May the IRS discuss this return with the preparer shown above? See instructions
For Paperwork Reduction Act Notice, see the separate instructions.

or Pa	perwork	Reduction	Act Notice.	see the s	separate	instructions

Preparer's signature

Connie Christiansen,

PO Box 33875

Reno NV 89533

Connie Christiansen

CPA

Date

02-05-2024

Type or print name and title Print/Type preparer's name

Firm's name

Firm's address

Connie Christiansen

990

Α

в

Part I

Activities & Governance

Revenue

Expenses

Net Assets or fund Balances

Sign

Here

Paid

Preparer

Use Only

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning , 2022, and ending 07-01 06-30 , 20 2 3 Food Bank of Northern Nevada, Inc. Check if applicable: C Name of organization D Employer identification number Address change Doing business as 94-2924979 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 550 Italy Dr Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Sparks, NV 89437 52,568,331 Application pending Name and address of principal officer: Nicole Lamboley H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? **X** 501(c)(3) ____ 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) Website: www.fbnn.org H(c) Group exemption number X Corporation Form of organization: Trust Association Other L Year of formation: 1981 M State of legal domicile: NV Summary Briefly describe the organization's mission or most significant activities: 1 The Food Bank of Northern Nevada, Inc.'s (Food Bank's) mission is "Feeding the hungry today and solving hunger for tomorrow through community partnership." The Food Bank's vision is "Healthy Food. Every Person, Every Day." Check this box i if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a . . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 8 45,007,731 51,966,158 9 224,635 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 . . . 44,725 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 142,684 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 45,419,775 52,568,331 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 4,015,915 4,615,190 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 499,214 Total fundraising expenses (Part IX, column (D), line 25) b 1,031,959 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 37,187,305 45,231,892 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 41,702,434 50,145,755 Revenue less expenses. Subtract line 18 from line 12 19 3,717,341 2,422,576 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 . . 28,867,590 32,099,419 21 Total liabilities (Part X, line 26) 1,609,838 1,355,646 22 Net assets or fund balances. Subtract line 21 from line 20 27,257,752 30,743,773 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Brian Edwards Signature of office Date Brian Edwards, CFO

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

X No

No

18

18

0

0

123

3.606

545,526

298,673

PTIN

775-413-4084

P00398106

X Yes

No

Form 990 (2022)

x if

Check

Firm's EIN

Phone no.

self-employed

56,647

0

0

0

Yes

Yes

Form	1990 (2022) Food Bank of Northern Nevada, Inc.	94-2924979	Page 2
Pai	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 the	hungry tod	av and
	solving hunger for tomorrow through community partnership." The Food Bank's vis		
	Food. Every Person, Every Day."	<u>, , , , , , , , , , , , , , , , , , , </u>	arcity
	Tood. Every reison, Every Day.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3		🗌 Yes	x No
			X 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 by	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s,	
	the total expenses, and revenue, if any, for each program service reported.		
		<u> </u>	
4a			<u>,526</u>)
	The Food Bank of Northern Nevada is the primary regional food distribution and		
	supporting people experiencing food insecurity in 23 counties across northern 1		the
	eastern California Sierra. It delivers an array of programs and services which		
	constitute a multi-level effort to solve hunger, serving approximately 140,000		
	each month in FY23. Donated and purchased food is collected, sorted, and delive		
	a network of more than 150 partner agencies and through direct-to-neighbor prog		
	our 90,000-square mile service area. In FY23, the Food Bank and its partners d		
	than 21.6 million pounds of food-the equivalent of 19 million meals. (Continued	l on Schedu	le 0)
44	(Code:) (Expenses \$ including grants of \$) (Revenue	<u> </u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 47,962,134		
			- 000 (2022)

Form 990 (2	2022
Part IV	(

2022	2)	Food	Bank	of	Northern	Nevada,	Inc.
	Checklist of	Requ	ired S	che	edules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	~	
Ŭ	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		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		x
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
0	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		x
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		x
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
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	x	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	х	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			x
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
•	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	TTe		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
12a	Schedule D. Parts XI and XII	12a	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	x	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? $\dots \dots \dots$	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-7a		x
N,	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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			x
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		•	-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		•	
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		·		

Pai	t IV 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		x
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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
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%			
~ 7	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
-	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	00-		
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		<u>x</u>
b		28b		<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		<u>x</u>
29	Did the organization receive more than \$25,000 in hor-cash contributions? If Yes, complete schedule w	29	х	
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>x</u>
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>x</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		<u>x</u>
54	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			<u>_A</u>
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			Π
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		-	
b	Enter the number of Forms 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	х	

Food Bank of Northern Nevada, Inc.

94-2924979

Page 4

Form 990 (2022)

Form	990 (2022) Food Bank of Northern Nevada, Inc. 94-29249	979	F	Page 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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,			
Ĩ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a ⊾		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C Ca		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		x
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		x
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		x
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
N	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
b 12		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	5	134		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person 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.			

_	m 990 (2022) Food Bank of Northern Nevada, Inc. 94-29249		P	age 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			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	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 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a ⊾	The organization's CEO, Executive Director, or top management official	15a	х 	
b	Other officers or key employees of the organization	15b	х	
46-	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?	160		
b	with a taxable entity during the year?	16a		<u>x</u>
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	tion C. Disclosure	100		
<u>17</u>	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.			
	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,			
	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 (2022) Food Bank of Northern Nevada, Inc.	94-2924979	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employee	s, and
Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or	r within the	
organization's tax year.		
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of	
compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."		

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See 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)	<i>.</i> .		Posit			(D)	(E)	(F)
Name and title	Average				re than o on is bot		Reportable	Reportable	Estimated amount
	hours		er and a director/trustee)				compensation	compensation	of other
	per week						from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or	Ins	ç	Ke en	Hig F	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former Highest	1099-NEC)	1099-NEC)	related organizations
	organizations	al tr:	onal	ſ	ploy	ğ			
	below	uste	trus		e	nper			
	dotted line)	CD CD	lee			Former Highest compensated			
						٩			
(1) Nicole Lamboley	40.00								
CEO/President				x			179,033	0	19,715
(2) Brian Edwards									
Chief Financial Officer	40.00			x			124,180	0	14,392
(3) Mitchell Fong	1.00								
Director		х					0	0	0
(4) Rodger Stone	1.00								
Director		х					0	0	0
(5) Tony Wynn	1.00								
Director		х					0	0	0
(6) Parvaneh Carter									
Director	1.00						0	0	0
(7) Jasmine Dhindsa, MD	1.00								
Director		х					0	0	0
(8) Karen Munson	1.00								
Director		х				_	0	0	0
(9) Lynne Barker	0.50								
Director through 02/2023		х			_	_	0	0	0
(10)Abbi_Whitaker	1.00								
Director		х				_	0	0	0
(11)Sherman Baker	1.00								
Director		х				_	0	0	0
(12)Deborah Polivy, PhD	1.00								
Director		х		+			0	0	0
(13)Rich_Jersey	1.00								
Director		х			_		0	0	0
(14)Matt_Mascali	1.00								
Director		х					0	0	0
EEA									Form 990 (2022)

Form 990 (2022) Food Bank of Nort	hern Nev	ada,	Inc	2.					94-2924			9age 8
Part VII Section A. Officers, Directors, T	rustees, I	Key E	Emp	loy	/ee	s, an	nd F	lighest Comp	ensated Empl	oyees	(cont	inued)
(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	Estin	(F) nated am of other	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	t orga	mpensat from the inization d organiz	and
(15)Craig Etem Director	<u> </u>	x						0	0			0
(16)Dusty Casey	2.00											
Vice Chair	0.00	x		X			-	0	0			0
(17)Letitia Anderson, MD Board Chair	<u>2.00</u>	x		x				0	o			0
(18)Heidi Foster	2.00											
Treasurer		x		x				0	0			0
(19)Nancy Wong Secretary	2.00	x		x				0	0			0
(20)John_Lipinski	<u>2.00</u>											
Board Chair (21)		x		x				0	0			0
(22)												
<u>(23)</u>												
(24)												
(25)												
1b Subtotal	ion A		•••	•••	••		•					
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)							:	303,213	0		34.3	107
2 Total number of individuals (including but not limite							mor		÷	1	347.	
reportable compensation from the organization												2
3 Did the organization list any former officer, directo	r tructoo ko				منصل	ant na		upo ata d			Yes	No
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule		• •	•		-		•			3		х
 For any individual listed on line 1a, is the sum of re organization and related organizations greater that 	eportable con	npensa	ation a	and	othe	er com	npen	sation from the				
										4	x	
5 Did any person listed on line 1a receive or accrue				unre	elate	ed orga	aniza	ation or individual				
for services rendered to the organization? If "Yes,"	complete Sc	chedule	e J foi	r su	ch p	erson				5		х
Section B. Independent Contractors	tod indonon	dont of	ntra		. +h a	+	ive d	more then \$100.00	20 of			
1 Complete this table for your five highest compensation from the organization. Report comp												
(A)								(B)		(C)		
Name and business addres	s							Description of servic	es	Compens	sation	
Brad Cecil & Associates, 2115 Arlingt	on Downs	Rd 2	Arli	ing			Dir	cect mail/e-a	appe		298,0	573
• Total source of the base of the total of	. h 4 4			12-1		harr à						
2 Total number of independent contractors (including			nose	liste	ed al	oove)	who		1			

Form 99			ern Nevada, Ir	nc.		94-29249	79 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response of	r note to any line in thi	s Part VIII •• (A)	(B)	(C)	<u> </u> (D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a		1a	-			
nts Its	b	'	1b	-			
Gran	0 0		1c 56,123 1d	-			
Contributions, Gifts, Grants and Other Similar Amounts	d e	°	le 11,222,685	-			
	f	All other contributions, gifts, grants,	11,222,003				
			1f 40,687,350				
Othe	g	Noncash contributions included in]			
Sont und (lines 1a-1f	1g \$38,079,317				
0.0	h	Total. Add lines 1a-1f		51,966,158			
	0.0		Business Code	007.070			
ice i		Agency Fees	493000	397,372	397,372		
ue	b c	Reimbursements/Other	493000	148,154	148,154		
gram Serv Revenue	d		_				
Program Service Revenue	e		_				
Pro	f	All other program service revenue	•				
	g	Total. Add lines 2a-2f		545,526			
	3	Investment income (including dividends, interest					
		other similar amounts)		56,647			56,647
	4	Income from investment of tax-exempt bond pr Royalties					
	5	(i) Real	(ii) Personal				
	6a	Gross rents 6a	(ii) reisonai				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other	_			
		sales of assets					
	n	other than inventory 7a		-			
Ð	D D	Less: cost or other basis and sales expenses 7b					
Other Revenue	c	Gain or (loss) 7c		-			
Rev		Net gain or (loss)					
Jer	8a	Gross income from fundraising					
Ē		events (not including \$ 56,123					
		of contributions reported on line					
	Ι.	1c). See Part IV, line 18	8a	-			
		Less: direct expenses	8b				
		Gross income from gaming					
	0	activities, See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
			10a	-			
			10b				
	C C	Net income or (loss) from sales of inventory	Business Code				
s	11a		Business Code				
nor	b						
scellanou Revenue	c						
Miscellanous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d					
	40	Total revenue See instructions		52 568 331	545 526	0	56 647

Form 990 (2022) Food Bank of Northern Nevada, Inc. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
	b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising				
<u>00, 9</u> 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								
2	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
3	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
•	trustees, and key employees	337,320	99,373	188,260	49,687				
6	Compensation not included above to disqualified		33,313	100,200	49,007				
Ū	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	3,435,003	2,454,278	558,145	422,580				
8	Pension plan accruals and contributions (include	3,133,003	2/101/2/0		122,000				
-	section 401(k) and 403(b) employer contributions)	147,764	106,392	23,242	18,130				
9	Other employee benefits	341,452	261,334	36,141	43,977				
10	Payroll taxes	353,651	244,332	65,319	44,000				
11	Fees for services (nonemployees):				,				
а	Management								
b	Legal								
с	Accounting	22,250		22,250					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17 .	298,673			298,673				
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	183,175	159,190	23,985					
12	Advertising and promotion	7,413		5,293	2,120				
13	Office expenses	194,987	22,813	42,315	129,859				
14	Information technology	81,053	15,058	65,995	<u> </u>				
15	Royalties	105.100	100.000						
16 17	Occupancy	135,480	109,992	25,488	· · · · · · · · · · · · · · · · · · ·				
17	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	84,479	31,207	49,207	4 065				
20		84,4/9	31,207	49,207	4,065				
20	Payments to affiliates								
22	Depreciation, depletion, and amortization	756,682	717,411	39,271					
23		117,651	117,651		<u> </u>				
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	41,972,665	41,972,665						
b	Vehicle expense	469,976	469,976						
с	Supplies & equipment	920,792	911,730	5,851	3,211				
d	Outreach & advocacy	197,725	196,588	900	237				
е	All other expenses	87,564	72,144		15,420				
25	Total functional expenses. Add lines 1 through 24e	50,145,755	47,962,134	1,151,662	1,031,959				
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)				F				

Form 990 (2022)

ļ	Form 990	(2022)) I	Food	Bank	of	Northern	Nevada,	Inc.	
I	Part X	B	alance Sheet	•						

Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	412,806	1	277,538
	2	Savings and temporary cash investments	1,176,339	2	835,073
	3	Pledges and grants receivable, net	2,107,647	3	2,177,657
	4	Accounts receivable, net	100,423	4	59,185
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,883,200	8	1,679,017
As	9	Prepaid expenses and deferred charges		9	1,000
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,855,224			
	b	Less: accumulated depreciation	8,052,031	10c	7,661,378
	11	Investments - publicly traded securities	15,135,144	11	18,908,571
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	500,000
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,867,590	16	32,099,419
	17	Accounts payable and accrued expenses	610,268	17	585,027
	18	Grants payable		18	
	19	Deferred revenue	999,570	19	770,619
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
liab.		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,609,838	26	1,355,646
		Organizations that follow FASB ASC 958, check here			
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	21,390,923	27	24,879,197
Bal	28	Net assets with donor restrictions	5,866,829	28	5,864,576
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
or or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	27,257,752	32	30,743,773
	33	Total liabilities and net assets/fund balances	28,867,590	33	32,099,419
EEA					Form 990 (2022)

	990 (2022) Food Bank of Northern Nevada, Inc.	94-2924979)	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,	568,	331
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,3	145,	755
3	Revenue less expenses. Subtract line 2 from line 1	3	2,4	422,	576
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,2	257,	752
5	Net unrealized gains (losses) on investments	5	1,0	063,	445
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	30,	743,	773
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
EEA			Form	990 (2	2022)

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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Food Bank of Northern Nevada, Inc. 94-2924979 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). α (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

-	e A (Form 990) 2022 Food Bank of	of Northern	Nevada, In	ic.		94-292497	9 Page 2
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,397,455 4	8,868,026	3,379,100 4	5,007,731	1,966,158	238,618,470
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	9,397,455 4	8,868,026	3,379,100 4	5,007,731	1,966,158	238,618,470
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 .						238,618,470
	on B. Total Support				-	1	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7		9,397,455 4	8,868,026 5	3,379,100 4	5,007,731	1,966,158	238,618,470
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	9,827	8,262	8,030	44,725	56,647	127,491
9	Net income from unrelated business						
	activities, whether or not the business						
10	is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	95,100	86,884	155,318	142,684		479,986
12	Gross receipts from related activities, etc.					12	239,225,947
13	First 5 years. If the Form 990 is for the or			d fourth or fift	h tay year as a)(3)
15	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6			1. column (f))		14	99.75 %
15	Public support percentage from 2021 Sch	• •				15	99.68 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box or	n line 13, 16a, o	or 16b, and line	
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	stances test. T	The organizatio	n qualifies as a	a publicly supp	orted
	organization						🛛
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	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	tances test, ch	eck this box ar	nd stop here. I	Explain
	in Part VI how the organization meets the	facts-and-circu	umstances test	t. The organiza	ition qualifies a	s a publicly su	pported
	organization						🗌
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee
	instructions						<u></u>

-	e A (Form 990) 2022 Food Bank c	of Northern	Nevada, In	c.		94-2924979	Page 3
Part							
	(Complete only if you checked th	e box on line	10 of Part I of	or if the orgar	nization failed	to qualify unde	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	-					
	furnished by a governmental unit to the			A			
	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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.)						
14	First 5 years. If the Form 990 is for the or	0			2		, ,
Conti	organization, check this box and stop her						· · · · · Ц
	on C. Computation of Public Suppor	-		2 column (f))		45	%
15 16	Public support percentage for 2022 (line 8 Public support percentage from 2021 Sch		•			15 16	<u>%</u> %
16 Socti	on D. Computation of Investment In				<u></u>	10	70
17	Investment income percentage for 2022 (li		-	lino 13 colun	on (f))	17	%
18	Investment income percentage from 2022 (I		• • •			18	%
10 19a	33 1/3% support tests - 2022. If the organ						
130	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organization	-	-			•••	
5	line 18 is not more than 33 1/3%, check this box						П
20	Private foundation. If the organization did						ns□
			сл. он што т т ,				<u></u>

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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, Ioan, 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
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Part M Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 12 A purson wite directly controls: element and the above? If "Yes" to line 11a, 11b, or 11c, provide datal in Part V. Yes No 14 The direct of point directly controls: element and base maching of the organization accepted on 11a or 11b across? If "Yes" to line 11a, 11b, or 11c, provide datal in Part V. Yes No 2 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization accepted organization accepted acceptations have the power to gradual papport or direct the influe capacity of the cognization's direct or controlled the support of the cognization's direct or controlled the support of one or more supported organization accepted acceptations have paper and/or more affect, direct or, or trustees are all lines capacity of the cognization's direct or controlled the support of one or more support of controlled the support of cognization's direct or controlled the support of cognization's direct ore controlled the support of cognization's direct or control of the support of cogninization was vested in the sam		A (Form 990) 2022 Food Bank of Northern Nevada, Inc. 94-2924979		F	age 5
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 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a _ The organization satisfied the Activities Test. Complete line 2 below. b _ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities doesribed on line 2a, above, constitute activities the organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? involvement. a Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2		
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		3a		
	h				
	~		3b		

Schedule A (Form 990) 2022

Checkle A (Form 990) 2022 Food Bank of Northern Nevada, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	94-292 zations	2 4979 Pag
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	-		
			(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		
 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 	8		
•	-		(B) Current Ye
ection B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
 Acquisition indebtedness applicable to non-exempt-use assets 	2		-
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	-		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
 7 Recoveries of prior-year distributions 	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		_
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	· · · · · · · · · · · · · · · · · · ·	
7 Check here if the current year is the organization's first as a non-function	ally in	tegrated Type III support	ting organization
(see instructions).			
A			Schedule A (Form 990)

-	e A (Form 990) 2022 Food Bank of Northern Nev				1979 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 2022 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) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			Τ	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA					Schedule A (Form 990) 2022

Schedule A (Form	/		of Northern New			94-2924979	Page 8
Part VI S	Part VI Supplemental Information. Provide the explanations required by Part II, line 1					; Part II, line 17a or 17	7b; Part
	II, line 12; Part I	V, Section A, lin	es 1, 2, 3b, 3c, 4l	o, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b	o, and 11c; Part IV, Se	ection
E	3, lines 1 and 2;	Part IV, Sectior	C, line 1; Part IV	, Section D, line	es 2 and 3; Part	IV, Section E, lines 10	c, 2a, 2b,
3	Ba, and 3b; Part	V, line 1; Part V	, Section B, line 1	e; Part V, Secti	ion D, lines 5, 6,	and 8; and Part V, Se	ection E,
li	ines 2, 5, and 6.	Also complete	this part for any a	dditional inform	ation. (See instr	ructions.)	
01. Othe	er income	(Part II,	line 10 or	Part III,	line 12)		
Agency revenue and reimbursements received each year.							

SCHEDULE D	
(Form 990)	

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspect
	Employer identifica	tion number

	Bank of Northern Nevada, Inc.	unde en Othen Similar Funde en Ase	94-2924979
Pa			bunts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	-	
	funds are the organization's property, subject to the organization	Ū	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad		d
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
_	conferring impermissible private benefit?	<u></u>	Yes 📋 No
Par			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	or education)	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic struct	cture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired af	ter July 25, 2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	tax year		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the peric	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	-	
Par		of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on	i Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,		nce sheet works of
	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items:		· ·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
-	following amounts required to be reported under FASB ASC 95		, F
а	Revenue included on Form 990, Part VIII, line 1	-	
b	Assets included in Form 990, Part X		
~			*

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

	le D (Form 990) 2022 Food Bank of No	rthern Nevada	, Inc.	-	94-292					
Par						ssets (continued)				
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the fol	lowing that make	significant use of its					
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research		e 🗌 Other							
С	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod									
	,					· · 📋 Yes 📋 No				
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:	1						
	5 · · · · ·					mount				
C	Beginning balance				1c					
d	Additions during the year				1d					
e	Distributions during the year Ending balance				1e					
f	Did the organization include an amount on F				1f	. Yes No				
2a					•					
b Par		. Check here if the ex	planation has been p		(····· []				
. ai	Complete if the organization	answered "Yes"	on Form 990 Pa	art IV line 10						
		(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back				
1a	Beginning of year balance	2,921,781	2,959,917	2,077,41						
b		1,063,418	463,261	350,00						
c	Net investment earnings, gains, and	1,003,418	403,201	350,00	<u>10 94,05</u>	, 				
Ŭ		283,095	(501,397)	564,15	64 (20,719	9) 117,222				
d	Grants or scholarships	203,095	(301,337)			// 11/,222				
e	Other expenditures for facilities and									
•	programs	127,055		31,65	36,800	151,412				
f	Administrative expenses	127,000		51,00		/ 101/112				
g	End of year balance	4,141,239	2,921,781	2,959,91	.7 2,077,419	9 2,040,303				
2	Provide the estimated percentage of the cur									
а	Board designated or quasi-endowment									
b	Permanent endowment									
с	Term endowment 53.00 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organization	tion that are held and	administered for	the					
	organization by:					Yes No				
	(i) Unrelated organizations					. 3a(i) x				
	(ii) Related organizations					. 3a(ii) X				
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	ed on Schedule R?			. 3b				
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 11a	a. See Form 990,	Part X, line 10.				
	Description of property	(a) Cost or othe		r other basis	(c) Accumulated	(d) Book value				
		(investme	nt) (o	other)	depreciation					
1a	Land	· ·	(682,145		682,145				
b	Buildings	· ·	10,	637,610	4,620,686	6,016,924				
С	Leasehold improvements	· ·								
d	Equipment	· ·	3,	535,469	2,573,160	962,309				
e	Other									
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X,	, column (B), line 10c	.)		7,661,378				

Schedule D (Form 990) 2022

Schedule D (For		da, Inc.	94-	2924979	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line	ə 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	•			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11c. See Form	990, Part X, line	ə 13.
	(a) Description of investment	(b) Book value		thod of valuation: d-of-year market value	
(1)The Odd	die Project	500,000	Cost		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	500,000			
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11d. See Form	990, Part X, line	e 15.
	(a) Description			(b) Book valu	
(1)					
(2)					
-					

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 900, Part X, col. (P) line 15)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X

Other Liabilities.

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

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

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

х

Schedu	le D (Form 990) 2022 Food Bank of Northern Nevada, Inc.	94-2924979	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1 !	53,631,776
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	15	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	1,063,445
3	Subtract line 2e from line 1	. 3	52,568,331
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. (<i>This must equal Form 990, Part I, line 12.</i>)	. 5	52,568,331
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements	. 1 !	50,145,755
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		i
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3 !	50,145,755
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.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part 1, line 18.</i>)	. 5 !	50,145,755
Part	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	; Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
<u>01. </u>	Endowment funds intended uses (Part V, line 4)		
The h	poard-designated endowment fund is intended to support and expand program	activities.	The Food
Bank	also has an endowment fund that is restricted by donors to provide for t	ne future ca	pital
maint	tenance and repairs of the Donald W. Reynolds Food Distribution Center.		

Schedule D (Form 990) 2022 Food Bank of Northern Nevada, Inc. Part XIII Supplemental Information (continued)	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 th	at are material	to the
		<u> </u>
financial statements.		

(Form 990) Complete if the organization answerd "Yet" or Form 990 pert IV, line 37, 86, or 19, or 11 has a set of the organization the set of the organization and the set of the organization and the set of the organization and the set of the organization answerd and the set of the organization of the order of the organization of the organization and the set of the organization and the organization and the set of the organization		EDULE G					aising or Gami		OMB No. 1545-0047
Operation Impact on the system Impact on the system Impact on the system Name of the capacitation Second back of Name of the capacitation number 9.4-2924373 Part I Fundraising Activities. Complete the organization answered "Yes" on Form 590, Part IV, line 17. Form 990-E2 files are not required to complete this part. 9.4-2924373 1 Indicate whether the organization raised funds through any of the following activities. Check all that appy, a What solicitations 6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(Form	n 990)	Complete II	organization entere	d more than	1 19, 01 il tile	2022		
Name dre organization Employer identification number Food Bank of Northern Nevada, Inc. 94-2924979 Part I Fundralsing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations f b Mail solicitations g c Phone solicitations g c Phone solicitations g d Internet and email solicitations f d Internet and email solicitations g 2a Did the organization have a witten or oral agreement with any individual (notuding officers, directors, rustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundralism services? Impresent the organization have a witten or oral agreement with any individual (notuding officers, directors, rustees, or key employees listed in Form 990, Part VII) or entity (fundraliser) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. IBrad Cecil & Associates Pirect mail a1 An e-appeal x 1,255,917 298,673 957,244 3 Internet which the organization have andine appeal x 1,255,917 <t< td=""><td colspan="3"></td><td></td><td></td><td></td><td>n.</td><td colspan="2"></td></t<>							n.		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Z Internet and email solicitations f Solicitation of non-government grants c X Phone solicitations g Solicitation of government grants d G In-person solicitations g Solicitation of government grants d S In the cognization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services? X Yes No w In the 10 highest paid individuals or entities (fundraisers have contributions? (v) Grossing Explore (v) Amount paid to (or retained by) to creating the contributions? w No end address of individual (ii) Activity (iii) Activity (v) Grossing Explore (v) Amount paid to (or retained by) to creating the contributions? 1Brad Cecil & Associates Direct mail x 1,255,917 298,673 957,244 3 Indicate have a difference in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	-								
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a a M Mail solicitations f b a M Mail solicitations f c b b b d M Internet and amail solicitations f b c M Phone solicitations g b d M Inperson solicitations g b Special functions gravement grants c M Phone solicitations g Special functions gravement grants g Mo l Information have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) or entity in connection with professional fundrating services? X Y es No if "Yes," list the 10 highest paid individual contributions? (ii) Activity (iii) Did fundratiser have control of contribution? (v) Amount paid to (or retained by) erganization (I) Name and address of individual or enables Direct mail X 1,255,917 298,673 957,244 1 Indicate mail X 1,255,917 298,673 957,244 3 <td>Food</td> <td>Bank of Nor</td> <td>thern Nevada,</td> <td>Inc.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Food	Bank of Nor	thern Nevada,	Inc.					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply: a Mail solicitations e Mail solicitations e Mail solicitations b Mail met and email solicitations f Solicitation of non-government grants c Mail solicitations g Solicitation of non-government grants c Mail solicitations g Special fundraising events d Mail the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If Yes No 0 If "Yes," list to 10 highest paid individuals or entities (fundraisers have or entity (fundraiser have outsoldy or control of controllons? (v) Amount paid to (or relained by) fundraiser is to be compensated at least \$5,000 by the organization. 1 Brack Cecil & Associates Direct mail x 1,255,917 298,673 957,244 3	Part		•	•	-		ered "Yes" on F	Form 990, Part IV,	line 17.
a X Mail solicitations b X Internet and email solicitations c X Protect email solicitations d W Prose Protect email solicitations c X Protect email solicitations c X Protect email solicitations d W Prose Protect email solicitations c X Protect email solicitations d W Prose Protect email solicitations d W Protect email sol				•					
b Internet and email solicitations f Solicitation of government grants c X Phone solicitations g Solicitation of government grants 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Set," list the 10 highest paid individuals or entities (individuals or entities (individual or entities (indities (indities (indities (individual or entities (individual or ent		_	•	ed funds through a	, –	- ~			
c Mone solicitations g M Special fundraising events d M Inperson solicitations g M Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? M Te									
d					_	-		15	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 1990, Part VII) or entity in connection with professional fundraising services? Image: Transport of the service of the serv		=			9 4				
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have customer of the organization is to be compensated at least \$5,000 by the organization (iv) Amount paid to (or retained by) fundraiser lists in the organization is contributions? (iv) Amount paid to (or retained by) fundraiser lists in the organization 1Brad Cecil & Associates Direct mail and e-appeal x 1,255,917 298,673 957,244 3		<u> </u>		oral agreement wit	h any individ	lual (including	g officers, directors,	trustees,	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Crossificeeiptis from activity fundraiser isola in contributions? (v) Amount paid to (or retained by) fundraiser isola in contributions? 1Brad Cecil & Associates Direct mail and e-appeal X 1,255,917 298,673 957,244 3		or key employees	s listed in Form 990,	Part VII) or entity in	connection	with profession	onal fundraising ser	vices?	🗶 Yes 🗌 No
(i) Name and address of individual or entity (fundraiser) (ii) Oid fundraiser have custody or control of contributions? (iv) Gross feeeipts from activity (iv) Amount paid to (or retained by) fundraiser isted in col. (i) 1Brad Cecil & Associates Direct mail and e-appeal X 1,255,917 298,673 957,244 3 Image: Control of control o	b	If "Yes," list the 1	0 highest paid individ	duals or entities (fur	ndraisers) pu	rsuant to agr	eements under whic	h the fundraiser is to be	9
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity		compensated at l	east \$5,000 by the c	organization.					
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity				1	1			() Amount poid to	1
Unit actually Leventry Contributions? Initial actually Lundraiser listed in col.(i) Corganization 1Brad Cecil & Associates Direct mail and e-appeal x 1,255,917 298,673 957,244 2								(or retained by)	
Yes No 1Brad Cecil & Associates Direct mail x 1,255,917 298,673 957,244 2 and e-appeal x 1,255,917 298,673 957,244 3		or entity (fun	draiser)	(II) Activity			from activity		
2115 Arlington Downs Rd and e-appeal X 1,255,917 298,673 957,244 3					Yes	No			
2	1Br	ad Cecil & A	Associates	Direct mail				<u>,</u>	
3	2115	Arlington D	owns Rd	and e-appeal		x	1,255,917	298,673	957,244
4	2								
4									
5 6 6 9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	3								
5 6 6 9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
6	4								
6									
7 1 1 1 8 1 1 1 9 1 1 1 10 1 1 1 Total · · · · · · · · · · · · · · · · · · ·	Ũ								
8 9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	6								
8 9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	7								
9 10 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
10 10 Total	8								
10 10 Total									+
Total 1,255,917 298,673 957,244 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	9								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	10								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.					•				
registration or licensing.	Total						1,255,917	298,673	957,244
	3			n is registered or lic	ensed to so	icit contributi	ons or has been not	ified it is exempt from	
All States			ensing.						
	<u>A11</u> :	States							
·									
			-						

Pa	rt II	Fundraising Events. Comp	÷			-
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b.	List events with
		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			Canstruction (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	56,123			56,123
	2 3	Less: Contributions Gross income (line 1 minus line 2)	56,123			56,123
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs • • • • • •				
Direct Expenses	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses	a 4 through 0 in column (d)			
	10 11	Direct expense summary. Add line Net income summary. Subtract line				
Pa	rt III	Gaming. Complete if the or				ore than
		\$15,000 on Form 990-EZ, li	ne 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	│	└ Yes % │	
	7	Direct expense summary. Add line	es 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	otract line 7 from line 1, colι	umn (d) • • • • • • • • •		
g		ter the state(s) in which the organiz				
		the organization licensed to conduct No," explain:	t gaming activities in each c			Yes 🗌 No
	5 11					
10		ere any of the organization's gaming Yes," explain:	licenses revoked, suspend	ded, or terminated during the	e tax year?	Yes No

Food Bank of Northern Nevada, Inc.

Page 2

94-2924979

Schedule G (Form 990) 2022

SCHE	DULE J
(Form	990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2022

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 94-2924979

Food	Bank of Northern Nevada, Inc. 94-2924979			
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
5	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		x
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		х
	If the to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
	The organization?	6a		
a h	Any related organization?			x
b		6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
		-		A
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	•			
	Regulations section 53.4958-6(c)? Schodule 1 (perwork Reduction Act Notice see the Instructions for Form 990 Schodule 1 (9		
	Cohedula 1/	- orm (ACATAN 120	

Schedule J (Form 990) 2022 Food Bank of Northern Nevada, Inc.

94-2924979 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	d/or 1099-MISC and/or	1099-NEC compensation	(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)	179,033	0	0	8,952	10,763	198,748	C
1 CEO/President	(ii)	0	0	0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
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10	(ii)							
	(i)	· · ·						
11	(ii)	·						
10	(i)							
12	(ii)							
13	(i)							
13	(ii)							
14	(i) (ii)							
14	(ii) (i)							
15	(i)							
	(i)							
16	(i) (ii)							
FFA	[(1)						0	L ule J (Form 990) 202

Schedule J (Form 990) 2022

Page 2

EEA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Part I			ern Neva Property	
Faill	I I Y	hes of L	Toperty	

	Bank of Northern Nevada, 1	Inc.			94-2924	979			
Part									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reporte Form 990, Part VIII	d on	Methoo noncash c	(d) d of deter ontributio		
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	20,915,981	38,0	79,317	Feeding	Ameri	.ca F	MV
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the o	organization o	during the tax year for contribution	ons for					
	which the organization completed Form 8	3283, Part V,	Donee Acknowledgement			29		Yes	No
30a	During the year, did the organization rece	eive by contri	bution any property reported in I	Part I, lines 1 through					
	28, that it must hold for at least three yea								
	used for exempt purposes for the entire h						30a		х
b	If "Yes," describe the arrangement in Par	• •			-	-			
21	Does the organization have a gift accent		at requires the review of any no	onstandard					

31	Does the organization have a glit acceptance policy that requires the review of any honstandard			
	contributions?	31	х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II			

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Food Bank of Northern Nevada, Inc.

94-2924979

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

A draft copy of the Form 990 is reviewed with the Executive Committee each year. Upon the

Executive Committee's approval, an electronic copy is provided to the full 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

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

from the Board action, including termination or removal

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

Compensation for the CEO/President reviewed and approved by the Executive Committee and

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

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

Schedule O (Form 990) 2022	Page 2
Name of the organization Food Bank of Northern Nevada, Inc.	Employer identification number 94-2924979
are available to the public upon request. The most recent audited financial	l statements and
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	
children not getting enough food to eat in our region, the Food Bank provid	des several
programs aimed at getting wholesome food to nourish children and support he	ealthy 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	s to food
year-round for students and their families.	
Feeding Families:	
Mobile Harvest delivers produce, dairy, bread and other fresh foods to high	n-need
neighborhoods and communities. Nutrition education is also included at seve	eral 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 H	Emergency Food
Assistance Program (TEFAP) in 13 Nevada counties and in select rural count:	ies in
California respectively. The Food Bank, with Trusted Partner status granted	d by USDA/Nevada
Division of Welfare and Supportive Services, conducts SNAP application ass:	istance and
eligibility interviews, which eliminates a significant barrier to participa	ation and
facilitates approval for benefits.	

Name of the organization Food Bank of Northern Nevada, Inc.	94-2924979
Feeding Seniors:	
Dur older neighbors benefit from a food assistance approach th	hat addresses their unique
needs around nutrition, accessibility, and social engagement.	The Food Bank offers Golden
Groceries food pantries with healthy foods, nutrition educatio	on, and special hours of
operation so seniors can meet and socialize with other seniors	s in a no-rush environment.
The Produce on Wheels truck rolls up to low-income senior apa:	rtment complexes and senior
centers to provide fresh fruits and vegetables in a farmers-ma	arket-style, dignified
experience. The Food Bank also administers the USDA's Commodit	ty Supplemental Food Program
(senior food boxes) which provides staple food items.	
Feeding Tribal Communities:	
The Food Bank continues to strengthen long-standing tribal con	nmunity partnerships. We have
collaborated with 19 tribes to establish food pantries and Mol	oile Harvest distribution
sites to serve tribal members as well 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 w	with food pantries to provide
healthy foods that are low in sodium and sugar to low-income p	people dealing with chronic
health issues such as diabetes and high blood pressure.	
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 inc	cludes the Board Vice Chair,

Treasurer, and Secretary. The Board Chair may choose to appoint up to two (2) additional

Schedule O (Form 990) 2022 Name of the organization

Employer identification number

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Food Bank of Northern Nevada, Inc.	94-2924979
board members to the Executive Committee to serve as "at large" members. In	n an emergency
or at the discretion of the Board Chair, the Executive Committee shall have	e all powers of
the Board. Any emergency action thus taken shall be reported to the members	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.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.								
Internal Revenue Service	Go to www	v.irs.gov/For	m990 for instr	uctions and the la	test information.			Inspec	
Name of the organization	white we want do To a							er identification	number
	orthern Nevada, Inc.	to if the or	anization a	nowarad "Vaa"	on Form 000 Day	+ 1)/ line 22	94-2	924979	
Part I Identific	ation of Disregarded Entities. Comple	le ii lhe oi	ganization a				(-)		
Nam	(a) e, address, and EIN (if applicable) of disregarded entity		Prim	(b) ary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year asset	s Direct c	(f) ontrolling
(1)					or foreign country)		•	e	entity
(')									
(2)									
(3)									
					-				
(4)									
(5)									
	cation of Related Tax-Exempt Organizations du			e organization a	answered "Yes" or	Form 990, Part I	IV, line 34 be	ecause it na	30
		inng the ta	ix year.			(a)	(6)		<u>(a)</u>
Name	(a) e, address, and EIN of related organization	Drim	(b) ary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct contro	Sec.	(g) 512(b)(13) rolled entity?
		FIIII	ary activity	or foreign country)		(if section 501(c)(3))	entity	Ye	
(1) The Oddie Pro	ject, 92-3980315	Revitali	zation						
2244 Oddie Bly	7d	and comm	unity						
Sparks NV 8943	31	based se	rvices	NV	501 (c) (25)		N/A		x
(2)									
(3)									
(4)									
(5)									+
(•)									

Food Bank of Northern Nevada, Inc.



94-2924979

Page 2

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Pad	е	3

_x___ <u>x</u> x _x_ x x

Schedule R (For	m 990) 2022 Food Bank of Northern Nevada, Inc.			94-2924979		F	age 3
Part V	Transactions with Related Organizations. Complete if the organization answ	vered "Yes" on Form	990, Part IV, line 34	, 35b, or 36.			
Note: Comp	blete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
•	the tax year, did the organization engage in any of the following transactions with one or more related or	ganizations listed in Parts	II-IV?				
a Receipt	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		x
b Gift, gra	ant, or capital contribution to related organization(s)				1b	x	
c Gift, gra	ant, or capital contribution from related organization(s)				1c	_A	x
d Loans d	or loan guarantees to or for related organization(s)				1d		x
e Loans o	or loan guarantees by related organization(s)				1e		x
f Dividen	ds from related organization(s)				1f		x
g Sale of	assets to related organization(s)				1g		x
h Purchas	se of assets from related organization(s)				1h		x
i Exchan	ge of assets with related organization(s)				1i		x
j Lease o	of facilities, equipment, or other assets to related organization(s)				_ 1j		x
k Lease o	of facilities, equipment, or other assets from related organization(s)				1k		x
I Perform	nance of services or membership or fundraising solicitations for related organization(s)				11		x
m Perform	nance of services or membership or fundraising solicitations by related organization(s)				1m		x
n Sharing	of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		x
o Sharing	of paid employees with related organization(s)				10		x
p Reimbu	rsement paid to related organization(s) for expenses				1p		x
q Reimbu	rsement paid by related organization(s) for expenses				1q		x
r Other tr	ansfer of cash or property to related organization(s)				1r		x
s Other tr	ansfer of cash or property from related organization(s)				1s		x
2 If the ar	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relations	nips and transaction thresh	olds.			
	(a)	(b)	(C)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining	amount i	involved	
(1) The Oc	ddie Project	b	500,000	cash investme	nt		
(2)							
(3)							
(4)							
(5)							
(6)							
EEA		_1	1	l Sched	lule R (F	orm 990) 2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name	e, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all p sect 501(organiz	tion	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or aging tner?	Percentag ownershi
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)				~ (
(5)														
(6)		*												
(7)														
(8)														
(9)	$\mathbf{O}\mathbf{V}$	*												
10)														
11)														
12)														

Form 8879-TE

Department of the Treasury

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

07-01 , 2022, and ending For calendar year 2022, or fiscal year beginning 06-30 , 2023

Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

Food Bank of Northern Nevada, Inc.

94-2924979

Name and title of officer or person subject to tax

Brian Edwards, CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 52,568,331 2a Form 990-EZ check here . . . 2b h Tatal tau (Farma 1100 DOL line 00)

Sa		D		
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19) ••••••••••••••••••••••••••••••••••••	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) • • 10b	
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax	
Under	penalties of periury. I declare that	71	am an officer of the above entity or I am a person subject to tax with respect to (name	

Under perialities of perjury, i deciare that		
of entity)	, (EIN)	and that I have examined a copy of the
2022 electronic return and accompanying	schedules and statements, and, to the best of m	ny knowledge and belief, they are true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

Connie Christiansen, CPA	to enter my PIN	13663	_ as my signature
ERO firm name		Enter five numbers, t do not enter all zeros	
gulating charities as part of the IRS Fed/State program, I also sure consent screen. r person subject to tax with respect to the entity, I will enter n have indicated within this return that a copy of the return is b	o authorize the aforemention ny PIN as my signature on th being filed with a state agenc	ed ERO to enter my P e tax year 2022 electro	'IN on the onically
erson subject to tax		Date 01-25-2	2024
ification and Authentication			
ter your six-digit electronic filing identification ved by your five-digit self-selected PIN.	886353 34084	4	
	Do not ente	er all zeros	_
	ERO firm name r 2022 electronically filed return. If I have indicated within this gulating charities as part of the IRS Fed/State program, I als sure consent screen. r person subject to tax with respect to the entity, I will enter in have indicated within this return that a copy of the return is b //State program, I will enter my PIN on the return's disclosure erson subject to tax ification and Authentication iter your six-digit electronic filing identification ved by your five-digit self-selected PIN. re numeric entry is my PIN, which is my signature on the 202 turn in accordance with the requirements of Pub. 4163 , Mod	ERO firm name ERO firm name r 2022 electronically filed return. If I have indicated within this return that a copy of the return gulating charities as part of the IRS Fed/State program, I also authorize the aforemention sure consent screen. r person subject to tax with respect to the entity, I will enter my PIN as my signature on the have indicated within this return that a copy of the return is being filed with a state agence //State program, I will enter my PIN on the return's disclosure consent screen. erson subject to tax Iffication and Authentication iter your six-digit electronic filing identification ved by your five-digit self-selected PIN. 886353 34084 Do not enter re numeric entry is my PIN, which is my signature on the 2022 electronically filed return in turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information	ERO firm name Enter five numbers, it do not enter all zeros r 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a gulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my P sure consent screen. r person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electron have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the return is disclosure consent screen. r person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electron have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the return is disclosure consent screen. erson subject to tax Date 01-25-2 Ification and Authentication 01-25-2 wed by your five-digit self-selected PIN. 886353 34084 Do not enter all zeros Do not enter all zeros re numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confin turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. EEA

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

Corporation Cognitization number Califorms and comparison constructions. Califorms and comparison constructions. FOOD BANK OF NORTHERN NEVADA, INC. 8129795 Stroot address (uite or norm) 94-2224979 Stroot address (uite or norm) 94-224979 Stroot address (uite or norm) 94-2224979 Stroot address (uite or norm) 95-00 Stroot address (uite or norm) 94-2224979 Stroot address (uite or norm) <	Calavada			0.6	20 2022			
FOOD BANK OF NORTHERN NEVADA, INC. 812935 Additional information. See instructions. FIEN Street address (suble or more) PMB no. Chy Street 320 code Street address (suble or more) Poreign packal code Chy NV 28 packal code A First rolm. Provide packal code Provide packal code Dinal charmation return? Provide packal code Provide packal code Dinal charmation return? Provide packal code Provide packal code Dinal charmation return? Provide packal code Provide packal code Provide packal code Street address (NE code packal code Provide packal code Provide packal code Street address (NE code packal code Provide packal code Provide packal code Street address (NE code packal code Provide packal code Provide packal code Street address (Street addres						<u> </u>		
Additional information. See instructions. IFIN Short address (subin or room) 94 - 29224979 Short address (subin or room) PMB no. SD IT TALY DR NV City State SPARTS NV SPARTS NV SPARTS Foreign province/state/state/subin/space/stat	-	-		•				
94-2924979 Steel addees (sub or room) 550 TTALV DR City State SPARS Protein province/state/county First num Preside noutry name A First num Preside noutry name D Final formation return Preside noutry name <td></td> <td></td> <td></td> <td colspan="5">1/95</td>				1/95				
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A First return	SPAR	KS	NV	89	437			
B Amended return	Foreign c	buntry name Foreign province/state/county		Forei	gn postal code			
C IRC Section 4947(a)(1) trust	A First re	urn ••••••••••••••••••••••••••••••••••••	ts guidelin	es				
D Final Information return? 	B Amend	ed return • • • Yes X No not reported to the FTB? See instructions			• 🗌 Yes 🛛	No		
D Final Information return? 	C IRC Se	ction 4947(a)(1) trust 🛛	s the orga	nizatior	ı			
■ Dissolved □ Surrendered (Windrawn) □ Merged/Reorganized End date (umid2yyy) • ■ <t< td=""><td>D Final in</td><td>formation return? engaged in political activities? See instruct</td><td>ions .</td><td></td><td> • 🗌 Yes 🛛</td><td>No</td></t<>	D Final in	formation return? engaged in political activities? See instruct	ions .		• 🗌 Yes 🛛	No		
E Check accounting method: 11 Cash (2) Accrual (3) Chter (4) Soft	•					No		
F Federal return flied? (1) 900T (2) 900FF (3) Sch H (990) M Did the organization flie Form 100 or Form 100 to report taxable informe? (4) Column 2000 context (2) 900FF (3) (2) (Enter da	te: (mm/dd/yyyy)	nember so	urces	•••			
F Federal return flied? (1) 900T (2) 900FF (3) Sch H (990) M Did the organization flie Form 100 or Form 100 to report taxable informe? (4) Column 2000 context (2) 900FF (3) (2) (E Check	accounting method: (1) Cash (2) 🛛 Accrual (3) Other L Is the organization a limited liability compar	ny? • •		• 🛛 Yes 🛛	No		
G is fuis a group filing? See instructions I is the argonization in a group exemption I is the isoganization in a group exemption I isoganization exemption I isoganizatiso group exemption I iso			109 to rep	ort				
H Is this organization in a group exemption <t< td=""><td>(4) X C</td><td>ther 990 series taxable income? • • • • • • • • • •</td><td></td><td></td><td> • 🗌 Yes 🛛</td><td>No</td></t<>	(4) X C	ther 990 series taxable income? • • • • • • • • • •			• 🗌 Yes 🛛	No		
H Is this organization in a group exemption <t< td=""><td>G Is this a</td><td>group filing? See instructions</td><td>or has the</td><td>IRS</td><td></td><td>_</td></t<>	G Is this a	group filing? See instructions	or has the	IRS		_		
If "Yes," what is the parent's name? Or is federal Form 1028/1024 pending? □ yes ∑ No Part I Complete Part I unless not required to file this form. See General Information B and C. 1 6 002, 173 00 2 Gross sales or receipts from other sources. From Side 2, Part II, line 8 0 1 6 002, 173 00 3 Gross south buttons, gifts, grants, and similar amounts received 0 3 51, 966, 158 00 4 Table gross receipts for filing requirement test. Add line 1 through line 8. 0 3 51, 966, 158 00 6 Cost or drothe basis, and sales expenses of assets soil . • 6 00 0 7 Total gross income. Subtract line 2 from line 4 • • 6 52, 568, 331 00 8 52, 568, 331 00 0 <td></td> <td></td> <td></td> <td></td> <td> • 🗌 Yes 🛛</td> <td>No</td>					• 🗌 Yes 🛛	No		
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16 Balance due, Add line 12 and line 15. Then subtract line 11 from the result Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2" True Image: Colspan="2" True I						—		
Sign Here Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Date • Telephone • Telephone • Preparer's signature • CONNIE CHRISTIANSEN Preparer's signature • CONNIE CHRISTIANSEN • Prim's name (or yours, if self-employed) and address • PO BOX 33875			6	\rightarrow		<u> </u>		
Signature of officer BRIAN EDWARDS Title CFO Date 01/25/2024 Telephone Preparer's signature CONNIE CHRISTIANSEN Date 02/05/2024 Check if self- employed PTIN P00398106 Paid Preparer's use Only Firm's name (or yours, if self-employed) and address CONNIE CHRISTIANSEN, CPA Firm's FEIN Po BOX 33875 RENO, NV 89533 • Telephone 775-413-4084		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	of my knowl		d belief, it is			
Signature of officer BRIAN EDWARDS CFO 01/25/2024 Preparer's signature CONNIE CHRISTIANSEN Date Check if self- employed P00398106 Prim's name (or yours, if self-employed) and address CONNIE CHRISTIANSEN, CPA Firm's FEIN • Firm's FEIN P0 BOX 33875 RENO, NV 89533 • Telephone • 775-413-4084	Sign		e.	• Tele	phone			
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Paid Preparer's use Only Proparer's signature CONNIE CHRISTIANSEN 02/05/2024 employed P00398106 Firm's name (or yours, if self-employed) and address CONNIE CHRISTIANSEN, CPA • Firm's FEIN PO BOX 33875 RENO, NV 89533 • Telephone 775-413-4084				• PTI	 N			
Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address CONNIE CHRISTIANSEN, CPA ● Firm's FEIN PO BOX 33875 RENO, NV 89533 ● Telephone 775-413-4084		Preparer's	_					
Preparer's Use Only Firm's name (or yours, if self-employed) and address CONNIE CHRISTIANSEN, CPA PO BOX 33875 RENO, NV 89533 • Telephone 775-413-4084			<u>دک</u>					
Inscremployal PO CONNTE CHIRISTIANSEN, CTA and address PO BOX 33875 RENO, NV 89533 775-413-4084	Preparer's	Firm's name (or yours, if self-employed) ► CONNIE CHRISTIANSEN CPA						
RENO, NV 89533 775-413-4084				• Telo	phone			
May the FTB discuss this return with the preparer shown above? See instructions								

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Part		organizations with gross receipts of more the			-	0	1-202107	0
		egardless of amount of gross receipts - cor			• 1	9	4-292497	
		Gross sales or receipts from all business ac Interest						00
		2Interest			56,647	00		
Receip	ots							+
from						00		
Other Sourc	20	5 Gross royalties	-			00		
		6 Gross amount received from sale of assets	(See instructions)					00
				1	545,526	00		
		8 Total gross sales or receipts from other sources.	-				602,173	00
		9 Contributions, gifts, grants, and similar amo			-			00
	1							00
	1						337,320	00
	1	2 Other salaries and wages					3,435,003	00
Expen	ses 1							00
and Disbu		4 Taxes			• 14			00
ments	ິ 1							00
	1	6 Depreciation and depletion (See instruction	,		• 16		756 , 682	00
	1	7 Other expenses and disbursements. Attach	schedule		• 17	4	5,616,750	00
	1	8 Total expenses and disbursements. Add lir	ne 9 through line 17. Enter	r here and on Side 1, Par	tl, line 9 • • • • 18	5	50,145,755	00
Sch	edule	L Balance Sheet	Beginning of	taxable year	End of ta	axable	year	
Ass			(a)	(b)	(c)	_	(d)	
•	0			1,589,145		•	1,112,6	11
_		counts receivable		2,208,070		•	2,236,8	42
		tes receivable				•		
4	Invento	pries		1,883,200		•	1,679,0	17
		al and state government obligations				•		
6	Investr	ments in other bonds				•		
7	Investr	ments in stock		15,135,144		•	18,908,5	71
8	Mortga	age loans				•		
9	Other i	nvestments. Attach schedule				•	500,0	00
10	a Dep	preciable assets	13,813,650	14,17				
	b Les	s accumulated depreciation	6,443,764	7,369,886	7,193,846		6,979,2	33
11	Land			682,145		•	682,1	45
12	Other a	assets. Attach schedule				•	1,0	00
13	Total a	assets		28,867,590			32,099,4	19
Liat	oilities	and net worth						
14	Accou	nts payable		610,268		•	585,0	27
15	Contrib	outions, gifts, or grants payable		999,570		•	770,6	
16	Bonds	and notes payable				•		
		ages payable				•		
	-	liabilities. Attach schedule						
19	Capita	I stock or principal fund				•		
		or capital surplus. Attach reconciliation				•		
21	Retain	ed earnings or income fund		27,257,752		•	30,743,7	73
		iabilities and net worth		28,867,590			32,099,4	
-		M-1 Reconciliation of income per books	with income per return			_	_ , ,	
		Do not complete this schedule if the a			nan \$50,000.			
1	Net inc	come per books		7 Income recorded on				
		al income tax			eturn. Attach schedule	•	1,063,4	45
		s of capital losses over capital gains	•	8 Deductions in this return not charged				
		e not recorded on books this year.		against book income				
		schedule	•	-		. •		
		ses recorded on books this year not			l line 8		1.063.4	45
		ted in this return. Attach schedule	•	10 Net income per retu		• 1,063,445		
			3 486 021					

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California Form 199 Supporting Statements 20

2022

Name(s) shown on return	gifts, grants, and similar amounts received, Part I, Line 3		PG Identifying 94-292	
Food Bank of Northe (a) Contributor's Name	(b) Contributor's Address		<u>94-292</u> (c) Date eceived	(d) Amount Received
AEG Presents LLC	425 west 11th St Ste 300 Los Angeles, CA 90015		4-2023	12,500
American AgCredit	400 Aviation Bld Ste 100 Santa Rosa, CA 95403	12-2	7-2022	5,000
Bank of America	333 South Hope St Los Angeles, CA 90071	12-2	0-2022	25 , 000
Bank of America	333 South Hope St Los Angeles, CA 90071	06-1	5-2023	8,000
Bion Murphy	5617 Adobe Falls Rd Unit A San Diego, CA 92120	07-2	2-2022	10,000
Bright Funds Fnd	450 Mission St No 200 San Francisco, CA 94105	01-1	9-2023	6,211
CoreGiving	10920 Via Frontera San Diego, CA 92127	12-1	6-2022	15 , 824
Dorothy Lemelson Fn	d10099 East River St Truckee, CA 96160	09-1	4-2022	25,000
Ernst Young Fnd	420 Montgomery St San Francisco, CA 94104	12-0	2-2022	10,000
Ernst Young Fnd	420 Montgomery St San Francisco, CA 94104	06-0	1-2023	5,000
Gene Haas Fnd	2800 Sturgis R Oxnard, CA 93030	11-0	7-2022	25,000
Raleys Supermarkets	500 West Capitol Ave West Sacramento, CA 95605-2696	06-3	0-2022	720 , 982
Schupp Family Fnd	625 Fair Oaks Ave Ste 360 South Pasadena, CA 91030-4792	12-3	0-2022	10,000
Schwab Charitable F	ul01 Montgomery St San Francisco, CA 94104	06-3	0-2023	95,000
The Albertsons Co	 11555 Dublin Canyon Rd Pleasanton, CA 94588-2815	02-0	2-2023	21,429

2022

California ID Number

94-2924979

Name(s) as shown on return Food Bank of Northern Nevada, Inc.

Round all amounts to the nearest whole dollar.

1.	Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions	.00
2.	Enter the applicable sales and use tax rate. See worksheet instructions	_
3.	Multiply line 1 by the tax rate on line 2. Enter result here	.00
4.	Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions	.00
5.	Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- •••••••\$.00

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE RRF-1 (Rev. 02/2021) MAIL TO-(For Registry Use Only) ANNUAL REGISTRATION RENEWAL FEE REPORT Registry of Charitable Trusts P.O. Box 903447 TO ATTORNEY GENERAL OF CALIFORNIA Sacramento, CA 94203-4470 Sections 12586 and 12587, California Government Code STREET ADDRESS: 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 1300 I Street Sacramento CA 95814 Failure to submit this report annually no later than four months and fifteen days after the end of the (916) 210-6400 organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section WEBSITE ADDRESS 23703; Government Code section 12586.1. IRS extensions will be honored. www.oag.ca.gov/charities Check if FOOD BANK OF NORTHERN NEVADA, INC. Name of Organization Change of address Amended report List all DBAs and names the organization uses or has used 550 ITALY DR State Charity Registration Number CT-0187182 Address (Number and Street) SPARKS, NV 89437 City or Town, State, and ZIP Code Corporation or Organization No. 8129795 775-331-3663 bedwards@fbnn.org Telephone Number E-mail Address Federal Employer ID No. 94 - 2924979ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice **Total Revenue Total Revenue** Total Revenue Fee Fee Fee \$100 Less than \$50.000 \$25 Between \$250.001 and \$1 milion Between \$20.000.001 and \$100 million \$800 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million Between \$50,000 and \$100,000 \$50 \$1,000 Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million \$1.200 PART A - ACTIVITIES For your most recent full accounting period (beginning 07 - 01 - 2022 ending 06-30-2023) list: Total Revenue \$ (including noncash contributions) 52, 568, 331 Noncash Contributions \$ 38, 079, 317 Total Assets \$ 32, 099, 419 **Program Expenses \$**47,962,134 **Total Expenses \$** 50, 145, 755 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? Х 5. During this reporting period, did the organization receive any governmental funding? Х 6. During this reporting period, did the organization hold a raffle for charitable purposes? 7. Does the organization conduct a vehicle donation program? 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with Х generally accepted accounting principles for this reporting period? At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

No

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	BRIAN	EDWARDS	CFO	01	-25-2024
Signature of Authorized Agent		Printed Name		Title	Date

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311 and 312

STATEMENT INFORMATION

Name as shown on return:

Food Bank of Northern Nevada, Inc.

FEIN 94-2924979

LINE 4 Commercial Fundraising -

Brad Cecil & Associates; 2115 Arlington Downs Rd, Arlington, TX 76011; 817-795-8808

<u>LINE 5 Information Regarding Governmental Funding -</u>

Nevada Dept. of Agriculture 405 21st St., Sparks, NV 89431; 775-353-3600

<u>California Dept. of Health & Human Services</u> 1215 O Street, Sacramento, CA 95814; 916-654-3454

LINE 8 - The Food Bank had a financial statement audit and Single Audit performed for the year ended June 30, 2023 by an independent CPA. The audit reports included unmodified opinions.

TAXABLE YE			Return Auth	orizatior	n foi	r				-	FORM
2022	Exempt	Organiz	ations								8453-EO
Exempt Organiza		UPDN NEV	ADA INC						ing numbe	er 4979	
	ANK OF NORT		ADA, INC.					94	-292	4979	
Part I El	ectronic Return Inform	mation (whole o	dollars only)								
	ss receipts (Form 199,	line 4) • • •	dollars only)		• • • •					1 <u>52</u>	,568,331
			line 9)								
3 Iotal exp		enis (Form 199,	inie 9)				• • •			3	,143,733
Part II s	ettle Your Account El	lectronically for	r Taxable Year 2022								
4 Elec	tronic funds withdrawa	l 4a An	nount		4b V	Withdrawal o	date (m	ım/dd/y	/ууу)		
Part III B	anking Information ()	Have vou verifie	d the exempt organization	on's banking inf	ormatic	on?)					
5 Routing	numbor	-				,					
6 Account				7 Tvr	be of ac	count:	Chec	kina	Пз	Savings	
Part IV	eclaration of Officer										
	exempt organization's ac	count to be settled	l as designated in Part II. If	I check Part II, bo	ox 4, I au	uthorize an el	ectronic	funds v	withdrawa	al for	
			the above exempt organiza				,			0	
			e amounts in Part I above a t of my knowledge and beli								
			derstand that if the Franchi will remain liable for the fe								
organization re	turn and accompanying s	chedules and state	ements be transmitted to th	e FTB by the ERC), transn	nitter, or inter	mediate	service	e provider	. If the	
processing of reason(s) for	• •	n's return or retu	nd is delayed, I authorize	the FIB to disci	lose to t	the ERO or II	ntermec	liate se	rvice pro	ovider the	
Sign											
Here				1-25-20	24	► CFO)				
	Signature of officer			ate		Title					
		· · · · · · · · · · · · · · · · · · ·	ginator (ERO) and Paid								
			ion's return and that the en I understand that I am not r								
			ata on the return.) I have of anization officer with a copy								
followed all oth	er requirements described	d in FTB Pub. 134	5, 2022 Handbook for Auth	orized e-file Provi	ders. I w	/ill keep form	FTB 845	53-EO d	on file for	four	
to the FTB upo	n request. If I am also the	e paid preparer, un	e date the exempt organiza der penalties of perjury, I d	eclare that I have	examine	ed the above	exempt	organiz	zation's re	eturn	
	ying schedules and state formation of which I have		best of my knowledge and	belief, they are tru	le, corre	ect, and comp	lete. I m	ake this	s declarat	tion	
		Ĵ									
				Det.	I	Oh a she if	1	Ohaala		ERO's PT	15.1
ERO	ERO's			Date		Check if also paid		Check if self-	d X	-	™ 398106
Must	signature					preparer		employe	a 🔼 Firm's FE		390100
Sign	Firm's name (or yours if self-employed)	CONNIE	CHRISTIANSE	N, CPA							
4	and address	PO BOX	33875							ZIP code	
		RENO ,	NV							895	33
			the above organization's re lete. I make this declaratior						nd to the I	best of	
Paid	Paid				Date			heck		Paid prepa	arer's PTIN
Preparer	preparer's signature							self- mployed			
Must	Firm's name (or vours								Firm's FE	IN	
Sign	Firm's name (or yours if self-employed)	•								ZIP code	
	and address									217 0000	
										I	

CAOVFLOW		
	State Supporting Statements	2022 Page 1
Name(s) as shown on return Food Bank o	f Northern Nevada, Inc.	ssn/fein 94-2924979
Receipts Ffrom Oother Ssources		
Description		Amount
Agency fees		\$ 397,372
Reimbursements and other income		148,154
	Total:	\$ <u>545,526</u>
Other Expenses		
Description		Amount
Employee be		\$ 489,216
Payroll tax		353,651
Professiona		504,098
	and promotion	7,413
Office expe		194,987
Information	technology	81,053
Occupancy		135,480
	and meetings	84,479
Insurance		117,651
Food purchases & distribution		41,972,665
Vehicle expenses Supplies and equipment		469,976
		920,792
Outreach an		197,725
_Other_expen	Total:	\$ 45,616,750
	Total:	Y45,010,750
Items Recorded on Books This Year Not Included on Return		
Description		Amount
Unrealized	gains on investments	\$ 1,063,445
	Total:	
		'