,600 meals through SNAP applications submitted by the Food Bank, which r | esulted in more |
| than \$4.1 million in economic impact to the region. | |

| Schedule O (Form 990) 2021 | Page 2 |
|---|--|
| Name of the organization Food Bank of Northern Nevada, Inc. | Employer identification number 94-2924979 |
| Feeding Seniors: | |
| In Nevada, 1 in 10 seniors experiences food insecurity. Our older neighbors | benefit from a |
| food assistance approach that addresses their unique needs around nutrition | a, accessibility |
| and social engagement. The Food Bank offers Golden Groceries food pantries | with healthy |
| foods, nutrition education and special hours of operation so seniors can me | eet and |
| socialize with other seniors in a no-rush environment. The Produce on Wheel | s truck rolls |
| into low-income senior apartment complexes and senior centers to provide fr | cesh fruits and |
| vegetables in a farmers-market-style, dignified experience. The Food Bank | also |
| administers the USDA's Commodity Supplemental Food Program which provides s | shelf stable |
| food items to support senior nutrition. | |
| | |
| Feeding Tribal Communities: | |
| The Food Bank continues to strengthen long-standing tribal community partne | erships. In our |
| service area, we are home to 27 tribal nations, many of which are located i | n remote and |
| under-resourced parts of our state. We have collaborated with tribes to est | ablish food |
| pantries and Mobile Harvest distribution sites to serve tribal members as w | vell as |
| distribute commodity food items. Our work with tribes is conducted through | a lens of |
| equity with a focus on food sovereignty. | |
| | |
| Food as Medicine: | |
| Our Prescription Pantry program unites health care providers with food pant | ries to provide |
| healthy foods that are low in sodium and sugar to low-income people dealing | with chronic |
| health issues such as diabetes and high blood pressure. This program has ca | ptured the |
| attention of health care providers and has already expanded to rural areas | of Nevada. |
| | |
| The Food Bank is widely recognized as a leader in the work to solve hunger. | It has |
| achieved a 4-star exceptional rating from Charity Navigator for exceeding i | ndustry |

| Schedule O (Form 990) 2021 | Page 2 |
|--|--|
| Name of the organization Food Bank of Northern Nevada, Inc. | Employer identification number 94-2924979 |
| standards and outperforming most charities in its cause. It has the distin | guished honor of |
| being named a Food Bank of the Year by Feeding America among 200 food bank | s |
| 07. Part VI, response or note to any other line in Part VI | |
| SECTION A, LINE 1 | |
| The Board Chair shall chair the Executive Committee, which includes the Bo | ard Vice Chair, |
| Treasurer, and Secretary. The Board Chair may choose to appoint up to two | (2) additional |
| board members to the Executive Committee to serve as "at large" members. I | n an emergency |
| or at the discretion of the Board Chair, the Executive Committee shall hav | e all powers of |
| the Board. Any emergency action thus taken shall be reported to the member | s of the Board |
| of Directors no later than the next regularly scheduled board meeting. The | Executive |
| Committee shall keep regular minutes of action items. | |
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