For calendar year 2022 or tax year beginning	and ending _						
Name: COMMUNITY FOOD I Name line 2: Address: 94 COLUMBUS RD Athens OH 45701		•	31-1375388 740-593-5971				
Email address Web site address Fiduciary name, if applicable Name of officer signing return Title of officer/trustee/fiduciary signing return Group exemption number Check if exemption application is pending Accounting method List states desired	ADAM KODY PRESIDENT Cash: X Accrual: Other:	Specify:					
Type of exempt organization: Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990) Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ) Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)							
Preparer ID: Preparer name: MARY ANN MCCLURE Firm's name: MS ACCOUNTING AND T Address: PO BOX 389 City, State, ZIP Code: ATHENS OH 45701-	AXES INC Self-	Date: 1 PTIN: P -employed: Firm's EIN: 3	396 minutes 1/04/2023 00031252 1-1258335 40-592-4625				

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

Α	For the	e 2022 cal	endar year, or tax year beginning , and ending		
В	Check if	applicable:	C Name of organization COMMUNITY FOOD INITIATIVES	Employer identi	fication number
-	Address		Doing business as		
ш [.]			Number and street (or P.O. box if mail is not delivered to street address) Room/suite 31	-1375388	
ال	Name ch	ange		Telephone numb	ner .
П.			94 COLUMBUS RD E City or town State ZIP code	relephone namb	
Ш'	nitial retu	urn	7.4	0-593-597	1
П	inal return	n/terminated	Athens OH 45701		
\equiv			Foreign country name Foreign province/state/county Foreign postal code		
<u></u>	Amended	d return	G	Gross receipts \$	238756.
П.	Annlicatio	on pending	F Name and address of principal officer: ADAM KODY	group return for subord	linates? Yes X No
ш,	пррпсан	on pending	0.4 0.5		
			94 COLUMBUS RD ATHENS OH 45701 H(b) Are all	subordinates inclu	uded? Yes No
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No,"	' attach a list. See	instructions
		<u> </u>			
J	Website) :		exemption numbe	r
Κ	Form of	organizatio	n: X Corporation Trust Association Other L Year of formation	n: 1993 M :	State of legal domicile: OH
-	art I	SII	mmary	I	
a	1	Briefly o	describe the organization's mission or most significant activities: COMMUNITY	FOOD EDUC	ATION
ర్డ					
ъ					
Activities & Governance	_				
8	2	Check t			s net assets.
Ğ	3	Number	r of voting members of the governing body (Part VI, line 1a)	3	12
త	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	12
es	5		Imber of individuals employed in calendar year 2022 (Part V, line 2a)		5
ΞĘ					5
é	6		ımber of volunteers (estimate if necessary)		
¥	7a	Total ur	related business revenue from Part VIII, column (C), line 12	7a	
	b	Net unr	elated business taxable income from Form 990-T, Part I, line 11	. 7b	
				ior Year	Current Year
		ا انسانید			
ā	8		utions and grants (Part VIII, line 1h)	266981.	210586.
Ĭ	9	Progran	n service revenue (Part VIII, line 2g)	24892.	23769.
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	23.	1067.
ď	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1929.	2496.
	12		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		
	_			293825.	237918.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	3700.	3200.
	14	Benefits	s paid to or for members (Part IX, column (A), line 4)		
Ś	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10).	191429.	184436.
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)		
ē	_		- · · · · · · · · · · · · · · · · · · ·		
호	b		ndraising expenses (Part IX, column (D), line 25) 4736.		
ш	17	Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134871.	140841.
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25).	330000.	328477.
	19	Revenu	e less expenses. Subtract line 18 from line 12	-36175.	-90559.
- S				of Current Year	End of Year
Net Assets or Fund Balances	20	Tatalaa			
sse	20		ssets (Part X, line 16)	125280.	72555.
Y A	21		bilities (Part X, line 26)	3635.	41469.
ΣΞ	22	Net ass	ets or fund balances. Subtract line 21 from line 20	121645.	31086.
	rt II	Sic	nature Block		
			ry, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne heet of my know	wledge
			ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	-	=
ana	bollor, it	13 11 40, 0011	cot, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		
Sig	ın			11/06/20	0.23
He		Signati	ure of officer	Date	
пе	ı e		ADAM KODY PRESIDENT		
			ADAM KODI FKESIDENI		
		Drin	Type or print name and title		DTIN
D-	ام:	Prin		Check	PTIN If
Pa		D.4.7. T	Type or print name and title t/Type preparer's name Preparer's signature Date	Check	if
	id eparer	D.4.7. T	Type or print name and title t/Type preparer's name Preparer's signature Date RY ANN MCCLURE MARY ANN MCCLUR 11/04/	2023 self-emp	if ployed P00031252
Pre	eparer	r MAI	Type or print name and title t/Type preparer's name Preparer's signature Date RY ANN MCCLURE MARY ANN MCCLUR 11/04/	2023 self-emp	if
Pre		r <u>MAI</u> y Firm	Type or print name and title t/Type preparer's name	2023 self-emp m's EIN 31-3	if ployed P00031252
Pre Us	eparer e Only	r MAI y Firm	Type or print name and title t/Type preparer's name	x2023 self-emp m's EIN 31-2 one no. 740-2	if ployed P00031252 1258335 -592-4625

	990 (2022)		31-1375388	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly o	escribe the organization's mission:		
•		STER COMMUNITIES WHERE EVERYONE HAS EQUITABLE ACCESS TO HEALTHY,		
		T00D		
	ПОСАЦ	FOOD.		
	Distates			
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		_
	services	?	Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4	Describ	e the organization's program service accomplishments for each of its three largest program service	s, as measured h	ру
	expense	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to othe	rs,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	624210) (Expenses \$ 123672. including grants of \$) (Revenue	\$ 537	33.)
-14		DISTRIBUTION TO LOW INCOME OR NEEDY FAMILIES TAKING IN-KIND DONA-		
		AND DISTRIBUTING THEM UTILITIZING ASSISTANCE FROM OTHER EXISTING		
	NON-PI	ROFIT ORGANIZATIONS		
4b	(Code:	624210) (Expenses \$ 64446. including grants of \$) (Revenue	\$ 276	76.)
		VING PROGRAM FOR COMMUNITY MEMBERS, SCHOOLS & LOW INCOME FAMILIES		
		DING GARDENING SITES AND PROGRAMS TO TEACH FAMILIES TO GROW THEIR		
	OWN F			
	· · ·		A 1555	
4c		642210) (Expenses \$ 140359. including grants of \$ 3200.) (Revenue	\$ 1565	09.)
		TIONAL PROGRAMS ON FOOD SECURITY AND FOOD DISTRIBUTION NETWORKS,		
	TRAIN:	NG PROGRAMS FOR COMMUNITY MEMBERS AND OTHER NON-PROFIT ORGANIZA-		
	TIONS	,		
				
// A/	Othern	ogram services (Describe on Schedule O.)		
4d	-	· · · · · · · · · · · · · · · · · · ·	١	
4.	(Expens	· · · · · · · · · · · · · · · · ·)	
4e	rotal pr	ogram service expenses 328477.		

Form 990 (2022)

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

Par	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4u		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	204		
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
05-	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
- GI	Check if Schedule O contains a response or note to any line in this Part V		_ [
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 63	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gamhling) with backup withholding fules for reportable payments to vehicles and	10	v	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	35		
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	74		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
_	the organization is licensed to issue qualified health plans	-		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		1
.0		15		v
	excess parachute payment(s) during the year?	13		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 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		Х
	If "Yes," complete Form 6069.			

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	Χ	
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	Χ	
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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
C4	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.)	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		Λ
D	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		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Πα		21
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		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section of the section of the s	n 501	(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain on Schedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	,	
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20		11		
	MARIBETH SALEEM-TANNER 740-593-597 94 COLUMBUS RD ATHENS OH 45701	_=		

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if heither the organization nor ar	iy related organ	izatio	n co	omp	ens	sated	any	current officer,	director, or trus	iee.
				((C)					
(A) Name and title	(B) Average hours	òοx,	unles	neck ss pe	rson	e than c i is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount 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	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation
(1) ADAM KODY PRESIDENT	2	Х		х				0	0	0
	2	Λ		Λ				0	U	U
(2) SIERRA FARIS TREASURER	∠	Х		Х				0	0	0
(3) MAT ROBERTS	2									
VICE PRESIDENT		Х		Х				0	0	0
(4) PATRICK TEGGE	2									
SECRETARY		Х		Х				0	0	0
(5) TIFFANY ARNOLD DIRECTOR	1	Х						0	0	0
(6) BECKY CLARK DIRECTOR	1	Х						0	0	0
(7) OLIVIA DEGITZ DIRECTOR	1	Х						0	0	0
(8) RUTH DUDDING	1									
DIRECTOR		Х						0	0	0
(9) HEATHER FUSTON DIRECTOR	1	Х						0	0	0
(10) C P MCDANIEL DIRECTOR	1	Х						0	0	0
(11) JEN SARTWELL DIRECTOR	1	Х						0	0	0
(12) MADELON STACK	1									
DIRECTOR		X						0	0	0
(13) M SALEEMTANNER	40				-			42742		
EXECUTIVE DRCT					Х			43743.	U	0
(14)		l	ĺ	l	l				1	

Pa	art VII	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
		(A) Name and title	(B) Average hours per week	box, office	unle: er an	Pos neck ss pe	rson	e than is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c		m continuation sheets to Part VII,								43743.		
d		ld lines 1b and 1c)								43743.		
2	Total nur	mber of individuals (including but not le compensation from the organization	imited to those						eiv	ed more than \$1	00,000 of	
		ı										Yes No
3		rganization list any former officer, di e on line 1a? <i>If "Yes," complete Sche</i>										3 X
4	the organ	ndividual listed on line 1a, is the sum nization and related organizations gre	ater than \$150,0	000?	If "	Yes	," C	omple	ete	Schedule J for s		4 X
5	Did any p	person listed on line 1a receive or access rendered to the organization? If "	rue compensati	ion fro	om	any	unr	elate	d o	rganization or in		5 X
Sec		dependent Contractors	roo, complete (00/10	aare	, 0 ,	0, 0	uon p	,0,0			3 11
1	Complete	e this table for your five highest comp	•									_
	compens	sation from the organization. Report c	ompensation for	r the	cale	nda	ar ye	ear er	ndin	ng with or within (B)	the organization	n's tax year. (C)
		Name and business add	Iress							Description of ser	vices (Compensation
2		mber of independent contractors (included in the state of		nited 1	to th	nose	e list	ted al	voc	e) who received		

Form 990 (2022) COMMUNITY FOOD INITIATIVES

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or	note to any line i	in this Part VIII.			🖂
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (0	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	· •	1b					
Gra	С	·	1c					
fts, An	d		1d					
Gif ilar	e		1e	9586.				
ns,		All other contributions, gifts, grants, and		2000				
tio er S	•		1f	201000.				
ibu	g	Noncash contributions included in	•	2010001				
Contributions, and Other Sim	9		1g	\$ 10113.				
Co an	h	Total. Add lines 1a–1f			210586.			
		Totali / Ida iiiloo Ta Ti		Business Code	2200001			
e	2a	PROGRAM INCOME	•	624210	23769.	23769.		
Program Service Revenue	b		- 1	-				
Sei	C							
m	d							
_J ra Re	-							
roć	f	All other program service revenue						
Д	g	Total. Add lines 2a–2f			23769.			
	3	Investment income (including dividends, interest						
		other similar amounts)			1067.	1067.		
	4	Income from investment of tax-exempt bond						
	5	Royalties	p					
		(i) Real	-	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	es	(ii) Other				
		sales of assets						
		other than inventory 7a						
<u>s</u>	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
eV	С	Gain or (loss) 7c						
_		Net gain or (loss)						
Othe	8a	Gross income from fundraising						
Ö		events (not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	2209.				
	b	Less: direct expenses	8b	838.				
	С	Net income or (loss) from fundraising event	s.		1371.			1371.
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	<u></u>					
	10a	Gross sales of inventory, less						
		returns and allowances 1	10a					
	b	Less: cost of goods sold	l0b					
	С	Net income or (loss) from sales of inventory	/ . .					
<u>s</u>				Business Code				
Miscellaneous Revenue	11a	OTHER REFUNDS/REIMB	_	624210	1620.	1620.		
scellaneo Revenue	b	INSURANCE REIMBSMNT	_	624210	470.	470.		
eve	С	FMV CHANGE	_	624210	-965.	-965.		
isc		All other revenue	. [
Σ		Total. Add lines 11a–11d			1125.			
	12	Total revenue See instructions			227010	25961		1271

31-1375388

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		,	J				
	and domestic governments. See Part IV, line 21	3200.	3200.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	43743.	34995.	4374.	4374.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	119395.	119395.					
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions).							
9	Other employee benefits	7608.	7608.					
10	Payroll taxes	13690.	12966.	362.	362.			
11	Fees for services (nonemployees):							
а	Management	433.		433.				
b	Legal	598.	425.	173.				
C	Accounting	6382.	5965.	417.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
9	(A), amount, list line 11g expenses on Schedule O.)	36931.	31431.	5500.				
12	Advertising and promotion							
13	Office expenses	2574.	1599.	975.				
14	Information technology							
15	Royalties							
16	Occupancy	12978.	12978.					
17	Travel	6397.	5970.	427.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	2074.	1512.	562.				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	11714.	11714.					
23	Insurance	4024.	3064.	960.				
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	DUES & PUBLICATIONS	425.	425.					
b	PROGRAM SUPPLIES	15933.	15933.					
С	PROG FOOD PURCHASES	30265.	30265.					
d	IN KIND DONATIONS OUT	10113.	10113.					
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e .	328477.	309558.	14183.	4736.			
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)							

31-1375388

COMMUNITY FOOD INITIATIVES

Savings and temporary cash investments 2 3			·	,	(A) Beginning of year		(B) End of year
Pledges and grants receivable, net. 3 3		1	Cash—non-interest-bearing		28085.	1	46516.
3 Pledges and grants receivable, net.		2				2	
A Accounts receivable, net		3					
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 6 7 7 Notes and loans receivable, net . 7 8 8 Inventories for sale or use . 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		4			58505.	4	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation. 10b 37639. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—propriam-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 3 Grants payable. 18 Grants payable and accrued expenses. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 258, check here 27 And complete lines 27, 28, 32, and 33. 28 Ret assets with donor restrictions. 29 Organizations that do not follow FASB ASC 958, check here 20 And complete lines 29 through 33. 21 Escraw and complete lines 29 through 33. 22 Graphal stock or trust principal, or current funds. 29 Organizations that do not follow FASB ASC 958, check here 20 And complete lines 29 through 33. 21 Retained earnings, endowment, accumulated income, or other funds. 22 Investments—provide		5				-	
Controlled entity or family member of any of these persons 5							
Comparison of the receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Comparison of the section 4958(c) (Comparison						5	
Under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 7 7 7 7 7 7 7 7		6		-			
7						6	
19	ţ	7	*******				
19	se		,			 	
10a	¥	_					
Description			· · · · · · · · · · · · · · · · · · ·			9	
b Less: accumulated depreciation 10b 37639 33384 10c 21670 11		IVa		100			
11 Investments—publicly traded securities. 5306. 11 4369 12 Investments—other securities. See Part IV, line 11. 12 13 Investments—program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 125280. 16 72555 17 Accounts payable and accrued expenses. 3635. 17 4202 18 Grants payable 18 3635. 17 4202 19 Deferred revenue. 19 37267 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 Secured mortgages and notes payable to unrelated third parties. 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 3635. 26 41469 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds. 29 29 Capital stock or trust principal, or current funds. 30 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 121645. 31 31086 32 31086 32 31086 32 31086 33 31086 32 31086 32 31086 34 Total net assets or fund balances. 31086 32 31086 34 Total net assets or fund balances. 31086 32 31086 35 Total net assets or fun		h	· · · · · · · · · · · · · · · · · · ·		22201	100	21670
12			•				
13 Investments—program-related. See Part IV, line 11 14 114 114 114 114 114 115 115 115 115 115 115 115 115 116 11					5306.		4309.
14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 15 16 Total assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 125280 16 72555 17 4202 18 Grants payable and accrued expenses 3635 17 4202 18 Grants payable 18 19 37267 18 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans 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 25 26 41469 25 26 27 27 28 28							
15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33) 125280. 16 72555 17 Accounts payable and accrued expenses. 3635. 17 4202 18 Grants payable. 18 19 Deferred revenue. 19 37267 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated 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. 3635. 26 41469 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 28 Net assets with donor restrictions. 27 29 Capital stock or trust principal, or current funds. 29 29 Capital stock or trust principal, or current funds. 30 29 Capital stock or trust principal, or current funds. 30 29 Capital stock or trust principal, or current funds. 30 29 Total net assets or fund balances. 121645, 31 31086							
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19 Deferred revenue					3635.		4202.
Tax-exempt bond liabilities		_					
21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_				37267.	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.							
Unsecured notes and loans payable to unrelated third parties						21	
Unsecured notes and loans payable to unrelated third parties	<u>ies</u>	22					
Unsecured notes and loans payable to unrelated third parties	≝						
Unsecured notes and loans payable to unrelated third parties	jab			· · · · ·			
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	_					23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24				24	
Part X of Schedule D		25					
Total liabilities. Add lines 17 through 25							
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions			Part X of Schedule D			25	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	<u> </u>	3635.	26	41469.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	S		Organizations that follow FASB ASC 958, ch	eck here			
Net assets without donor restrictions	ü		-				
Net assets with donor restrictions	ala	27				27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ä					28	
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	2						
29 Capital stock or trust principal, or current funds	丘			, <u> </u>			
Paid-in or capital surplus, or land, building, or equipment fund	ō	29				29	
Retained earnings, endowment, accumulated income, or other funds	ets						
32 Total net assets or fund balances	SS		· · · · · · · · · · · · · · · · · · ·		121645.		31086.
2 33 Total liabilities and net assets/fund balances	ťΑ		•				31086.
	Š						72555.

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2379	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3284	77.
3	Revenue less expenses. Subtract line 2 from line 1	3		-905	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1216	45.
5	Net unrealized gains (losses) on investments	5			
6		6			
7		7			
8		8			
9	Carlot changes in not accouse of faile balances (explain on conteals of	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		310	86.
Part	XII Financial Statements and Reporting			F	_
	Check if Schedule O contains a response or note to any line in this Part XII				
	Assessed to a search and consider the forms once. The Const. The Assessed The Const.			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	•	. <u>Za</u>		Λ
	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		X
	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:				
	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		
	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		۵.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b	990 (

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

DMMUNITY FOOD INITIATIVES 31-1375388							
Part I Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The organization is not a private foundate							
1 A church, convention of church	nes, or association	of churches described	in secti	on 170(b)	(1)(A)(i).		
2 A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990).)				
3 A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A	.)(iii).		
4 A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in sect	ion 170(b)(1)(A)(iii)	Enter the	
5 An organization operated for the section 170(b)(1)(A)(iv). (Cor		ge or university owner	d or opera	ated by a	governmental unit d	escribed in	
6 A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)((A)(v).		
7 X An organization that normally described in section 170(b)(1	receives a substant)(A)(vi). (Complete	tial part of its support f Part II.)	rom a go\	ernmenta/	al unit or from the ge	eneral public	
8 A community trust described in	n section 170(b)(1))(A)(vi). (Complete Pa	rt II.)				
9 An agricultural research organ or university or a non-land-gra university:	ization described ir nt college of agricu	n section 170(b)(1)(A) Iture (see instructions)	(ix) opera	ated in cor e name, c	njunction with a land city, and state of the	l-grant college college or	
An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ions, subject to certain ated business taxable i	exceptio ncome (le	ns; and (2 ess sectio	2) no more than 33 1 in 511 tax) from bus	1/3% of its	
11 An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).		
An organization organized and of one or more publicly support Check the box on lines 12a the	ted organizations o	lescribed in section 5	09(a)(1)	or sectior	n 509(a)(2). See se o	ction 509(a)(3).	
a Type I. A supporting organithe supported organization organization. You must co	(s) the power to reg mplete Part IV, Se	ularly appoint or elect ctions A and B.	a majority	of the di	rectors or trustees o	of the supporting	
b	he supporting orgai	nization vested in the s					
c Type III functionally integ						tegrated with,	
its supported organization(s							
d Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an		
e Check this box if the organi						Type III	
functionally integrated, or T	ype III non-function				31 / 31 /		
f Enter the number of supported							
g Provide the following information (i) Name of supported organization	on about the suppor	rted organization(s). (iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
(i) Name of Supported organization	(II) LIIV	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?		other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5.7 or 8 of Part Lor if the organization failed to qualify under

	Part III. If the organization fa				-		luei
Se	ction A. Public Support			, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Cale	endar 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.")	214034.	247641.	375870.	291903.	235726.	1365174.
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 5	Total. Add lines 1 through 3	214034.	247641.	375870.	291903.	235726.	1365174.
6	Public support. Subtract line 5 from line 4						1365174.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	214034.	247641.	375870.	291903.	235726.	1365174.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		20.	668.	23.	1067.	1778.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			23920.	1899.	1125.	26944.
	Total support. Add lines 7 through 10						1393896.
	Gross receipts from related activities, etc. (so First 5 years. If the Form 990 is for the org organization, check this box and stop here.	anization's first, se	cond, third, fourth	, or fifth tax year as	s a section 501(c)		
Se	ction C. Computation of Public Sup	pport Percenta	ige				
14	Public support percentage for 2022 (line 6, c	olumn (f), divided b	y line 11, column (f))		14	97.94%
15	Public support percentage from 2021 Sched	ule A, Part II, line 1	4			15	98.07%
	and stop here. The organization qualifies as	a publicly supporte	ed organization				<u>X</u>
k	o 33 1/3% support test—2021. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2022. 10% or more, and if the organization meets Part VI how the organization meets the facts organization	the facts-and-circu -and-circumstances	umstances test, ch s test. The organiza	neck this box and s ation qualifies as a	stop here. Explair publicly supported	n in	
k	15 is 10% or more, and if the organization r in Part VI how the organization meets the factorganization.	meets the facts-and cts-and-circumstand	d-circumstances te ces test. The organ	est, check this box sization qualifies as	and stop here . E	xplain ted	
18	Private foundation. If the organization did r	ot check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDUI	LE A LINE 10 OTHER INCOME
REFUND	S AND REBATES

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Organization type (check one):

Attach to Form 990 or Form 990-PF.

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

Name of the organization

COMMUNITY FOOD INITIATIVES

Employer identification number 31-1375388

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is co	vered by the General Rule or a Special Rule .						
	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the y literary, or educational p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the y contributions totaled mo during the year for an e General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, contributions exclusively for religious, charitable, etc., purposes, but no such pre than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the post this organization because it received nonexclusively religious, charitable, etc., contributions during the year						

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

Name of organization
COMMUNITY FOOD INITIATIVES

Employer identification number 31–1375388

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SIRIUS CONSULTING SYSTEMS 5658 PLEASANT HILL RD ATHENS OH 45701- Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number COMMUNITY FOOD INITIATIVES 31-1375388 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Nο Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining C										
3	Using the organization's acquisition, a	ccess	sion, and othe	er records	s, check ar	ny of the follow	ing th	nat make significar	nt use c	of its	
	collection items (check all that apply):				-						
а	Public exhibition			d	Loan or	exchange pro	gram				
b	Scholarly research			е	Other						
С	Preservation for future generation	าร									
4	Provide a description of the organization		collections an	nd explain	how they	further the org	janiza	tion's exempt pur	oose in	Part	
	XIII.			-	_	_					
5	During the year, did the organization s	solicit	or receive do	onations o	of art, histo	orical treasures	, or o	ther similar			
	assets to be sold to raise funds rather	than	to be mainta	ined as pa	art of the o	organization's o	collec	tion?	Ye	es	No
Part	IV Escrow and Custodial Arrar										
	Complete if the organization a	ınswe	ered "Yes" c	n Form	990, Part	: IV, line 9, or	repo	rted an amount	on For	m	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee,										1
	included on Form 990, Part X?								Ye	es	No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fol	lowing tab	ole:					
	5						-		mount		
C	Beginning balance						10				
d	Additions during the year						10				
е	Distributions during the year						16				
f	Ending balance						11				
2a	Did the organization include an amou									s X	No
b	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the ex	planation	has been prov	ided	on Part XIII			
Part											
	Complete if the organization a	inswe	ered "Yes" c	n Form	990, Part	IV, line 10.			1		
		(a)	Current year	(b) Pr	ior year	(c) Two years ba	ack	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t				e (line 1g,	column (a)) he	ld as:				
а	Board designated or quasi-endowmer		0.00	<u>%</u>							
b		0.00	<u>%</u>								
С	Term endowment 0.00			000/							
0-	The percentages on lines 2a, 2b, and		•					4 4 4			
3a	Are there endowment funds not in the	posse	ession of the	organiza	lion mai a	ire neid and ad	minis	tered for the	ſ	Yes	No
	organization by: (i) Unrelated organizations								3a(i)	162	140
	(i) Unrelated organizations(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related of								3b		
4	Describe in Part XIII the intended use	-		-					30		
Part				5 51140							
· are	Complete if the organization a			n Form	990. Part	IV. line 11a.	See	Form 990, Part	X. line	10.	
	Description of property		(a) Cost or o			or other basis		Accumulated		ook valu	е
	,		(investr		٠,	other)	٠,	depreciation	.,		
1a	Land										
b	Buildings										
С	Leasehold improvements				_	0 200		27 622		1	
d	Equipment				5	9,309.		37,639.	2.	1,67	U.
<u>e</u>	Other	Muset	fogual Form	000 20	V colum	n (P) line 10a	1		2.	1,67	<u>'</u>
· Otal	· riad illies ra tillough re. (Colullill (U)	ำาานจเ	oqual i Ullli	JJU, Fall	A, COIUIIII	יווו <i>, ו</i> טוו , <i>ו</i> טוו , <i>ו</i> טווו , <i>ו</i> טווו	,			-, 0 /	.

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1375388 COMMUNITY FOOD INITIATIVES PART VI, SECTION B, LINE 11a THE DIRECTOR AND TREASURER REVIEW THE 990 AND SHARE WITH THE REMAINDER OF THE BOARD AFTER.

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name	e(s) shown on return	Busine	ss or activ	ity to which this fo	rm relates		Identifying num	ber
	MUNITY FOOD INITIATIVES		FOOD DISTRIBUTION			31-1375388		
Part	Part I Election To Expense Certain Property Under Section 179							
	Note: If you have any listed pro							1 4 1
	faximum amount (see instructions)							1 2
			ed in service (see instructions)					
		-		•	•			3
	leduction in limitation. Subtract line pollar limitation for tax year. Subtract							4
						a ming		5
6	(a) Description of prop		<u> </u>		ost (business use	only)	(c) Elected co	
	(a) Description of proj	orty		(5)	331 (503)11033 030	Offig)	(c) Liceted ee	, st
7 1	isted property. Enter the amount fro	m line 29		I		7		
	otal elected cost of section 179 prop							8
	entative deduction. Enter the small							9
	carryover of disallowed deduction from							10
	usiness income limitation. Enter the	•						11
	ection 179 expense deduction. Add							12
	carryover of disallowed deduction to							
	: Don't use Part II or Part III below for					•		•
Part	Special Depreciation Al	lowance and	d Other	Depreciation	(Don't includ	le listed prop	erty. See instru	uctions.)
14 S	pecial depreciation allowance for qu	alified proper	ty (other	than listed prop	erty) placed ii	n service	-	
d	uring the tax year. See instructions							14
	roperty subject to section 168(f)(1)							15
16 O	Other depreciation (including ACRS)							16
Part	other depreciation (including ACRS) MACRS Depreciation (D	on't include	listed pr	operty. See ins	structions.)			
				Section A				
	IACRS deductions for assets placed							17 11,714
	you are electing to group any asset							
a	sset accounts, check here						📙	
	Section B - Assets Pl	aced in Servi	ce Durin	g 2022 Tax Ye	ar Using the	General Depr	eciation Syste	m
		(b) Month and		s for depreciation	(d) Recovery			
	(a) Classification of property	year placed	•	ss/investment use	period	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only—9	see instructions)				
	a 3-year property							+
	5-year property							
	7-year property							
	d 10-year property							
	15-year property							
	f 20-year property				25 vro		C/I	+
	25-year property Residential rental				25 yrs.	MM	S/L S/L	+
					27.5 yrs.		S/L	
	property i Nonresidential real				27.5 yrs.	MM MM	S/L	
'					39 yrs.	MM	S/L	
	property Section C - Assets Place	ed in Servic	o Durina	2022 Tay Vos	lleing the A			tem .
20 2	a Class life	ea iii oei vic	e During	ZUZZ TAX TEAT	Using the A	iternative be	S/L	ieiii
	12-year				12 yrs.		S/L	
	30-year				30 yrs.	MM	S/L	
	d 40-year				40 yrs.	MM	S/L	+
Part		ons.)				1 141141	, <u> </u>	_1
	isted property. Enter amount from I							21
	otal. Add amounts from line 12, line		17. lines	19 and 20 in co	lumn (a), and	line 21. Enter		1 = -
	ere and on the appropriate lines of							22 11,714
	or assets shown above and placed							
	ortion of the basis attributable to se	tion 262 A oo	ctc			23		

Page: 1 31-1375388 2022 ASSET DETAIL REPORT

Description	Date Acqd	Cost		179+ Spec.	Basis	Method	Rec. Per. (_	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
Form: FOOD DI		TTON														
Rental Prope	_															
Depreciation																
In Service																
TOYOTA TACOM	03/16	7784	100		7784	SL	5.0 F	HY	7784			7784				
In Service	Year:	2018														
TRAILER & RE	05/18	3779	100		3779	SL	5.0 H	ΗY	2646	756	377	2646	756			
In Service	Year:	2020														
CARGO VAN 20	05/20	24278	100		24278	SL	5.0 F	ΗY	7284	4856	4856	7284	4856			
						SL	5.0									
Depreciatio	on Clas	s: Auto	s													
In Service	Year:	2021														
VEGGIE VAN P	03/21	14600	100		14600	MACRS	5.0 F	ΗY	2920	4672	2803	2190	3723			
Depreciatio	on Clas	s: Data	hand	ling eq	uipment											
In Service	Year:	2021														
COMPUTER EQU	01/21	1998	100		1998	MACRS	5.0 F	HY	400	639	384	300	509			
Depreciatio	on Clas	s: Offi	ce eq	uipment												
In Service	Year:	2019														
APPLE COMPUT	08/19	6870	100		6870	MACRS	5.0 H	HY	4891	791	791 	4009	1145			
Form Totals:		59309			59309				25925	11714	9211	24213	10989			

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
COMMUNITY FOOD INITIATIVES	31-1375388
Name and title of officer or person subject to tax	
ADAM KODY	PRESIDENT
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 CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you say, and the amount on that line for the return being filed with this form was 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	tu check the box on line 1a, 2a, 3a, 4a, s blank, then leave line 1b, 2b, 3b, 4b, he return, then enter -0- on the a (A), line 12)
	rson subject to tax with respect to (name
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electintermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to (direct debit) entry to the financial institution account indicated in the tax preparation software for paymeterurn, and the financial institution to debit the entry to this account. To revoke a payment, I must contain 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer in the payment. I have selected a personal identification number (PIN) as my signature for the electronic relectronic funds withdrawal.	IRS and to receive from the IRS (a) an processing the return or refund, and (c) initiate an electronic funds withdrawal ent of the federal taxes owed on this ct the U.S. Treasury Financial Agent at the financial institutions involved in the inquiries and resolve issues related to
PIN: check one box only	
I authorize MS ACCOUNTING AND TAXES INC to enter my ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return a state agency(ies) regulating charities as part of the IRS Fed/State program, I als enter my PIN on the return's disclosure consent screen.	Enter five numbers, but do not enter all zeros that a copy of the return is being filed with
As an officer or person subject to tax with respect to the entity, I will enter my PIN electronically filed return. If I have indicated within this return that a copy of the ret regulating charities as part of the IRS Fed/State program, I will enter my PIN on the	urn is being filed with a state agency(ies)
Signature of officer or person subject to tax	Date <u>11/06/2023</u>
Part III Certification and Authentication	
RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 certify that the above numeric entry is my PIN, which is my signature on the 2022 electronic that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized IRS e-file Providers for Business Returns.	o not enter all zeros ically filed return indicated above. I confirm
	11/06/2023
ERO's signature MARY ANN MCCLURE Date	11,00,2025
ERO Must Retain This Form—See Instructi	ons

Do Not Submit This Form to the IRS Unless Requested To Do So

Name: COMMUNITY FOOD INITIATIVES

ID: 31-1375388

Description:	OCCUPANCY	

Description: OCCOPANCI	
Type Type	Amount
OFFICE SPACE RENT MARKET STALL RENT	2,924. 475.
STORAGE & WAREHOUSE RENTAL	5,874.
VENUE FEES	220.
TELELPHONE & FAX	243.
INTERNET, WEBSITE SERVICE	3,242.
	3,222
	10.070
Total	12,978.

Name: COMMUNITY FOOD INITIATIVES

ID: 31-1375388

Description: OTHER PROGRAM CONTRACT SERVICES	
Туре	Amount 27,386. 4,045.
COMCORPS VISTA	27,386.
PARTICIPANT STIPENDS	4,045.
	+
Total	31.431.

Name: COMMUNITY FOOD INITIATIVES

ID: 31-1375388

Description: PROGRAM SUPPLIES

Туре	Amount
ATERIALS	8,599
EED & PLANT PURCHASES	807
OOLS & EQUIPMENT	618
JPPLIES	5,841
MAZON MISC	68
HADON MIDC	
Total	