# Form **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

20**22** 

Open to Public Inspection

A	For	the	2022 cale	ndar year, or tax year beginning , 2022, an	d ending			,	20
B	Chec	k if ap	plicable:	C Name of organization DALLAS EMERGENCY FOOD CORP		•			n number
П	Add	iress c	change	Doing business as		9	3-08	4326	1
П		ne cha		Number and street (or P.O. box if mail is not delivered to street address) Roc	om/suite	E Teleph	one nun	nber	
П		al retu		322 MAIN ST 18	0	.5	03-6	23-3	578
П	Fina	al retu	rn/	City or town, state or province, country, and ZIP or foreign postal code		G Gross			
	term	ninate	d	DALLAS OR 97338		receipt	s\$		779,803
П	Ame	ended	return		ls this a g	roup return	for subor	dinates?	Yes X No
Н	Арр	licatio	on pending		Are all sub	bordinates i	ncluded?	. [	Yes No
Τ.			npt status:		If "No," at	ttach a list.	See instru	ctions.	
-		site:		- Lad	Group exe	emption nur	nber		
_	_	-	ganization:		mation:	1997	M State	of legal d	omicile: OR
all residences	art	ORNING SANSAGES	Summ					***************************************	
	_			scribe the organization's mission or most significant activities:					
	П				TINU	Y		-	
Ş	2		111011	DB BIBLOGHOT 100D BOTTHING 10 THE GOTE.					
Š	<u> </u>		#*************************************		All and the second second second				
Š	2	2	Check this	box if the organization discontinued its operations or disposed of more t	han 25%	of its net	assets	***************************************	
Concentration of the second	3			f voting members of the governing body (Part VI, line 1a)			3		7
۰	ğ			f independent voting members of the governing body (Part VI, line 1b)			4		
3				ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	<del></del>	
1				ber of volunteers (estimate if necessary)			6		7
2	2						7a		
				elated business revenue from Part VIII, column (C), line 12			7a 7b		0
	+	d	Net unrei	ated business taxable income from Form 990-T, Part I, line 11		ior Year	76	Cur	ent Year
Revenue		_	0	(D-4)(III P41)	FI	799	091	Cuit	778,526
	2			ons and grants (Part VIII, line 1h)	-	155	031		7707520
- 1				service revenue (Part VIII, line 2g)	-		230		1,277
č	2	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			230		1,211
	- 1			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		700	201		779,803
	-	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	199	, 321		119,003
	1	13		d similar amounts paid (Part IX, column (A), lines 1-3)					
	1	14		aid to or for members (Part IX, column (A), line 4)					
	S	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)					
į	sasuadxa	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)					
	X	b	Total fund	draising expenses (Part IX, column (D), line 25)					
ı	u	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			,194		722,850
	1	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,194		722,850
		19	Revenue	less expenses. Subtract line 18 from line 12		69	,127		56,953
ş	_ 0				Beginni	ng of Currer		End	of Year
SSe	Pund	20	Total asse	ets (Part X, line 16)		268	,640		325,593
A.	18	21	Total liabi	lities (Part X, line 26)					
Re	000	22	Net asset	s or fund balances. Subtract line 21 from line 20		268	,640		325,593
P	art	II	Signa	ture Block					
Uni	der p	enalti rrect,	es of perjury	r, I declare that I have examined this return, including accompanying schedules and statemen .e. Declaration of preparer (other than officer) is based on all information of which preparer h	nts, and to t nas any kno	he best of i wledge.	ny knowle	edge and b	elief, it is
			T						,
Ç;	gn		Signatur	e of officer				Date	
	ere				OF D		•	Julo	
-11	71 C			DWINA NELSON TREASUR	. VIII.V			*********	
-				· · · · · · · · · · · · · · · · · · ·		To: .	Π	PTIN	
p.	aid		,	t/Type preparer's name Preparer's signature Date	/2023	Check		1	26387
		arei	_	VIHIA WIGGEI GAT MU WIGH	, , , ,	rirm's EIN			
	7	Only		's name H AND R BLOCK'			021	5965	<u>T T</u>
9:	JC \	VIII)	1 1111	's address 452 E ELLENDALE AVE		hone no.	. 0 0	000	
-				LLAS OR 97338		503)6	123-8	1933	V 57
Ma	ay th	ne IRS	S discuss	this return with the preparer shown above? See instructions		,			Yes X No

orm	990 (2022) DALLAS EM	ERGENCY FOOD CORP 93-	-0843261	Page 2
art	III Statement of Program	Service Accomplishments		-
		response or note to any line in this Part III		
1	Briefly describe the organization's missi			
•	TO PROVIDE EMERGENC			
	10 PROVIDE EMERGENC	I FOOD SOTTHIES		
	·			
2	Did the organization undertake any sign	nificant program services during the year wh		
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services o	n Schedule O.		
		or make significant changes in how it condu	ucts, any program	
				Yes X No
	If "Yes," describe these changes on Sc			□ .55
4		rvice accomplishments for each of its three		
	the total expenses, and revenue, if any	(4) organizations are required to report the	amount of grants and allocations to otr	iers,
4a	(Code: ) (Expenses \$	722,073 including grants of \$	25,198) (Revenue S	752,897)
	SEE ATTACHMENT #2	The state of the s		*
	OLD HITHCHIDKI    2			
			tika ang pada andangkang ina manangki ang salamang din dinindra di panangkal pada andara manahmal minakan	
			erende etablik er militaris (ing ili sembisilaris) in innersitat innersitat mesan menerana eta eta innersitat i	
4b	(Code:) (Expenses \$	699 including grants of \$	) (Revenue S	25,629)
				1
	**************************************			
			3 WE 27 TO 18 WE	
			y i danan'ny avo	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
		etat era kirkenin dat teksisi i stration keni eti kannin etaniku kunun ara ura ura eta eta eta eta eta eta eta		
			and the second	
			and the second s	
4d	Other program services (Describe on S	schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	722,772		

**Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A..... 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 X 6 "Yes," complete Schedule D, Part I..... 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV ...... 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments -- other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ...... 11b c Did the organization report an amount for investments -- program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ................... 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ...... 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a 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 ...... X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ...... 13 X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ...... 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ...... 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ..... 16 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 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ...... 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ If "Yes," complete Schedule G, Part III ..... X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X

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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $N \not A$ .	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax–exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
ч	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
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١.,
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			177
	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,			17
	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	-	X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	<del> </del>	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		V
	related organization? If "Yes," complete Schedule R, Part V, line 2	30	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	Х	
D.	19? Note: All Form 990 filers are required to complete Schedule O	30	IV	1
Pa	statements Regarding Other IRS Filings and Tax Compliance			П
-	Check if Schedule O contains a response or note to any line in this Part V		7	1
10	Enter the number reported in hex 2 of Form 1006 Enter -0 if not applicable	)	Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
p	Enter the number of Forms W–2G included on line 1a. Enter –0– if not applicable	1		
С	reportable gaming (gambling) winnings to prize winners?	10	1	V

Page 5

Part	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			
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
200	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? N./.A.	4a		Х
	If "Yes," enter the name of the foreign country			4.
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	286.7522883	X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		- 21
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots N/A$	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va	-	121
b	gifts were not tax deductible?	6b		
~		OD		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods $N/A$			
а	and services provided to the payor?	7a	Process and	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	-	+
С	required to file Form 8282?	7c		X
				- 21
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098–C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			121
8	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			11
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	- 0.5		1
a	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			
a h	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		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
-77	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		1. 166	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	unical est	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		100000000000000000000000000000000000000	
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X
	If "Yes," complete Form 6069.	-		1

Part VI

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

Section A. Governing Body and Management Yes No 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. 0 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 2 X 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? ..... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . Did the organization become aware during the year of a significant diversion of the organization's assets? ..... Did the organization have members or stockholders? ..... Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... **7b** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 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? N./A	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		-	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10 g		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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	3.74%		
	organization's exempt status with respect to such arrangements?	16b		
2004	en C. Diselecture			

Section	C.	Disclosure	9

17	List the states with which a copy of this Form 990 is required to be filed $OR$
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ATTACHMENT #3

# 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.

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

(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
1.00			X				0	0	0	
1.00			х				0	. 0	0	
3.00			X				0	0	0	
1.00			Х				0	0	0	
0.00	Х						0	0	0	
0.00	Х						0	0	0	
0.00	X						0	0	0	
	Average hours per week (list any hours for related organizations below dotted line)  1.00  3.00  0.00	Average hours per week (list any hours for related organizations below dotted line)  1.00  1.00  3.00  1.00  X	Average hours per week (list any hours for related organizations below dotted line)  1.00  1.00  2.00  X  0.00  X	Average hours per week (list any hours for related organizations below dotted line)  1.00  X  1.00  X  1.00  X  1.00  X  1.00  X  1.00  X	Average hours per week (list any hours for related organizations below dotted line)  1.00  X  1.00  X  1.00  X  1.00  X  1.00  X  1.00  X	Average hours per week (list any hours for related organizations below dotted line)  1.00  X  X  X  X	Average hours per week (list any hours for related organizations below dotted line)  1.00  X  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Individual trustee end in trustee end	Average hours per week (list any hours for related organizations below dotted line)  1.00  X  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Individual trustee organization (w-2/1099-MISC/1099-NEC)  X  Reportable compensation from the organization (w-2/1099-MISC/1099-NEC)  1.00  X  0.00  X  0.00  X  0.00  X  0.00  X  0.00  X  0.00  O.00  O.0	Average hours per week (list any hours for related organization shelow dotted line)  1.00  X  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)  X  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)  1.00  X  0  0  0  0  0  0  0  0  0  0  0	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and High							hes	t Compensated Em				
(A) Name and title		(B) Average						•	(D) Reportable	(E) Reportable	Esti amo	(F) imated ount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	ensation the nization related	n d
(15)													
(16)													A CONTRACTOR OF THE PARTY OF TH
(17)													
(18)													
(19)								*************					
(20)												promote de contra de contr	
(21)	<mark>ne ez melen de mene</mark> n yengi, in di njenya ez ingin ingila da di manadakka metandakan												en englandering spekk
(22)	<mark>magus par na spilian</mark> minara na mara na												-
(23)												Annual of the annual section of the	COST POR CONTRACT
(24)								*****				Management of the State of the	
(25)												Republication on the Principles of State of Stat	
1b	Subtotal												
C	Total from continuation st		-								ļ		
d 	Total (add lines 1b and 1c  Total number of individuals									\$100,000 of			
2	reportable compensation fro	_			10 1110	oc not	cu ubovo,	*****	, roodivod more man	4100,000 0.			
***************************************												Yes	No
3	Did the organization list any employee on line 1a? If "Ye										. 3		Χ.
4	For any individual listed on												- 21
	organization and related org			•							. 4		X
5	Did any person listed on line								0.50				
	for services rendered to the		on? If "\	es," co	omplet	te Sch	edule J fo	r suc	ch person	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5		X
Section 1	on B. Independent Contractor  Complete this table for your		st comp	ensate	d inde	nende	ent contra	ctors	that received more t	han \$100,000 of		eve-nomes, depositor of the Tr	
•	compensation from the orga	-									tax year.		
		(A)	o anichainni - yo annann						(B)			C)	
	Name an	d business	addres	S					Description of s	ervices	Compe	nsatio	n
2	Total number of independe							e liste	ed above) who				
	received more than \$100,00	no of comp	ensation	i irom	me or	yanıza	mOH					000	

Form 990 (2022) DALLAS EM

rait	VIU	Check if Schedule O co			onse or	note to any line in thi	s Part VIII			, 🔯
		Shock is defined the Green	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u 100p			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts		Membership dues		- 1	1b					
Q,E		Fundraising events			1c	25,629				
ifts r A		Related organizations			1d					
n is		Government grants (contri			1e	5,000				
Sir		All other contributions, gifts								
ig e	·	similar amounts not include			1f	747,897				
를 전	a	Noncash contributions included				646,799				
S E	_	Total. Add lines 1a-1f					778,526			
-		Total / Total				Business Code				
	2a					Buonicos Godo				
je	b								<del></del>	
le P	c									
m Je	d	<del></del>								
gra Re	e									
Program Service Revenue	f	All other program service i	rever	nue	.,					
_	g	Total. Add lines 2a-2f								
	3	Investment income (includ								
		other similar amounts)	_				1,277	1,277		
	4	Income from investment o						<del></del>		
	5	Royalties								
	3	noyalles	<u> </u>	(i) Re		(ii) Personal				
	60	Gross rents	6a	(I) He	ai	(II) Fersonai	and the second second second	and the second	Language de Contra d	
	6a		6b							
		Less: rental expenses Rental income or (loss)	6c	-						
	1	Net rental income or (loss)								<u> </u>
	ı u	Net rental income or (1055)	· · ·	(i) Secu		(ii) Other				
	7a	Gross amount from sales		(i) Seco	irities	(ii) Other				
		of assets other than	70				A Comment			
		inventory	7a	<del> </del>						
Other Revenue	В		76							
Vel	_	and sales expenses Gain or (loss)	-			<u> </u>				
æ		Net gain or (loss)	-			المراجع والمستوال				
þe	1	Gross income from fundra				1	n - g - n e la rege a de la rege			
ō	oa	(not including \$			629					
		of contributions reported of See Part IV, line 18		•	90					
	h	Less: direct expenses					1			
	1	Net income or (loss) from			-	<del></del>				
		Gross income from gamin			venus .	T				
	Ja	See Part IV, line 19	_		9а					
	L .	Less: direct expenses			-	<del> </del>				
	1				L					
	1	Net income or (loss) from		ing acut	nues	T				
	IUa	Gross sales of inventory, lefturns and allowances.			100					
					_					
		Less: cost of goods sold Net income or (loss) from								
	-	TVEL ITICOTTIE OF (1088) IFORT)	Sale	S OI IIIVE	intory	<del></del>				
S.	11-					Business Code				
<u>е</u> е	11a			***************************************					<b></b>	+
enu	b							,	-	1
Miscellaneous Revenue	C						<del> </del>	<del> </del>		<b></b>
Z L	1 -									
		Total. Add lines 11a-11d					770.00	1 075		
	12	Total revenue. See instru	uctio	ns,			779,803	1,27	1	1

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co				
	Check if Schedule O contains a response or note to		IX		X
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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,				
	trustees, and key employees				
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				
	-				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal·····	380	380		
С	Accounting	380	300		
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				
	(A), amount, list line 11g expenses on Schedule O.) · · · · ·	697,620			699
12	Advertising and promotion	333			
13	Office expenses	2,984	2,984		
14	Information technology				
15	Royalties				
16	Occupancy	16,404	16,404		
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				
23	Insurance	1,689	1,689	9	
24	Other expenses. Itemize expenses not covered				
44					
	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.)	400	400	5	
a	REPAIRS AND MAINT	3,034			
b	FURNITURE AND FIXTURES	3,03	3,03	1	
C					
d					
е	All other expenses	500.00	700		
25	Total functional expenses. Add lines 1 through 24e	722,850	722,15		699
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)				

22 99011

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1 1	Cash non-interest-bearing	19,018	1	44,344
		Savings and temporary cash investments	249,052	2	280,258
		Pledges and grants receivable, net		3	
1		Accounts receivable, net	570	4	991
		Loans and other receivables from any current or former officer, director,			
1		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
		Loans and other receivables from other disqualified persons (as defined		6	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
60		Notes and loans receivable, net		8	
Assets	_	Inventories for sale or use		9	
As		Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		40-	
		Less: accumulated depreciation		10c	
		Investments publicly traded securities		11	
		Investments other securities. See Part IV, line 11		12	
		Investments program-related. See Part IV, line 11		13	
		Intangible assets		14	
		Other assets. See Part IV, line 11	0.00 0.40	15	205 503
		Total assets. Add lines 1 through 15 (must equal line 33)	268,640		325,593
	10.00	Accounts payable and accrued expenses		17	
		Grants payable		18	
	1	Deferred revenue		19	
		Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		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		1	
		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	0	26	(
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	268,640	27	325,593
Bal	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
ß		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	268,640		325,59
Z	33	Total liabilities and net assets/fund balances	268,640	33	325,59
FDA		99011 BWF 990 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.		, - many remarks	Form <b>990</b> (2022

Form	990 (2022) DALLAS EMERGENCY FOOD CORP 93-084326	1		Page	12
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12) 1			779,	
2	Total expenses (must equal Part IX, column (A), line 25)			722,	
3	Revenue less expenses. Subtract line 2 from line 1				953
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			268,	640
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities 6				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	3		325,	593
Part	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	. , , , , , , , , , ,			Ш
				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			4	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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				
C	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?	N/.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		- Verne 1 843 64 71	A Agree 1.800	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  $\dots N \not A$ 

Form 990 (2022)

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FDA

22 99012

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990) 2022

**Employer identification number** Name of the organization 93-0843261 DALLAS EMERGENCY FOOD CORP Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... Provide the following information about the supported organization(s) (iv) Is the organization (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (V) Amount of monetary listed in your governing document? support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

FDA

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

#### 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	486,754	493,552	612,733	789,418		779,803	3,162,260
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	486,754	493,552	612,733	789,418		779,803	3,162,260
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
_	Add lines 7a and 7b							3,162,260
8	Public support. (Subtract line 7c from line 6.)							2,100,000
-	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(0)	2022	(f) Total
9	Amounts from line 6	486,754		612,733		(6)	779,803	3,162,260
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12	19	15	230			276
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	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	19	15	230			276
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.)	486,766	<u> </u>	612,748	L		779,803	3,162,536
14	First 5 years. If the Form 990 is for the organization, check this box and stop here		cond, third, four					[
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2022 (line 8, co	olumn (f), divide	d by line 13, colu	mn (f))		15		99.99%
16	Public support percentage from 2021 Schedu	ule A, Part III, line	e 15 • • • • • • • • • • • • • • • • • •			16		%
Sec	tion D. Computation of Investmen	t Income Pe	rcentage					
17	Investment income percentage for 2022 (line					17		0.01%
18	Investment income percentage from 2021 Sc					18		%
19a	33 <sup>1</sup> /3% support tests 2022. If the organized is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box at	nd <b>stop here.</b> Ti	he organization o	qualifies as a pub	licly supported o	rganiz	ation	
b	331/3% support tests 2021. If the organization							
	line 18 is not more than 331/3 %, check this be					_		
20	Private foundation. If the organization did n	ot check a box o	on line 14, 19a, o	r 19b, check this	box and see ins	truction	ns	

#### SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

#### **Noncash Contributions**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number DALLAS EMERGENCY FOOD CORP 93-0843261 Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art -- Historical treasures ..... Art -- Fractional interests ...... Books and publications ..... Clothing and household 6 Cars and other vehicles ..... Boats and planes ..... 8 Intellectual property ..... 9 Securities -- Publicly traded ..... Securities -- Closely held stock .... 10 Securities -- Partnership, LLC, 11 or trust interests ...... 12 Securities -- Miscellaneous ..... 13 Qualified conservation contribution -- Historic structures ..... Qualified conservation contribution -- Other ...... Real estate -- Residential ...... 15 16 Real estate -- Commercial ..... 17 18 19 Food inventory ..... 522,556 20 Drugs and medical supplies ..... 21 Historical artifacts ..... 22 23 Scientific specimens ..... 24 25 Other 26 Other 27 Other 28 SEE ATTACHMENT #4 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a X 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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

### SCHEDULE O

(Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 20**22** Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DALLAS EMERGENCY FOOD CORP **Employer identification number** 

93-0843261

IV - ALL OFFICERS AND DIRECTORS HAVE VOTING RIGHTS

VII LINE 1 (E) - POLK COUNTY

VII LINE 1 (F) - INDIVIDUALS 63094.00 BUSINESSES 8046.00 CHURCHES AND CLUBS 4804.00 MARION/POLK FOOD SHARES 1113 THANKSGIVING TURKEYS 2216.00 DESIGNATED FOR PERSONAL CARE ITEMS 1628.00 FOUNDATION GRANTS 20198.00 GIFTS IN KIND 646799.00

VII LINE 1(G) - IN KIND FOOD 522556.00 IN KIND PERSONAL ITEMS 978.00 VOLUNTEER HOURS DONATION INCOME 118065.00 VEHICLE USAGE 3050 OFFICE SUPPLIES DONATED 300 UTILITIES DONATED 1850.00

IX LINE 11 (G) - BUSINESS FEES 750.00 FOOD PURCHASES AND FOOD SHARE COSTS 41717.00 PERSONAL ITEMS PURCHASED 5726.00 CLEANING SUPPLIES 194.00 VOLUNTEER TRAINING AND APPRECIATION 1656.00 MISC EXPENSES 78.00

IX LINE 11 (G) - IN KIND EXPENSES FOOD DONATED 413545.00 RESOURCE CENTER 38301.00 FOOD DONATED TO OTHER NON PROFITS 29627.00 PERSONAL ITEMS DONATED 3250.00 PET FOOD DONATED 978.00 VOLUNTEER HOURS DONATED EXPENSE 118065.00 VEHICLE USAGE DONATED EXPENSE 2800.00 OUTSIDE SERVICES DONATED 250.00 OFFICE SUPPLIES IN KIND EXP 300 UTILITIES IN KIND EXP 1850.00 IN KIND FOOD WASTE EXPENSE 11292.00 OTHER IN KIND DONATION EXPENSES 26542.00

## 2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F
OPEN TO PUBLIC
INSPECTION For calendar year 2022, or tax period beginning , and ending .
lame of Organization
DALLAS EMERGENCY FOOD CORP 93-0843261
90, Page 1, Line F
Principal officer name
Business Name:
Street Address
J.S. Address:
Zip code 97338 City DALLAS State OR
or
Foreign Address
City
Province or State
Country
Postal code

## 2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT OPEN TO PUBLIC	2:	FORM	990	PAGE	2,	PAI	RT II	I				·	nya, pangana antangahan fi njaharba di natan da satah antan da da di satah			
INSPECTION		For cal	endar v	ear 2022,	or tax	period	beginning	3		. 2	and ending	1				
Name of Organization	n	1 01 00	oridat y	our Loui,	OI LUX	ponoa	bogiiiiii	<u> </u>					ployer Identi	fication N	lumber	
DALLAS EME		CY F	OOD	CORP									-08432			
Part III - Statemen	nt of Pro	ogram Se	ervice A													
Code:		Expe	enses:	7	22,	073			ants of:		25,	198	Revenue:		752	897
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PROVIDING YEAR.	FOOL	AND	PER	SUNAL	CA	KE.	LTEMS	10	THE	COM	MONTI	I I	HROUGH	OUT	THE	
TUAIL.																

FDA

# 2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT	2:	FORM	990 I	PAGE	2, P.	ART I	III					
PEN TO PUBLIC  NSPECTION		For colo	nder voor	2022 ~	r tax perio	nd heainn	ina		, and ending			
lame of Organization	······	For cale	ndar year	2022, 0	r tax pend	ou begini	iiig			Employer Identification	Number	
DALLAS EMER		ICY FO	OD CO	ORP						93-0843261		
Part III - Statement					ments							
Code:		Expen	ses:		69		luding Grants			Revenue:	25,	, 629
					E	xempt Pu	rpose Achiev	ements	3		====	
FUNDRAISERS	S TH	IROUGH	OUT	THE	YEAR	TO F	BE ABLE	TO	PURCHASE	ADDITIONAL	FOOD	

## 2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE	6, PART VI, SECTION	C, LINE 20
OPEN TO PUBLIC		
INSPECTION For calendar year 2022,	or tax period beginning	, and ending .
Name of Organization		Employer Identification Number
DALLAS EMERGENCY FOOD CORP		93-0843261
Part VI - Line 20		
Individual Name	EDWINA I	NELSON
or		
Business Name:		
		entere en
Street Address	<u>537 AUG</u> I	USTUS DR
IIO Address		
U.S. Address:		
Zin code 97338 Cm. D	א א ד ד ת כ	Comp. OP
	ALLAS	State <u>OR</u>
or	DALLAS	State <u>OR</u>
	DALLAS	State <u>OR</u>
or Foreign Address		
or Foreign Address  City		
or Foreign Address		
or Foreign Address  City		
or Foreign Address  City  Province or State  Country  Postal code		
or Foreign Address  City  Province or State  Country  Postal code		
or Foreign Address  City  Province or State  Country  Postal code		

# 2022 FORM 990 SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

ATTACHMENT 4: SCH M, PART I - TYPES OF PROPERTY OPENTO PUBLIC For calendar year 2022, or tax period beginning , and ending INSPECTION

Name of Organization

Employer Identification Number

LLAS EMERGENCY FOOD	CORP		93-0843	261
other Types of Property				
Description	(a) Check If Applicable	(b) Number of Contributions	(c) Revenues Reported on Form 990 Part VIII, Line 1g	(d) Method of Determining Revenues
ERSONAL CARE ITEMS	X		3,250	
ET FOOD	X		978	
OLUNTEER HOUR VALUE	X		118,065	
EHICLE USAGE	X		3,050	
FFICE SUPPLIES	X		300	
TILITIES	X		1,850	

2022 FEDERAL DEPRECIATION SCHEDULE

DALLAS EMERGENCY FOOD CORP 93-0843261

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DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	ALLOW	ALLOW	27249	DEPR	DEPR	DEPR	BASIS
FORM 990												
IMPROVEMENT	06-01-05	06-01-05 S/LHY-15	2594		0	0	0	2594	2594	0	2594	0
DISPLAY REFRIDG 02-01-19 200DBMQ-7	G 02-01-19	200DBMQ-7	3580		0	3580	0	0	0	0	0	O
FREEZER AF49	12-05-19	12-05-19 200DBMQ-7	2490		0	2490	0	0	0	0	0	0
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2022 FEDERAL AMT DEPRECIATION SCHEDULE

DALLAS EMERGENCY FOOD CORP 93-0843261

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
	And the second s											
FORM 990												
IMPROVEMENT	06-01-05	06-01-05 S/LHY-15	2594	~	0 0	0	0	2594	432	0	432	2162
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FREEZER AF49		12-05-19 200DBMQ-7	2490	)	0 (	2490	0	0	0	0	0	0
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3 ASSETS		TOTALS:	8664	J	0	6070	0	2594	432	0	432	2162
					-							
3 ASSETS	GRANE	GRAND TOTALS:	8664	)	0 (	6070	0	2594	432	0	432	2162