CHANGE OF ACCOUNTING PERIOD **Return of Organization Exempt From Income Tax**

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

and ending SEP 30, 2022

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

A I	or the	\pm 2022 calendar year, or tax year beginning \pm JAN \pm 1 , \pm \pm 2022 and e	ending S	EP 30, 2022				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	CHRISTIAN CUPBOARD EMERGENCY FOOD SHELE	F					
	Name change	ODEN CUDDOADD		36-329876	54			
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 651_233_1296						
	termin ated			G Gross receipts \$	7,353,031.			
	Ameno			H(a) Is this a group re				
	Applic	F Name and address of principal officer: JESSICA FRANCIS		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
Τ.	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions			
J	Nebsit	e: WWW.OPENCUPBOARD.ORG		H(c) Group exemption	n number			
		organization: X Corporation Trust Association Other	L Year	of formation: 1983 N	State of legal domicile: MN			
Pá	art I	Summary						
ø.	1	Briefly describe the organization's mission or most significant activities: ${ t TO ext{ } ext{PR}}$						
Governance		OUR NEIGHBORS IN A RESPECTFUL MANNER WHILE						
i i	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass				
8	3			3	11			
ص ھ	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			11			
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			12			
Ĭ		Total number of volunteers (estimate if necessary)			700			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.			
				Prior Year	Current Year			
Revenue	1	Contributions and grants (Part VIII, line 1h)		8,400,135.	7,352,502.			
	1	Program service revenue (Part VIII, line 2g)		15,822.				
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		183.	305.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,416,140.	7 252 021			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			7,353,031.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		371,758.	394,045.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 53,43		0.	<u> </u>			
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 5 3 , 4 3 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,894,954.	7,413,120.			
_	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,266,712.	7,807,165.			
		Revenue less expenses. Subtract line 18 from line 12		149,428.	-454,134.			
	19	Trevenue less expenses. Oubtract line 10 from line 12	Be	ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		2,243,771.	1,823,151.			
ASS	21	Total liabilities (Part X, line 26)		48,741.	84,773.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,195,030.	1,738,378.			
Pá	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	JESSICA FRANCIS, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		MATT PILLSBURY MATT PILLSBURY		4/06/23 self-employe				
-	parer	Firm's name CARPENTER, EVERT & ASSOCIATES, LTI	υ.	Firm's EIN 4	1-1534805			
Use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940			EO. 004 000E			
		BLOOMINGTON, MN 55435		Phone no. (9				
		AS discuss this return with the preparer shown above? See instructions			X Yes No			
2220	01 10 1	2.22 I HA For Panerwork Reduction Act Notice see the senarate instruction	•		Earm 44(1/2022)			

Page 2

Га	tim Statement of Frogram Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	OUR MISSION IS TO PROVIDE NUTRITIOUS FOOD TO OUR NEIGHBORS IN A									
	RESPECTFUL MANNER WHILE ENGAGING OUR COMMUNITY IN THE FIGHT AGAINST									
	HUNGER.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
_	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No									
3										
	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 others, the total expenses, and									
	revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$7,697,760 • including grants of \$) (Revenue \$)									
	OPEN CUPBOARD'S FOOD PROGRAMS DISTRIBUTED 5,047,446 POUNDS OF FOOD,									
	PERSONAL HYGIENE ITEMS, AND HOUSEHOLD CLEANING ITEMS TO THE COMMUNITY									
	AT NO COST IN 2022. WE HAD 685,052 INDIVIDUAL VISITS TO OUR PROGRAMS IN									
	2022, WHICH WAS AN 119% INCREASE OVER THE PREVIOUS YEAR. OPEN CUPBOARD									
	PROGRAMS INCLUDE TWO TODAY'S HARVEST MARKETS, A DRIVE UP FOOD SHELF,									
	MOBILE FOOD SHELF, AND DELIVERY PROGRAM.									
	MODINE FOOD SHEEF, AND DENIVERT FROGRAM.									
4b	(Code:) (Expenses \$									
	/ Colored Total									
4 -										
4c	(Code:) (Expenses \$									
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses 7,697,760.									
	Form 990 (2022)									

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
-	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
	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			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ . ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF Part 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,
	Schedule L, Part I	25b		X
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%			\ _{3,7}
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? F Contract Con	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	125
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	

232004 12-13-22

Form **990** (2022)

O22) CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
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	7e								
е	, , , , , , , , , , , , , , , , , , , ,									
f										
g										
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	8								
_	sponsoring organization have excess business holdings at any time during the year?									
9	Pid the agree of the constraint on a state of the first factor and a section 40000									
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b								
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 10b									
11	Section 501(c)(12) organizations. Enter:	-								
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
-	amounts due or received from them.)									
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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	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? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			X						
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment 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								
	If "Yes," complete Form 6069.									

Form **990** (2022) 232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 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 Another's website X Upon request ___ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records JESSICA FRANCIS - 651-233-1296

Form **990** (2022)

8264 4TH ST N, OAKDALE, MN

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box	(do not check more the box, unless person is officer and a director,				n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JESSICA FRANCIS	40.00	1		l				100 600		400
EXECUTIVE DIRECTOR	F 00			Х				109,630.	0.	480.
(2) AMY BROWN	5.00	х		x					0.	_
CHAIR (3) MARY WESTBERG	1.00	A		A				0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(4) TOM RASMUSSEN	1.00	Α						· ·	0.	· ·
BOARD MEMBER	1.00	х						0.	0.	0.
(5) BRIAN WHITEMARSH	2.00							0.	<u></u>	-
TREASURER	2:00	х		х				0.	0.	0.
(6) ROBERT EHREN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CLAUDIA MILLINGTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DOUGLAS RYDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BILL BURNS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JASON POSEL	2.00									
VICE CHAIR		Х		X				0.	0.	0.
(11) CHERYL JOGGER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) OMAR MAKLAD	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
		4								
		-								
		1								
		<u> </u>								
		1								
		1								
	1							1		l .

Form 990 (2022)

Part VII Section A. Officers, Directors, To	(B)	J.0y	<u></u>		2 (111) (C)	91163	0	(D)	(E)	\Box	(F)	
(A) Name and title	Average	(do	not c	Pos	itior		one	Reportable	(E) Reportable		(F) Estima	
	hours per week	box	, unle: icer ar	ss pe	rson i	s both	n an	compensation	compensation		amoun	
	(list any	tor					Ĺ	from the	from related organizations	١,	othe compens	
	hours for	r direc				pe		organization	(W-2/1099-MISC/		from t	
	related	stee 01	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	nal tru	ional t		ployee	t com		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	.110115
			_		<u>×</u>	1 0						
										+		
		1										
										+		
		1										
										+		
		-										
										+		
										_		
		┨										
1b Subtotal							<u> </u>	109,630.	0		4	480.
c Total from continuation sheets to Part	VII, Section A							0.		•		0.
d Total (add lines 1b and 1c)								109,630.		•	4	480.
2 Total number of individuals (including but compensation from the organization	it not limited to th	iose	liste	d at	oove	e) wn	o re	eceived more than \$100,	000 of reportable			1
											Yes	No
3 Did the organization list any former office			•	•	•		•		•		-	37
line 1a? If "Yes," complete Schedule J fo										-	3	<u> </u>
4 For any individual listed on line 1a, is the											4	x
and related organizations greater than \$Did any person listed on line 1a receive											4	+ <u>^</u>
rendered to the organization? If "Yes," o					•			•			5	Х
Section B. Independent Contractors					_							
 Complete this table for your five highest the organization. Report compensation f 										isatio	n from	
(A)	-			. <u>.</u>				(B)			(C)	
Name and busine	ess address	N	INC	3			_	Description of s	ervices	Cor	mpensati	on
							_					
2 Total number of independent contractor	s (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the orga	anization				()					000	
										Fo	orm 990	(2022

Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or not	te to any line in	n this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1	g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busi		,352,502.	224.		sections 512 - 514
Progra Re	1	e f All other program service revenue					
		g Total. Add lines 2a-2f		224.			
	3	Investment income (including dividends, interest, an other similar amounts) Income from investment of tax-exempt bond procee	eds	305.			305.
		a Gross rents 6a	Personal				
	(c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of (i) Securities (ii	i) Other				
Revenue		assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7a 7b 7c					
Other Re		d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
	•	Part IV, line 18 8a 8b Construction Part IV, line 18 8a 8b Construction Part IV, line 18 8b 8b Construction Part IV, line 18 8b					
	ı	Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities					
	ı	a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b	\exists				
-		c Net income or (loss) from sales of inventory	iness Code				
ns	44 -		niess Coue				
Miscellaneous Revenue	11 :	a b					
scellaneo Revenue		_					
isce		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	7,	,353,031.	224.	0.	305.

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Form **990** (2022)

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	110 110	00 455	10 550	
	trustees, and key employees	110,110.	90,175.	10,558.	9,377.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.47 0.20	202 040	22 776	01 110
7	Other salaries and wages	247,938.	203,049.	23,776.	21,113.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7,149.	5,855.	685.	600
9	Other employee benefits	28,848.	23,625.	2,766.	609. 2,457.
10	Payroll taxes	20,040.	43,043.	2,700.	4,457.
11	Fees for services (nonemployees):				
_	Management				
b		53,179.	45,533.	3,871.	3,775.
	Accounting	33,113.	43,333.	3,071.	3,113•
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	65,424.	60,290.	2.234.	2.900.
12	Advertising and promotion	47,667.	42,530.	2,234.	2,900. 2,683.
13	Office expenses	14,259.	12,722.	734.	803.
14	Information technology				
15	Royalties				
16	Occupancy	53,985.	48,168.	2,779.	3,038.
17	Travel	•		,	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,534.	70,964.	4,094.	4,476.
23	Insurance	21,967.	19,600.	1,131.	1,236.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TOOD '	6,984,501.	6,984,501.		
b	PROGRAM SUPPLIES AND DE	75,381.	75,381.		
С	REPAIRS AND MAINTENANCE	11,274.	10,059.	580.	635.
d	MISCELLANEOUS	5,949.	5,308.	306.	335.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,807,165.	7,697,760.	55,968.	53,437.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Pal	ιλ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			366,575.	1	9,576.
	2	Savings and temporary cash investments			395,936.	2	410,355.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			101,241.	4	13,268.
	5	Loans and other receivables from any current of	or former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqual	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			54,588.	8	35,796.
Ř	9	Prepaid expenses and deferred charges			4,529.	9	23,417.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,631,257.			
	b	Less: accumulated depreciation		322,603.	1,303,049.	10c	1,308,654.
	11	Investments - publicly traded securities		40.050	11		
	12	Investments - other securities. See Part IV, line	10,353.	12	7,835.		
	13	Investments - program-related. See Part IV, line		13	11.050		
	14	Intangible assets	7,500.	14	14,250.		
	15	Other assets. See Part IV, line 11	0 040 554	15	1 000 151		
	16	Total assets. Add lines 1 through 15 (must equ			2,243,771.	16	1,823,151.
	17	Accounts payable and accrued expenses	ı	48,741.	17	84,773.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	-				
		1 /	S 17-24).	. Complete Part X		25	
	26	of Schedule D		·····	48,741.	26	84,773.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			±0,7±1•	20	04,775.
S		and complete lines 27, 28, 32, and 33.	eck liele				
ğ	27				2,074,217.	27	1,702,051.
ala	28	Net assets with donor restrictions			120,813.	28	36,327.
B	20	Organizations that do not follow FASB ASC			120,0131	20	30/32/1
臣		and complete lines 29 through 33.	900, CHE	ck liefe			
<u>p</u>	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,195,030.	32	1,738,378.	
Z	33			2,243,771.	33	1,823,151.	
	. 55	Total habilities and het assets/fully balances			_,,	JJ	Garage 990 (0000)

Form **990** (2022)

Pa	rt 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				<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>65.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,			<u>30.</u>
5	Net unrealized gains (losses) on investments	5		<u> </u>	2,5	18.
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						
	column (B))	10	1,	<u>738</u>	3,3	78.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>		
			_		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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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,				l
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm '	9 90 ((2022)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF

Employer identification number 36-3298764

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)						
1	$\overline{\Box}$	A church, convention of chu	·		-	-)(A)(i).					
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	H	A hospital or a cooperative		•		/h\/1\/ \\/ii	:1					
4	\Box	A medical research organiza	· ·					the hespital's name				
4		-	ation operated in cor	ijuriction with a nospital	described	III Sectio	n 170(b)(1)(A)(iii). Enter	the nospital's name,				
_		city, and state:						1.				
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in coniu	nction with a land-grant	college				
		or university or a non-land-g				-	-	•				
		university:	ram comogo or agrici				, and class of the comega					
10		An organization that normal	Illy receives (1) more t	than 33 1/3% of its sunr	ort from c	ontribution	ne membershin fees and	d gross receipts from				
10												
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·				*				
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	-									
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r 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 orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina				
		control or management of						-				
		organization(s). You mus			arrio porco	110 11141 001	na or manago ano cap	501.04				
_		7 _ ~			in connect	ion with	and functionally intograte	od with				
·		Type III functionally inte					• •	with,				
		its supported organization		·								
d							· · · · · · · · · · · · · · · · · · ·	* *				
		that is not functionally int	-		•		='	veness				
	_	requirement (see instructi	•	•	•							
е		Check this box if the orga	ınization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.						
f	Ente	r the number of supported o	rganizations									
g		ride the following information			I (iii) la tha assa							
	(Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1298626.	1227593.	6189066.	8400135.	7352502.	24467922.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1298626.	1227593.	6189066.	8400135.	7352502.	24467922.
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.						24467922.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1298626.	1227593.	6189066.	8400135.	7352502.	24467922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	246.	160.	61.	183.	305.	955.
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.)						
11	Total support. Add lines 7 through 10						24468877.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	16,046.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I					14	100.00 %
	Public support percentage from 2021					15	99 . 99 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		Ш
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
						Schedule A	(Form 990) 2022

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
l l a	Λ /Γονν		2022

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard.</u> 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).
- The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a		
2b		
3a		
3b		
 . /=	000	

Yes No

No Yes

1

2

3

Schedule A (Form 990) 2022

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			70 323070 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Orgar	nizations (continued)	
Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish	h exempt purposes	1	
2 Amounts paid to perform activity that directly furthers e			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt pu	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets		
5 Qualified set-aside amounts (prior IRS approval required	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)		
6 Other distributions (describe in Part VI). See instruction	is.	6	
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to wh	nich the organization is responsive		
(provide details in Part VI). See instructions.	(provide details in Part VI). See instructions.		
9 Distributable amount for 2022 from Section C, line 6		9	
Line 8 amount divided by line 9 amount		10	
	/i)	/ii\	/iii\

Section E - Distribution Allocations (see instructions	s) (i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, li	ine 6		
2 Underdistributions, if any, for years prior to 2022	2 (reason-		
able cause required - explain in Part VI). See ins	structions.		
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e 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 instruction	ns)		
j Remainder. Subtract lines 3g, 3h, and 3i from lin	ne 3f.		
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4			
5 Remaining underdistributions for years prior to 2	2022, if		
any. Subtract lines 3g and 4a from line 2. For re-	sult greater		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract	t 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 I	ines 3j		
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF

Employer identification number 36-3298764

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

389,221

1,308,654.

e Other

398,302.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

9,081.

Schedule D (Form 990) 2022 CHRISTIAN CV	IIPBOARD EMERG	ENCY FOOD SHELF 36-3298764 Page
Part VII Investments - Other Securities.		<u> </u>
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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 (h) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

4a

4c

7,807,165

Sche	edule D (Form 990) 2022 C	HRISTIAN CUPBOARD	EMERGENCY	FOOD	SHELF	36-	3298764	Page 4
Pai	rt XI Reconciliation of R	Revenue per Audited Financ	ial Statements	With Re	evenue per Re	turn.		
	Complete if the organiza	tion answered "Yes" on Form 990, F	Part IV, line 12a.					
1	Total revenue, gains, and other	support per audited financial statem	ents			1	7,350	<u>,513.</u>
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on	investments		2a	-2,518.			
b	Donated services and use of fac	ilities		2b				
С	Recoveries of prior year grants			2c				
d	Other (Describe in Part XIII.)			2d				
е	Add lines 2a through 2d					2e		<u>,518.</u>
3	Subtract line 2e from line 1					3	7,353	<u>,031.</u>
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1:						
а	Investment expenses not includ	ed on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)			4b				
С	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines 3 and 4	1c. (This must equal Form 990. Part i Expenses per Audited Finan	l, line 12.)			5	7,353	<u>,031.</u>
Pa				With E	xpenses per F	Retur	n.	
	Complete if the organization	tion answered "Yes" on Form 990, F	Part IV, line 12a.					
1	Total expenses and losses per a	udited financial statements				1	7,807	<u>,165.</u>
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25:						
а	Donated services and use of fac	ilities		2a				
b	Prior year adjustments			2b				
С	Other losses			2c				
d	Other (Describe in Part XIII.)			2d				
е	Add lines 2a through 2d					2e		0.
2	Culatraat line On from line 4					ا ما	7 8 0 7	165

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Provide 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.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT THE ORGANIZATION ANNUALLY FILES A RETURN OF ORGANIZATION EXEMPT STATUS,

Schedule D (Form 990) 2022

Schedul	e D (Form 990	0) 2022	С	HRISTIAN	CUPBOARD	EMERGENCY	FOOD	SHELF	36-3298764	Page 5
Part X	III Supple	ementa	l Informa	HRISTIAN tion _(continued))					
				(00000000)						
FROM	INCOME	TAX	(FORM	990).						
			(101111	330,1						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	CHRISTIAN CUI	PBOARD	EMERGENCY	FOOD SHE	LF	36-3	298	764	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of do noncash contribu	etermini	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		53,	330.				
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	4,004,205	6,657,	218.51	.79 PER P	OUNI)	
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 organiz	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828				29				
		,, .						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines	1 through 28	that it			
-	must hold for at least 3 years from the date of t			·	•	, criac ic			
							30a		Х
h	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								Х
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
oza				· ·			32a		х
h	If "Yes," describe in Part II.						OZ.a		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is chacked				
55	describe in Part II.	Janin (6) 101	a type of property	ioi willon coluilli (a	aj is citecheu,	,			
	GOODING III I GIL II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	CHRISTIAN	CUPBOARD	EMERGENCY	FOOD	SHELF	36-3298764	Page 2
Part II	Supplemental	I Information. Pr	rovide the informa	ation required by Pa	art I, lines 30	b, 32b, and 33,	and whether the organiza	ition
	is reporting in Par	t I, column (b), the nu	umber of contribu	tions, the number o	of items recei	ived, or a comb	ination of both. Also com	plete
	this part for any a	dditional information.		,		,		-
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232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

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

Name of the organization

CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF

Employer identification number

36-3298764 FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FIGHT AGAINST HUNGER. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN MARCH 2022 WE OPENED OUR SECOND TODAY'S HARVEST MARKET. SECTION B, LINE 11B: FORM 990, PART VI, THE FORM 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO THE BOARD MEETING, WITH A REVIEW AND DISCUSSION PRIOR TO SUBMITTING THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS SIGN AN ANNUAL STATEMENT CONFIRMING THERE ARE NO CONFLICTS OF INTEREST. IF ANY MATTERS ARISE THROUGHOUT THE YEAR THAT MAY BRING ABOUT A CONFLICT OF INTEREST IT IS DISCLOSED IN BOARD MINUTES AND THE INTERESTED PARTY REFRAINS FROM VOTING ON THAT PARTICULAR MATTER. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED AND EVALUATED ANNUALLY BASED ON THE COMBINATION OF A PERFORMANCE REVIEW AND A COMPARABLE DATA ANALYSIS USING THE MN COUNCIL OF NONPROFITS SALARY GUIDE. FORM 990, PART VI, SECTION C, LINE 19:

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REQUEST. FINANCIALS STATEMENTS ARE POSTED ON THE WEBSITE.

Schedule O (Form 990) 2022

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON